

Pierce J. W.
De Dekalb County

OK for 1911
No.

**Confederate
Soldier's Application.**

✓ UNDER ACT 1910.

County *Dekalb*
Name *J. W. Pierce*
Company *H*
Regiment *2nd Ga.*

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. F. BYRD, State Printer, Atlanta.

8/30/10

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

DeKalb County.

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

1. What is your name and where do you reside? (Give County and Post-office).
J. W. Pierce DeKalb Co. Chamblee Ga

2. How long and since when have you been a continuous resident citizen of this State?
68 years Dec 25-1784

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

4. When and where and in what Company and Regiment did you enlist? (Give the name and class of Service).
March 1st 1863. Danville Ga. Company H. 1st Regt. Ga. Inf.

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge).
Two years Discharged March 27/86

6. When and where was your Company and Regiment surrendered or discharged from the Service?
April 27 1865 Albany Ga

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

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

a. Where was your Command when you left it?
Albany Ga. I did

b. When did you leave the Command?
not leave Command

c. For what cause did you leave?
did not leave Command

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?
did not leave Command

g. In what way were you prevented?
...

h. What effort did you make to return?
...

i. Were you captured during the war?
I was not

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

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value).
In land lot 234 of DeKalb Co. Value \$600.00

one horse \$5.00 one cow \$15.00 house hold goods \$35.00 Total \$700.00

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

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list).
In land lot 234 of DeKalb Co. Value \$600.00

one horse \$5.00 one cow \$15.00 house hold goods \$35.00 Total \$700.00

12. What annual or monthly income or earnings of yourself and wife and the source deriving have you?
have no income only what we make on the farm

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

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
I have not

Sworn to and subscribed before me, this the

16 day of August 1910 } J. W. Pierce

James R. George Ordinary

of DeKalb County.

**Confederate
Soldier's Application.**

UNDER ACT 1910.

County DeKalb

Name J. W. Pierce

Company H

Regiment 2nd Ga.

Approved

J. W. LINDSEY,
Commissioner of Pensions

GRANT P. HENRY, STATE PRINTER, ATLANTA.

8/30/10

OK for 1911

Pierce J. W.
He still living

with 1000 is a debt
of 175.00

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Dekalb County.

P. M. Waldron & W. A. Mitcalf of said State and County is hereby presented as a witness in support of the application of J. W. Pierce for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside?
P. M. Waldron & W. A. Mitcalf, Dekalb County
2. How long and since when have you known the applicant?
48 years since 1862 - Mitcalf for 35 years
3. Where does he now reside, and since when has he been a bonafide, continuing resident in the State and how do you know?
Dekalb County, Ga. all his life we have known him all his time
4. When, where and in what Company and Regiment did W. Pierce enlist during war from 1861 to 1865? (Give date and place)
March 1863 Company A 2nd Georgia
5. How did you obtain your information of this Service?
we was with him in same company & Regiment
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date)
Two years April 27th 1865
7. When and where was his Command surrendered or discharged (give date and place)
April 27th 1865 Albany Ga
8. Were you personally present at the Surrender?
we was
9. If not, where were you and how came you there?
Present
10. Was the applicant personally present with his Command at surrender?
He was
11. If not where was he and how came him there?
Present
12. When did he leave his Command? did not leave Where was his Command when he left it? did not leave for what cause did he leave? did not leave By whose authority did he leave? Surrender came and how long was he granted leave? War over How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). we was Present and know it by our own knowledge
13. In what way was he prevented from returning to his Command?
How do you know? did not leave command we was Present
14. What effort did he make to return to his Command and how do you know? He did not leave command
15. Was applicant captured as a prisoner. NO If so, when and where?
In what prison was he held? _____ and when released?

Sworn to and subscribed before me, this the

16 day of August 1910 } J. W. Waldron
James R. George Ordinary. W. A. Mitcalf
Dekalb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Dekalb County.

Personally before me comes W. A. Mitcalf & W. A. Lively who on oath says that they are free holders residing in said County and we know J. W. Pierce 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.) 33 acres of land

Roadside land lot 234 val \$600.00 any other \$0.00
and cash \$12.25 value \$12.25
total \$612.25

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

1908? (State it fully by items.) None

2. When and to whom was it sold or given to? Sold none
3. What was the price paid or stated to be paid? None
4. What relation is the party to applicant? None
5. What disposition was made of the proceeds of the sale? No Sale
6. Was the disposition of this property made in good faith and full values?
or was it made to obtain a pension?

Sworn to and subscribed before me, this the 16 day of August 1910 } W. B. Metcalf
James R. George Ordinary. W. A. Lively
Dekalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Dekalb County.

I, James R. George Ordinary of said County, certify that I know the applicant J. W. Pierce for Pension is the person he represents himself to be and resides in said County. That I also know W. B. Mitcalf & W. A. Lively the witness swearing to the service and W. B. Mitcalf & W. A. Lively who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of Dekalb County shows that W. Pierce and wife value for tax is in 1908 \$700.00 for 1909 \$575.00 for 1910 \$625.00
Sworn under my hand and official seal of office this 25 day of August 1910.
James R. George Ordinary.
Dekalb County.

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary and certified by him.
 4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.

NAME Pierce, J. W.

YEAR 1911

COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Georgia since December 25th, 1842.

(68 years)

ENLISTED WHEN AND WHERE? March 1st 1863, Doraville, Georgia.

RANK

COMPANY AND REGIMENT? Company H, 2nd Georgia Reserves.

WAS CF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 27th 1865, Albany, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES.

T. M. Waldrop-
W. F. Metcalf-

Same command

No data.

CB

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

I, _____, hereby authorize

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

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

Executed in presence of _____ [L.S.]

Pension Office - 2-15-1902.

No military service is proven for any discharge therefrom. Date of enlistment and discharge must be clearly proven.

J. W. Lindsey,

Com. of Pensions.

Pension Office, 9/22/03. Applicant will admit and state

when he sold property, what price was paid him for it, was it full and fair value of land, and to whom he paid out money, and how much and for what. Who is in possession and control of property now, does applicant reside on, use and control it now? Prove all to be true.

J. W. Lindsey,
Com. of Pensions.

Pension Office, 7/22/04.

Must submit some testimony of actual value of this land at time son was prevented to pay off mortgage and take title. This was worth more than the mortgage debt. Cannot give away valuable property and remain in use and control of it and then obtain Indigent Pension. This must be fully shown as suggested.

J. W. Lindsey,
Com. of Pensions.

Pinnell, John
De Kalb Co.
OTC for 1906

INDIGENT PENSION,
1902.

Name *Pinnell Jno.*

County *De Kalb*

Co. *B. 8th Ga* Reg'm't

Approved *1906* 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

5/5 - 1903
9/15/03
12/14/03
7/20/04

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

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

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

[L. S.]

Executed in presence of

Pension Office - 9-13-1902.

No military service is proven
or any discharge therefrom.
Date of enlistment and discharge
must be clearly proven.

J. W. Lindsey,

Gen. of Pensions.

Pension Office, 9/13/02. State

When he sold property, that price
was paid him for it, was it full
and fair value of land, and to
whom he paid it, money, and to
what and for what. Who is in pos-
session and control of property
now, does applicant reside on, use
and control it now? Prove all to
be true.

J. W. Lindsey,
Gen. of Pensions.

Pension Office, 7/22/04.

Must submit some testimony of
actual value of this land at
the son was prevented to pay
off mortgage and take title.
This was worth more than the
mortgage debt. Cannot give away
valuable property and remain
in use and control of it and
then obtain indigent pension.
This must be fully shown as sug-
gested.

J. W. Lindsey,
Gen. of Pensions.

Pinnell, John
De Kalb
No. 107 7/14/06

INDIGENT PENSION,

1902.

Name Pinnell Jno.

County De Kalb

Co. B. 8th Cav Reg't 19

Approved 1906 1902

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

5/15/03-12/14/03

9/15/03

12/14/03

Questions for Applicant.

STATE OF GEORGIA,

County.

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

1. What is your name and where do you reside? (give State, County and post office)
Jno. Pinnell, De Kalb County, Decatur Ga.
2. How long and since when have you been a resident of this State? Since 1835.
3. When and where were you born? In April 1825, In Hall Co. Ga.
4. When and where and in what company and regiment did you enlist or serve? In Decatur Ga. Co. B. 8th Ca.
5. How long did you remain in such company and regiment? Six Months.
6. When and where was your company and regiment surrendered and discharged? In May 1865
7. Were you present with your company and regiment when it was surrendered? I was
8. If not present, state specifically and clearly where you were, when you left your command, for what cause
and by whose authority?
9. How much can you earn (gross) per annum by your own exertions or labor? \$25 or \$30
10. What has been your occupation since 1865? Farming.
11. Upon which of the following grounds do you base your application for pension viz.: first, "age and poverty,"
second, "infirmary and poverty," or third, "blindness and poverty"? Infirmary and poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your
support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third,
state whether you are totally blind and when and where you lost your sight? Have been so
for past three or four years could
not work half of my time
13. What property, real or personal, or income, do you possess, and its gross value? None
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900 and 1901,
and what disposition, if any, by sale or gift, have you made of same? Had security deed
of land. Deeded this land to my son four
years ago. To take up a mortgage
15. In what County did you reside during those years, and what property did you then retain for location?
In De Kalb. Lived in land up to six years ago.
16. How were you supported during the years 1899, 1900 and 1901? By work on the
place and help of my son.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by
your own labor or income? Sixty or seventy dollars.
18. What was your employment during 1898, 1899 and 1901? What pay did you receive in each year?
Farming.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a
homestead? Wife and two daughters. They keep
cows and work in plants factory
20. Are you receiving any pension? If so, what amount and for what disability?
No
21. Have you ever made an application for pension before? No
22. How many applications have you ever made and under what class? No

Sworn to and subscribed before me this the

22d day of July 1902.

Ordinary,

of De Kalb County.

Applicant.

Every Question MUST be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

De Kalb COUNTY.

J. M. Hawkins of said State and County, having been presented as a witness in support of the application of *Jos. Pinnell* for pension under Section 1254, Code, and after being duly sworn, he answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *J. M. Hawkins, In De Kalb County.*
2. Are you acquainted with *Jos. Pinnell*, the applicant; if so, how long have you known him? *Yes, thirty-four years.*
3. Where does he reside, and how long and since when has he been a resident of this State? *In De Kalb County, since 1835.*
4. When, where and in what company and regiment did he enlist, and how do you know? *In Mar 1862 in Co 13, 8th Regt. Meade.*
5. Were you a member of the same company and regiment? *I was.*
6. How long did he perform regular military duty?
7. When and where was his command surrendered? *In*
8. Were you present when it surrendered? *I was not.*
9. Was applicant present?
10. If he was not present, where was he? *J. M. Hawkins*
When did he leave his command? For what cause?
By what authority he left? How do you know all of this?

- Witness *G. H. Jones* sworn says: *None. lived by him for 25 years.*
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, did he make of same? *He had something over \$600, which he paid out in his heavy mortgage and in 1898 he sold it to the mortgagee.*
 13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? *None except the sale made above to satisfy mortgage.*
 14. What is the applicant's occupation and physical condition? *He is a farmer. He is old and badly crippled from a broken arm.*
 15. Is the applicant unable to support himself by labor of any sort, if so, why? *He is on account of his age and the weak condition of his arm.*
 16. How was he supported during the years 1898, 1899, 1900 and 1901? *By the help of his son and daughter who work out.*
 17. What portion of his support for these four years was derived from his own labor or income? *Not over one fourth of a support.*
 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? *He is old and has a broken arm which never has gotten strong.*
 19. What interest have you in the recovery of a pension by this applicant? *None.*

Sworn to and subscribed before me, this the *31st* day of *July* 1902. *G. H. Jones* Witness.
W. M. Raggsdale Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

De Kalb COUNTY.

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

Old age and infirmities, 77 years old, partially blind, right eye and right wrist broken & useless. cannot totally disp. with arm.

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

Sworn to and subscribed before me, this the *31st* day of *July* 1902. *W. S. Ansley M.D.* *W. J. Hamilton M.D.*
W. M. Raggsdale Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

De Kalb COUNTY.

I, *W. M. Raggsdale* Ordinary in and for said County, hereby certify that the applicant *Jos. Pinnell* resides in said County, and has been a bona fide resident of this State since the *1st* day of *April* 1895, and that the witnesses, viz.: *G. H. Jones and J. M. Hawkins*

are of trustworthy character, and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. I further certify that the tax digest of *De Kalb* County show that applicant returned for taxation in his name in 1899 *None* Dollars of property, and in 1900 *None* Dollars of property.

In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this *31st* day of *July* 1902.

W. M. Raggsdale Ordinary,
of *De Kalb* County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

hereby authorize

of

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

at

by

WITNESS my hand and seal, this day of 1906.

[L. S.]

Executed in the presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

hereby authorize

of

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

at

by

WITNESS my hand and seal, this day of 1907.

[L. S.]

Executed in presence of

(FOR THOSE ALREADY ENROLLED.)

No. 127

INDIGENT

SOLDIER'S PENSION
1906.

Name John Pinnell

County De Kalb

Co. B Regiment 8 Ga

WARRANT ISSUED

1/2 2 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

(FOR THOSE ALREADY ENROLLED)

No. 801

INDIGENT

SOLDIER'S PENSION
1907.

Name John Pinnell

County De Kalb

Co. B Regiment 8 Ga

WARRANT ISSUED

1/2 2 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

De Kalb County.

Personally appears Jno Pinnell of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 3 day of April 1870; that he is 80 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company B, of 8th Regiment of Georgia; that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this the _____ day of January 1906. J. Pinnell Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal, this 12th day of January 1906. James R. George Ordinary De Kalb County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

De Kalb County.

Personally appears Jno Pinnell of _____ County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company B, of 8th Regiment of _____; that his physical condition is as follows: Infirmity and poverty

that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this the _____ day of _____ 1907. J. Pinnell Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal this 16th day of January 1907. James R. George Ordinary _____ County.



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

Georgia,

DeKalb County.

In person comes L.J. Steele, who being duly sworn says that in 1899 he had for collection and foreclosure one mortgage against Jno. Pinnell and in favor of Mrs. Georgia A. Durham for the sum of some six hundred dollars. Judgment was taken against said Pinnell, and execution issued and levied on some sixty or seventy acres of land in said county. An adjustment of said debt was effected and said land was sold to one ^{A.} Henry Pinnell for enough to pay principal interest and costs of the above fifa. The amount of money paid was something over six hundred dollars and was paid by said H.R. Pinnell to Mrs. Georgia A. Durham in said satisfaction ~~in~~ of the above named debt. The sum paid was the full worth of said land, and the plaintiff ~~is~~ in fifa was satisfied and gratified at the turn the collection of her debt took.

My understanding, belief and opinion is that said H.R. Pinnell is in control and possession of said land. The applicant resides on the land with his son H.R. Pinnell, but only as a father ~~is~~ in his old age living with his son.

The sale of the land to said H.R. Pinnell was a bona fide transaction, said H.R. Pinnell having to mortgage other property to raise the money to pay for said land.

Sworn to and subscribed before me
this 4th day of December, 1903.

James R. George
Ordinary DeKalb County.

L.J. Steele

1 State of Georgia
2 DeKalb County } I W.H. Carter
3 of said State and
4 County are well acquainted with
5 Jno Pinnell. The said Jno Pinnell
6 performed regular military duty
7 18 months in militia at Decatur
8 Georgia March 1862 in Company B
9 8th Georgia Regiment. He was
10 with his command when discharged
11 was discharged at Decatur Georgia
12 in May 1865
13 Sworn to and subscribed W.H. Carter
14 before me this 3 day of
15 Sept 1903
16 Jas. R. George
17 Ordinary.

19 Georgia } I Jas R George Ordinary
20 DeKalb Co } of said County do certify
21 that W.H. Carter affidavit is worthy
22 of full faith and credit
23 Sept 3rd 1903
24 Jas R George
25 Ordinary
26
27

Q. Origin,

D. Kalb County.

In person comes James Hunter who on oath says that he is a resident of said county and has been for many years, and that he is familiar with the property of H. R. Pinnell in said county, formerly owned by his father Jonathan Pinnell and that he is acquainted with the value of said property and of the value of the same in 1899, and that the sum of six hundred and thirty (\$30) dollars paid by the said H. R. Pinnell for said land in 1899 was a fair value for the same.

Subscribed and sworn to before me this 20th day, 1904.

James R. George
Ordinary

Georgia, Fulton County.

In person came James W. Austin, who being duly sworn says:

Deponent knows Jonathon Pinnell, who sold his farm to his son Henry R. Pinnell about the year 1899. Deponent knew of said transaction, being the attorney representing the purchaser. The sale was in all respects bona fide and the price paid fair and reasonable. If Jonathon Pinnell had not sold, he would have been sold out by the sheriff and the land would not, in deponent's opinion, have brought more than the full amount to. Since the sale Henry R. Pinnell has been in the possession and control of the land, and Jonathon Pinnell resides thereon merely through the permission of the purchaser and through no claim of legal right. Deponent negotiated the loan to secure the money to buy this land, and the purchaser had to mortgage this land, and two other tracts he owned, to secure the sum needed to buy this land.

Sworn to and subscribed before me, this Dec. 20th, 1904.

John R. Wicks
Ordinary
County Clerk, Fulton County, Ga.

NAME Pinnell, John

YEAR 1906 COUNTY DeKalb

WHEN AND WHERE BORN? April 1825, Hall County, Georgia

ENLISTED WHEN AND WHERE? March 1862, Decatur, Georgia

RANK.

COMPANY AND REGIMENT? Co. B. 8th Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? May 1865, Applicant does not state where.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. J. M. Hawkins -
~~Same Command~~ Same Command- No data
mh. W.H. Carter- Personal knowledge-

Pennell, William M.
#1803
Pennell, William M.
No. *940* *De Kalb Co*

APPLICATION FOR

Arm

FOR CONFEDERATE SOLDIER.

Wm M Pennell

County *De Kalb Co*

Line *Wm M Pennell*

Amount *\$40*

Date of Warrant *Aug 4th 1860*

Page

STATE OF GEORGIA.

C. Hall County.)

Personally appeared before me, *William M. Pennell* of the county of *De Kalb*, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a *Private* in Company *# 362* Regiment of *Georgia* Volunteers that while engaged in such military service, to wit: at the battle or engagement of *on the March from Athens to New Creek* in the State of *Alabama* on the *10th* day of *October*, 1862, he was wounded in the *head* and that the same was amputated *below the elbow* that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has *not* supplied himself with an artificial *arm* or that, not having done so, he prefers *the amount allowed for such purpose* to supply himself with an artificial

Sworn to and subscribed before me this *10th* day of *October*, 1880.

NOTE: The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA.

De Kalb County.)

Personally came before me, *George B. Henderson* of the county of *De Kalb*, State of Georgia, who, being duly sworn, depose and says that he was a *Sergeant* in Company *# 362* Regiment and that *William M. Pennell*, the above deponent, was a *Private* in said Company, and that this deponent knows that said *William M. Pennell* lost a *part of his arm* in the military service as said in the above affidavit.

Sworn to and subscribed before me this *10th* day of *October*, 1880.

NOTE: If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens must be furnished.

APPLICATION FOR

For COMPENSATE SOURCE.

Wm M Pennell

County *De Kalb Co*

Limb *Arm to Bone clean*

Amount *\$40*

Date of Warranting *17th 1880*

Page

Pennell, William M. #1883 De Kalb Co No 940 De Kalb Co

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 elbow, sixty dollars, for an arm not extending above the elbow, forty dollars: Provided, the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

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

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

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

HENRY R. GORTCHUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 10th, 1879.

A. O. HAYON,
Speaker House Representatives.
RUFUS E. LESTER,
President Senate.
ALFRED H. COLQUITT, Governor.

STATE OF GEORGIA,

County. }

Personally came.....

who, being duly sworn, depose and say they are acquainted with.....
.....and know that he lost ain the military service during the late war,
that said.....was amputated.....; that he is a bona fide
citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

Sworn to and subscribed before me this.....
.....day of.....18.....

STATE OF GEORGIA,

County, }

I, H. V. Bayne..... Ordinary of De Kalb
county, do certify that I am well acquainted with.....William M. Russell
the applicant for.....Aras..... and am well satisfied that the facts stated by him in the foregoing
affidavit are true, and that I am well acquainted with.....George B. Henderson
.....Captain of Company.....to the 16th Regt. Georgia
the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts
stated by them are true.

Given under my hand and official seal, this.....June the 19th
day of.....1880

H. V. Bayne
Ordinary

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

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

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

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

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

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

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

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

De Kalb County,

PERSONALLY appears W. M. Pinnell of De Kalb county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the day of

1841; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 36th Regiment of Georgia Volunteers, Cummins' Brigade; that whilst engaged in such military service, at the battle of *Wes Creek* in the State of *Lenn*, on the day of 1864, he was wounded as follows:

With a minnie ball in left hand causing loss of all four of fingers

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

Sworn to and subscribed before me, this the 12th day of Dec 1889, *W. M. Pinnell*

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

De Kalb County,

PERSONALLY came before me *W. M. Cochran* of the county of *De Kalb* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company F, of 36th Regiment of *La* Volunteers, and that deponent knows *W. M. Pinnell*, 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 *W. M. Pinnell*.

W. M. Pinnell as stated by him in said affidavit. Deponent further states that said *W. M. Pinnell* is a bona fide citizen of this State and resides in *De Kalb* county.

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

APPLICATION FOR ALLOWANCE.

FOR

Gov of War Dept
Applicant, *W. M. Pinnell*

County *De Kalb*

Amount *\$70.*

Date of Warrant *Feb 13/*

Entered on record *Feb 13 1889*

W. M. Pinnell

SECRETARY EXECUTIVE DEPARTMENT.

No additional data

Applicant

STATE OF GEORGIA,

De Kalb County.
PERSONALLY came

citizens of county, in said State,
who, being duly sworn, say that they are acquainted with *W. M. Pinnell*
and know that he received the wounds (or contracted the
disease) in the military service, as stated by him in the foregoing affidavit; that said wounds
(or disease) permanently disables applicant, as stated by him; that said applicant is a bona
fide citizen of this State, and resides in *De Kalb* county, and we
are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this
day of 1889 *H. H. Cochran*

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

STATE OF GEORGIA,

De Kalb County.
PERSONALLY comes before me

W. M. Ragsdale Ordinary of said county,
J. S. Merz and *J. T. Green*, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined *W. M. Pinnell* and after such

examination say that the applicant has been injured as follows: *I am that*
wound in left hand with entire loss
of four fingers and one half of 3rd hospital
wound which renders him practically
incapable to perform his
ordinary manual occupations in
life

Sworn to and subscribed before me, this
12 day of Feb 1889 *J. S. Merz*
J. T. Green
W. M. Ragsdale
ORDINARY.

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

STATE OF GEORGIA,

De Kalb County.
I, *W. M. Ragsdale* Ordinary of said county,

do certify that I am well acquainted with *W. M. Pinnell* the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be,
and that he resides in this county. I also certify that the foregoing witnesses are persons
of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this 12 day of Feb 1889
W. M. Ragsdale

Ordinary *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

Know all Men by these Presents, That I,

of

county, in said State, do hereby appoint

of my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military ser-
vice 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 1889

Executed in the presence of us:

(L. S.)

STATE OF GEORGIA,

De Kalb County.

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

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

Given under my official signature and seal, this *10* day of *Feb* 1890

W. M. Ragsdale
Ordinary *De Kalb* County.

STATE OF GEORGIA,

De Kalb County.

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

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

Given under my official signature and seal, this *11* day of *Feb* 1891.

W. M. Ragsdale
Ordinary *De Kalb* County.

1890.

No. 1014

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

Loss of Hair Trigon
Applicant, *Mr M Pinnell*

County, *De Kalb*

Amount, *20*

Date of warrant, *Feb 13*

Entered on record

Feb 12 1890

W. M. H

SECRETARY, EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

Applicant

1891.

Pinnell, W. M.
PAID 1891

No. 1560

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Loss of Hair Trigon
Applicant, *W. M. Pinnell*

County, *De Kalb*

Amount, *20*

Date of Warrant, *Feb 11*

Entered on record

Feb 11 1891

W. M. H

SECRETARY, EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County,

PERSONALLY appears *Wm. Pinnell* of *De Kalb* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the

day of *1844*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *F*, of *36*th Regiment of *Georgia* Volunteers *Gumming's* Brigade; that whilst engaged in such military service, at the battle of *Mass Creek* in the State of *Georgia*, on the day of *Oct* 1862, he was wounded as follows:

Shot with a minnie ball in the left hand causing a loss of all the fingers

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

Sworn to and subscribed before me, this the *10th* day of *Feb* 1891, *Wm. Pinnell*

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

POWER OF ATTORNEY.

STATE OF GEORGIA

De Kalb County,

KNOW ALL MEN BY THESE PRESENTS, That I, _____ of _____

county, in said State, do hereby appoint

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

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

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by _____

to _____

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County,

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

day of *1844*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *F*, of *36*th Regiment of *Ga* Volunteers *Gumming's* Brigade; that whilst engaged in such military service at the battle of *Mass Creek* in the State of *Georgia*, on the day of _____ 1862, he was wounded as follows:

Shot with a minnie Ball in left hand causing a loss of all the fingers of said

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

Twenty dollars, for. Sworn to and subscribed before me, this the *11th* day of *Feb* 1891, *Wm. Pinnell*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County,

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

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

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

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by _____

to _____

County, Georgia.

P. O.

STATE OF GEORGIA.

De Kalb County.

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

Given under my official signature and seal, this *2d* day of *March* 1892.

Wm. Pinnell
Ordinary *De Kalb* County.

De Kalb Co
Pinnell, W. M.
No. 340

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name *Wm. Pinnell*
County *De Kalb*
Disability *Loss 4 fingers*
Amount, \$ *20*
Entered on record *Mar 2* 1892.
W. H. HARRISON,
Secretary of Warrent. Department.
AGENT.
Applicant
Geo. W. Harrison, State Printer, Atlanta, Ga.

POWER OF ATTORNEY.
STATE OF GEORGIA.

County.

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

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

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

Executed in the presence of us:
Wm. Pinnell
De Kalb

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

De Kalb Co
Pinnell, W. M.
1892.

Application for Allowance

No. *822*

For the Year Ending October 26, 1892.

De Kalb Co
Pinnell, W. M.
Applicant, *De Kalb*
County, *De Kalb*
Amount, *20*
Date of Warrant, *3/18*
Entered on record, *Mar 2* 1892.

W. H. Harrison

Secretary Warrent. Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears

W. M. Pinnell
of *De Kalb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the day of *1844*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *F*, of *36* th Regiment of *Georgia* Volunteers *Cummins*'s Brigade; that whilst engaged in such military service at the battle of *Mossy Creek* in the State of *Georgia*, on the day of *October* 1862, he was wounded as follows: *Shot with a minnie ball in left hand causing loss of all the fingers.*

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

Twenty Dollars for *Loss of 4 fingers.*

Sworn to and subscribed before me this the

24 day of *March* 1892.

W. M. Pinnell
Ordinary.
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

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

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

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

[L. S.]

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears

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

day of *1844*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *F*, of *36* th Regiment of *Georgia* Volunteers *Cummins*'s Brigade; that whilst engaged in such military service at the battle of *Mossy Creek* in the State of *Georgia*, on the day of *October* 1862, he was wounded as follows: *Shot with a minnie ball in the left hand causing the loss of all four of the fingers.*

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

Twenty dollars, for *Loss of fingers.*

Sworn to and subscribed before me, this, the

*17*th day of *March* 1893.

W. M. Pinnell
Ordinary.
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Pinnell* Ordinary of said County,

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

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

Given under my official signature and seal, this *17*th day of *March* 1893.

W. M. Pinnell
Ordinary County.

STATE OF GEORGIA

COMMISSIONER OF PENSIONS

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

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

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

[L. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

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

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

day of 1895.

[L. S.]

Executed in presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

De Kalb Co.

Pinnell, W. M.

(For Those Already Enrolled.)

No. 815

Soldier's Pension.

1894.

Name *Pinnell, W. M.*

County *De Kalb.*

Disability *Loss of Fingers.*

Amount, \$ *20.00*

3/12

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

Pinnell, W. M.

De Kalb Co.

(For Those Already Enrolled.)

No. 257

SOLDIER'S PENSION.

1895.

Name *W. M. Pinnell.*

County *De Kalb*

Disability *Loss of Fingers.*

Amount, \$ *20.00*

March 16

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

appt

Geo. W. Harrison, State Printer, Atlanta.

W. M. Pinnell

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County. }

PERSONALLY appears *Wm Pinnell* of *De Kalb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1844*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *F*, of *36*th Regiment of *Ga* Volunteers *Cumming's* Brigade; that whilst engaged in such military service at the battle of *Moss Creek* in the State of *Georgia* on the day of *Oct* *1863*, he was wounded as follows: *Shot in left hand causing loss of four fingers*

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

Sworn to and subscribed before me, this, the *30th* day of *March* *1894*. } *Wm. H. Pinnell*
M. Ragsdale, Ordinary

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

STATE OF GEORGIA, }

De Kalb County. }

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

Given under my official signature and seal, this *30th* day of *March* *1894*.



M. Ragsdale
Ordinary *De Kalb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County. }

PERSONALLY appears *Wm Pinnell* of *De Kalb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1844*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *F*, of *36*th Regiment of *Ga* Volunteers *Cumming's* Brigade; that whilst engaged in such military service at the battle of *Moss Creek* in the State of *Georgia* on the day of *Oct* *1863*, he was wounded as follows: *Shot with a minnie ball through the left hand, causing loss of all four of the fingers*

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

Sworn to and subscribed before me, this, the *14th* day of *March* *1895*. } *Wm. H. Pinnell*
M. Ragsdale, Ordinary

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

STATE OF GEORGIA, }

De Kalb County. }

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

Given under my official signature and seal, this *14th* day of *March* *1895*.



M. Ragsdale
Ordinary *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1896.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1897.

[L. S.]

Executed in presence of _____

SOLDIER'S PENSION.

1896.

No. **2443**

Name **WM Rinnell**

County **De Kalb**

Disability **Hand**

Amount, \$ **20.00**

3/3

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

act

Geo. W. Harrison, State Printer, Atlanta.

INVALID

SOLDIER'S PENSION.

1897.

No. **1769**

Name **WM Rinnell**

County **De Kalb**

Disability **Hand**

Amount, \$ **20.00**

2/23

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

act

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County. }

Personally appears *W. M. Pinnell* of *De Kalb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1840*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *F*, of *36*th Regiment of *Ga* Volunteers, *Cummins*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the day of *Oct* 1863, he was wounded, injured or diseased as follows:

- at the battle of Moss Creek Tenn was shot with a minnie ball through the left hand causing loss of the four fingers

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of *De Kalb* county been allowed a pension of *Twenty* dollars, for the year 1895.

Sworn to and subscribed before me, this, the *25th* day of *Feb* 1896. } *W. M. Pinnell*

W. M. Ragsdale, Ordinary

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

STATE OF GEORGIA,

De Kalb County. }

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

Given under my official signature and seal, this *25th* day of *Feb* 1896.



W. M. Ragsdale
Ordinary *De Kalb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County. }

Personally appears *W. M. Pinnell* of *De Kalb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1844*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *F*, of *36*th Regiment of *Ga* Volunteers, *Cummins*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the day of *Oct* 1863, he was wounded, injured or diseased as follows:

was shot in the left hand causing loss of all the fingers & thumb

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

Sworn to and subscribed before me, this, the *15th* day of *Feb* 1897. } *W. M. Pinnell*

W. M. Ragsdale, Ordinary

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

STATE OF GEORGIA,

De Kalb County. }

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

Given under my official signature and seal, this *13th* day of *Feb* 1897.



W. M. Ragsdale
Ordinary *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1898.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1899.

[L. S.]

Executed in presence of _____

ACT OF 24 OCT. 1887.

(For Those Already Enrolled.)

No. 2003

INVALID

SOLDIER'S PENSION.

1898.

Name W.M. Pinnell

County DeKalb

Disability Hand

Amount, \$ 7.00

2/15 - 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appch

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No later

Pinnell, W. M.

DeKalb Co.

CODE SECTION 132.

(For Those Already Enrolled.)

No. 2190

INVALID

SOLDIER'S PENSION.

1899.

Name W.M. Pinnell

County DeKalb

Disability Fingers

Amount, \$ 20.

2/14 - 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appch

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No later

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears W. M. Pinnell of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company F, of 36th Regiment of Ga Volunteers, Sumner's Brigade; that whilst engaged in such military service in the State of Georgia, on the day of Oct, 1864, he was wounded, injured or diseased as follows:

was shot at the battle of Mission Creek
in the left hand causing
loss of all the fingers

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of De Kalb county been allowed an invalid pension of Twenty Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 15th day of Feb, 1898. } W. M. Pinnell
POST-OFFICE

M. M. Ragsdale, Ordinary

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

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 15th day of Feb, 1898.



M. M. Ragsdale
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears W. M. Pinnell of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company F, of 36th Regiment of Ga Volunteers, Sumner's Brigade; that whilst engaged in such military service in the State of Georgia, on the day of Oct, 1864, he was wounded, injured or diseased as follows:

was shot in left hand causing loss
of 4 fingers

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1899. I have heretofore under said law as a resident of De Kalb County been allowed an invalid pension of Twenty Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 31 day of Jan, 1899. } W. M. Pinnell
POST-OFFICE Decatur Ga

M. M. Ragsdale, Ordinary

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

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 31 day of Jan, 1899.



M. M. Ragsdale
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I _____ hereby authorize _____

of _____

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

by _____

at _____

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

[L. S.]

Executed in presence of _____

CODE SECTION 126.

(For Those Already Enrolled.)

No. 1894

INVALID

SOLDIER'S PENSION.

1900.

Name W.M. Pinnell
County DeKalb
Disability Fingers
Amount, \$ 20
Warrant issued Mar 9 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

CODE SECTION 126.

(For Those Already Enrolled.)

No. 1954

DISABLED

SOLDIER'S PENSION.

1901.

Name W.M. Pinnell
County DeKalb
Disability Hand
Amount, \$ 20

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears W. M. Pinnell of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State and County, and has resided therein continuously ever since the day of 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company F, of 36 th Regiment of Volunteers, Cumming's Brigade; that whilst engaged in such military service in the State of Ga, on the day of Oct 1864, he was wounded, injured or diseased as follows:

Wounded at Peach Creek in left hand causing loss of four fingers.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of De Kalb County been allowed an invalid pension of \$4.00 Dollars, for the year 1899.

Sworn to and subscribed before me, this the 14 day of June 1900, POST OFFICE W. M. Pinnell

W. M. Pinnell Ordinary

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 14

day of June 1900.

W. M. Pinnell Ordinary De Kalb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears W. M. Pinnell of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 1844; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company F, of 36 th Regiment of Volunteers, Cumming's Brigade; that whilst engaged in such military service in the State of Ga, on the day of Oct 1864, he was wounded, injured or diseased as follows:

Wounded in left hand at battle of Peach Creek causing loss of four fingers.

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of De Kalb County been allowed an invalid pension of \$4.00 Dollars, for the year 1900.

Sworn to and subscribed before me, this the 12 day of June 1901, Postoffice De Kalb

W. M. Pinnell Ordinary

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

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 12

day of June 1901.

W. M. Pinnell Ordinary De Kalb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1902.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1903.

[L. S.]

Executed in presence of _____

NAME SECTION 152A
(FOR THOSE ALREADY ENROLLED.)

No. 437

DISABLED SOLDIER'S PENSION 1902.

Name Pinnell W.M.

County De Kalb

Co. F Regiment 36"

Disability Hand

Amount, \$ 20.

1/7 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison State Printer, Atlanta.

NAME SECTION 152A
(FOR THOSE ALREADY ENROLLED.)

No. 838

DISABLED SOLDIER'S PENSION 1903.

Name Pinnell W.M.

County De Kalb

Co. F Regiment 36"

Disability Hand

Amount, \$ 20.

1/28 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison State Printer, Atlanta.

no data
234

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *W. M. Pinnell* of *De Kalb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1844*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *F*, of *36*th Regiment of *Ga* Volunteers, *Cumming*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the _____ day of _____ 1864, he was wounded, injured or diseased as follows:

Was wounded at Moss Creek Tenn. causing loss of four fingers

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

Sworn to and subscribed before me, this the *11* day of *Jan* 1902. *W. M. Pinnell* Post-office *De Kalb*

W. M. Rogers Ordinary

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

STATE OF GEORGIA,

De Kalb County.

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

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

W. M. Rogers Ordinary *De Kalb* County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *W. M. Pinnell* of *De Kalb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1844*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *F*, of *36*th Regiment of *Ga* Volunteers, *Cumming*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the _____ day of *Oct* 1864, he was wounded, injured or diseased as follows:

Was wounded at Battle of Moss Creek Tenn. in left hand causing loss of four fingers

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

Sworn to and subscribed before me, this the *11* day of *Jan* 1903. *W. M. Pinnell* Post-office *De Kalb*

W. M. Rogers Ordinary

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

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this *15* day of *Jan* 1903.

W. M. Rogers Ordinary *De Kalb* County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

by _____

at _____

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

day of _____ 1904.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

by _____

at _____

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

day of _____ 1905.

[L. S.]

Executed in the presence of _____

Pinnell, W. M.
De Kalb County

CODE SECTION 1250.

(FOR THOSE ALREADY ENROLLED.)

No. *258*

DISABLED

SOLDIER'S PENSION
1904.

Name *W. M. Pinnell*
County *De Kalb*
Co. *36* Regiment *36*
Disability *lost four fingers*
Amount, \$ *20.00*

1/25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

off

Geo. W. Harrison, State Printer, Atlanta.

no data

Pinnell, W. M.
De Kalb County
(FOR THOSE ALREADY ENROLLED.)

No. *261*

DISABLED

SOLDIER'S PENSION
1905.

Name *W. M. Pinnell*
County *De Kalb*
Co. *36* Regiment *36*

Disability

Amount, \$ *20.00*
January 23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

off

The Franklin Printing and Publishing Co., Atlanta

Geo. W. Harrison, Manager, 105 State Printer

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

DeKalb County.

Personally appears W. M. Pinnell of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1844; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Pri in Company F, of 36th Regiment of Vol Volunteers Cummings's Brigade; that whilst engaged in such military service in the State of , on the day of Oct 1864, he was wounded, injured or diseased as follows:

Lost four fingers of left hand.

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

Sworn to and subscribed before me, this the 15 day of January 1904.

James R. George Ordinary

Post-office

W. M. Pinnell
Wallace Ga

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

STATE OF GEORGIA,

DeKalb County.

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

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



James R. George
Ordinary DeKalb County.

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

NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

DeKalb COUNTY.

Personally appears W. M. Pinnell of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 ; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a in Company F, of 36th Regiment of Ga Volunteers 's Brigade; that whilst engaged in such military service in the State of , on the day of 186 , he was wounded, injured or diseased as follows:
Lost a finger 7th or 8th from 1864

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of DeKalb County, been allowed an invalid pension of Twenty Dollars, for the year 1904.

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

W. M. Pinnell
Post-office

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

STATE OF GEORGIA,

DeKalb COUNTY.

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

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



James R. George
Ordinary DeKalb County.

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

NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY }
I, W. M. Pinnell hereby authorize
A. R. Pinnell of DeKalb Co.
to receive and receipt for the pension paid hereon, and request that he remit same to
W. M. Pinnell by _____
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17
day of January 1906.
W. M. Pinnell [L. S.]

Executed in the presence of
James R. George
Ordinary

Pinnell, W. M.
DeKalb Co.
Cons Section 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 224

DISABLED SOLDIER'S PENSION 1906.

Name W. M. Pinnell
County De Kalb
Co. F Regiment 36th
Disability Lost 4 fingers
Amount, \$ 20.00
1/27 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

A. R. Pinnell
The Pension Section, John Lindsey Co., Geo. W. Harrison, Sec'y.

not done

Pinnell, W. M.
DeKalb Co.
47 25-05-

Cons Section 1260.

(FOR THOSE ALREADY ENROLLED)

No. 267

DISABLED SOLDIER'S PENSION 1907.

Name W. M. Pinnell
County DeKalb
Co. F Regiment 36th
Disability Lost 4 fingers
Amount, \$ 20
1/27 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY. }

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

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

Executed in presence of _____

[L. S.]

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

DeKalb County.

Personally appears W. M. Pinnell of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 1844; that he enlisted in the military service of the Confederate States, (or of the State of _____) during the war between the States, and served as a Private in Company F, of 36th Regiment of Georgia Volunteers Cummings's Brigade; that whilst engaged in such military service in the State of Massachusetts, on the _____ day of Oct 1864, he was wounded, injured or diseased as follows:
Lost 4 fingers on left hand

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

Sworn to and subscribed before me, this the 17 day of January 1906.

James R. George Ordinary

W. M. Pinnell
Post-Office Decatur Ga

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

State of Georgia,

DeKalb County.

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

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

James R. George
Ordinary DeKalb County.

AMx
your
seal
here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

DeKalb County.

Personally appears W. M. Pinnell of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 18 ; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Soldier in Company F, of 36th Regiment of Georgia Volunteers Cummings's Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 1864, he was wounded, injured or diseased as follows:
Lost 4 fingers, Mass. Brock, Tenn. 1864

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

Sworn to and subscribed before me, this the 7th day of January 1907.

James R. George Ordinary

W. M. Pinnell
Postoffice _____

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

State of Georgia,

DeKalb County.

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

Given under my official signature and seal this 7th day of January 1907.

James R. George
Ordinary DeKalb County.

AMx
your
seal
here

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

DeKalb.

Maimed Soldiers.

Voucher No. 457

Amount. \$ 20.

Paid to W. M. Pinnell

For Loss of Four
Fingers of Left hand
July 13, 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

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

Applicant

DeKalb.

Maimed Soldiers.

Voucher No. 1014

Amount \$ 20

Paid to W. M. Pinnell

For Loss of Four
Fingers
July 15, 1890

Included in warrant No.

issued to Treasurer.

W. M. Pinnell

WARRANT CLERK.

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

Applicant

Pinnell, W. M.

July 11

1891.

Maimed Soldiers.

Voucher No. 560

Amount \$ 20⁰⁰ Twenty Dollars

Paid to W. M. Pinnell

For Loss 4 fingers

July 11 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 457

Atlanta, Ga. Feb'y 13 1889

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

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

Loss of four fingers of left hand
He is entitled to receive the sum of *Twenty & 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor,

W. H. Hammon

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Twenty & 00/100 Dollars,

per above voucher, this *13* of *Feb'y* 1889.

W. M. Pinnell

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1014

Atlanta, Ga. Feb'y 12 1890

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

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

Loss of four fingers of left hand
He is entitled to receive the sum of *Twenty & 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor,

W. H. Hammon

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Twenty & 00/100 Dollars,
per above voucher, this *12* of *Feb'y* 1890.

1891.

No. 3600

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT. }

Atlanta, Ga. Dec'y 11 1891.

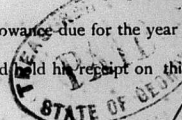
Mr. *W. M. Pinnell* of the County
of *DeKalb* having filed his application in the Executive

Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Seven Hundred Dollars
He is entitled to receive the sum of *Twenty*

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

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



W. F. Norburn
GOVERNOR.

By the Governor.

W. H. Harrison

Sec'y EXECUTIVE DEPARTMENT.

\$ *20*

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

Twenty Dollars,
per above voucher, this *11* of *Dec'y* 1891.

W. M. Pinnell

Georgia
DeKalb County Know all men by these presents that I William
M Pinnell of the County of
DeKalb and State of Georgia have
authorized and appointed and by
virtue of these presents do authorize
and appoint J. J. Wright of said
County of DeKalb & State aforesaid
my attorney in fact for me and in my
name to ask for and demand & receive
from the Treasurer of the State of Georgia
the sum of Forty dollars due me the
same being an amount in money
in Lieu of an Artificial arm under
and by virtue of Act of the General
Assembly of Georgia, Approved Septem-
ber the 20th 1879. as will appear by
the Application accompanying this
power of Attorney, And for me
and in my name to sign receipts and
deliver all necessary receipts for
said sum so collected as I might
myself lawfully do: hereby ratifying &
Confirming all such Lawful acts as
my said attorney may do, or perform in the
premises. In witness whereof I have
hereunto set my hand & seal August 7th 1880

J. B. Steward.
L. M. Parkyn & Co.
N.Y.C.

William ^{his} M^x Pirmell C.D.
mark

Power of atty
from
William M. Pirmell
to
J. B. Wright

NAME, Pinnell, Wm. M. YEAR 1880 COUNTY DeKalb

YEAR ADDED TO ROLL: 1880 - Application for artificial arm.

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE? Georgia

RANK. Private

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

NAME OF CAPTAIN AND COLONEL? George V Hudson, Lieut.

WOUNDED? While on
March from Athens to Mouse Creek, Tenn. -
October 1862, wounded in hand, arm amputated below elbow.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. George B Hudson, Lieut.

No data

NAME Pinnell, W.M.

YEAR 1896 COUNTY DeKalb

WHEN AND WHERE BORN? Resident since 1840.

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co. I, 36th. Regt. Ga. Vols.
Cummings' Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Moss Creek, October 1863 shot through the left hand.

CAPTURED, WHEN AND WHERE?

RELEASED.

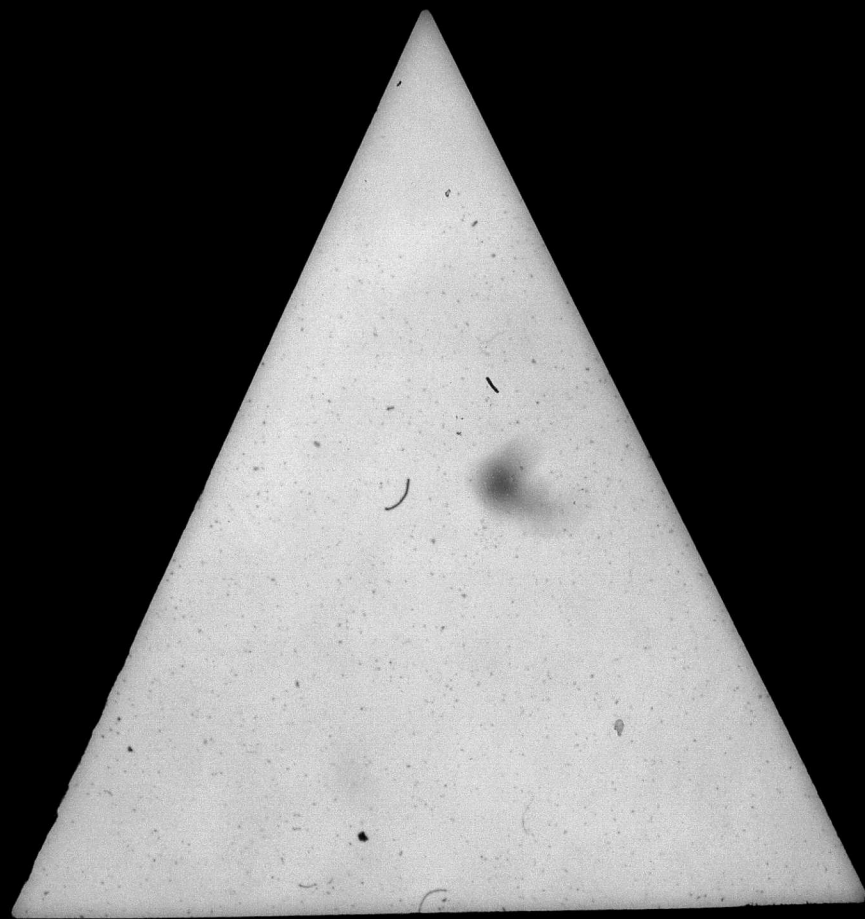
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None



Plummer, W. J.
De Kalb County

OK for 1911

No

**Confederate
Soldier's Application.**

✓ UNDER ACT 1910.

County *De Kalb*

Name *W. J. Plummer*

Company *12*

Regiment *2d Georgia Reserve*

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAR. P. HYRD, State Printer, Atlanta.

1065/1

100

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

DeKalb County.

J. A. Wells of said State and County is hereby presented as a witness in support of the application of *W. B. Plummer* for the pension provided by the Act of 1910, in said case, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? *J. A. Wells, DeKalb Co. Ga*
2. How long and when have you known *W. B. Plummer* the applicant? *4 1/2 years since 1864*
3. Where does he now reside, and since when has he been a bona fide continuing resident in this State and how do you know? *DeKalb Co. Ga. 6 years. He is my neighbor. I know of my own knowledge.*
4. When, where and in what Company and Regiment did *W. B. Plummer* enlist during war from 1861 to 1865? (Give date and place) *April 1864, Stone Mountain*
5. How did you obtain your information of this Service? *was in same company & Regiment*
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) *one year*
7. When and where was his Command surrendered or discharged (give date and place) *May first 1865 - Albany Ga*
8. Were you personally present at the Surrender? *I was Present*
9. If not, where were you and how came you there? *Present*
10. Was the applicant personally present with his Command at surrender? *He was Present*
11. If not where was he and how came him there? *Present*
12. When did he leave his Command? *did not leave* Where was his Command when he left it? *did not leave* for what cause did he leave? *Surrender* By whose authority did he leave? *Surrender* and how long was he granted leave? *Present* How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) *I was Present*
13. In what way was he prevented from returning to his Command? *Surrender* How do you know? *was Present*
14. What effort did he make to return to his Command and how do you know? *Surrender*
15. Was applicant captured as a prisoner? *no* If so, when and where? *no* In what prison was he held? *no* and when released?

Sworn to and subscribed before me, this the

7 day of *Sept* 1910 } *J. A. Wells*
James R. George Ordinary
of *DeKalb* County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

DeKalb County.

Personally before me comes *G. P. Kinney & J. N. Johnson* who on oath says that they are free holders residing in said County and we know *W. B. Plummer* 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 be: (Make List by items and value.)

Lana val \$100.00 one milk cow \$5.00 one calf \$40.00 one wagon \$20.00 one horse \$20.00 one saddle \$10.00

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

1908? (State it fully by items.) *no*

2. When and to whom was it sold or given to? *not sold*
3. What was the price paid or stated to be paid? *none*
4. What relation is the party to applicant? *none*
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the

7 day of *Sept* 1910 } *G. P. Kinney*
James R. George Ordinary
of *DeKalb* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

DeKalb County.

I, *James R. George* Ordinary of said County, certify that I know the applicant *W. B. Plummer* for Pension is the person he represents himself to be and resides in said County. That I also know *G. P. Kinney & J. N. Johnson* the witness swearing to the service and *G. P. Kinney & J. N. Johnson* who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of *at DeKalb* shows that *he* and wife value for tax is in 1908 \$ *360.00* for 1909 \$ *480.00* for 1910 \$ *480.00*
Sworn under my hand and official seal of office this *7* day of *Sept* 1910
James R. George Ordinary
of *DeKalb* County.

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.

NAME Plummer, W. T.

YEAR 1911

COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of Georgia since Feb. 9th, 1847 (63 years

ENLISTED WHEN AND WHERE? April 1864, Stone Mountain, Georgia.

RANK

COMPANY AND REGIMENT? Company K, 2nd Georgia Reserves.

NAME OF CAPTAIN AND COLONEL?

ARMED?

RECAPTURED, WHEN AND WHERE?

RELEASED.

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

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

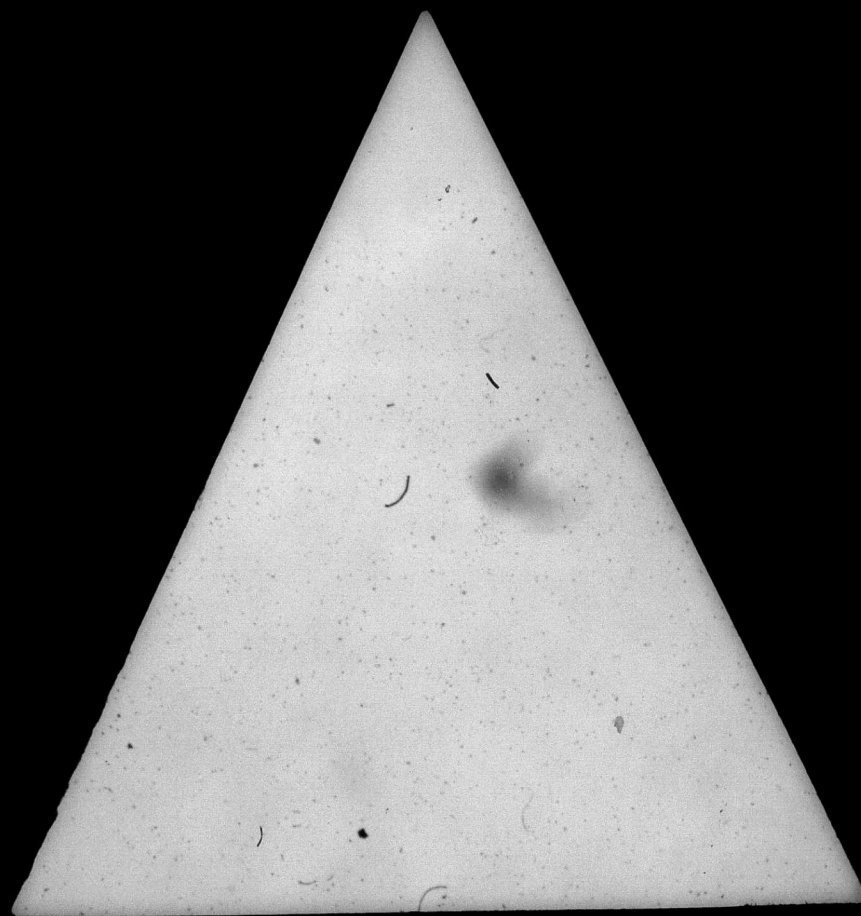
BURIED,

WITNESSES. J. A. Wells-

Same command-

No data.

CB



RECORD O. K.



Widow's Application

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

County DeKalb
 Name Mrs. W. T. Plummer
 Widow of W. T. Plummer
 Date of Marriage June 14 1890
 Date of Husband's Death Sept. 22 1928
 Company Co. K, 2d Regt. Ga. Reserves
 Regiment 2d Regt. Ga. Reserves
 Approved DEC 27 1937 193
H. M. Gilman
 Director

State Dept. Public Welfare,
 Atlanta, Nov. 19, 1937.

Wm. T. Plummer enlisted as a private in Co. K, 2d Regt. Ga. Reserves July 7, 1864. Roll for Feb. 1865, last on file, shows him present.

L. J. Anderson
 Director Confederate Records Div.

AUG 11 1937

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb

COUNTY.

I, V. S. Morgan

Ordinary of said County, do certify

that I know Mrs. W. T. Plummer

the applicant for pension; that

she is the person she represents herself to be; and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know See Marriage Certificate

the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 10 day of August 193 7.
 (SEAL OF ORDINARY)
V. S. Morgan, Ordinary.

of DeKalb County.

INSTRUCTIONS:

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

RECORD C. K.
1915

State Dept. Public Welfare,
Atlanta, Nov, 19, 1937.



Wm. T. Plummer enlisted as
Private in Co. K, 2d Regt. (C)
Reserves July 7, 1864. Roll
for Feb. 1865, last on file
shows him present.

Widow's Application

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

County DeKalb
Name Mrs. W. T. Plummer
Widow of W. T. Plummer
Date of Marriage June 14, 1890
Date of Husband's Death Sept. 22, 1928
Company 2d Regt. Ark. Cav.
Regiment 2d Regt. Ark. Cav.
Approved DEC 27 1937
W. S. Morgan Director.

AUG 11 1937

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

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

Given under my hand and seal of office this 10 day of August, 193 7.
(SEAL OF ORDINARY) V. S. Morgan, Ordinary.
of DeKalb County.

INSTRUCTIONS:

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

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DEKALB COUNTY.

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

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County)
Mrs. W. T. Plummer - Tucker, DeKalb County, Georgia
2. How long and since when have you been, continuously, a bona fide resident citizen of the State
of Georgia? All her life
Give date, or year, of your birth. March 23, 1860 Age? 77
3. (1) When, (2) where and (3) to whom were you married? W. T. Plummer - June 14, 1890
in Gwinnett County
 - a. Have you married since the death of first and soldier husband? no
 - b. When and where did your first husband die? Died Sept. 22, 1928 at Tucker, Ga.
 - c. Were you residing together when he died? yes
 - d. If not, how long had you resided apart? 1
 - e. Are you now a widow? yes
 - f. Have you or your husband heretofore been paid a pension by the State? Husband has
 - g. If so, when and for what cause were you or your husband placed on the roll? Service in Confederate Army

SECTION II.

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

1. When, where and in what Company and Regiment did your husband enlist as a soldier in
Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry,
Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
2. When and where did the Commands of your husband surrender or discharge from the Service?
3. Was your husband personally present with his Command when it was surrendered or discharged?
4. If he was not present, state specifically and clearly where he was?
5. When did he leave the Command?
 - a. For what cause did he leave?
 - b. By whose authority did he leave?
 - c. For how long was his leave of absence granted?
 - d. In what way?
6. What was his physical condition when he left his Command?
7. What effort did he make to return to his Command?
8. In what way was he prevented from going back to his Command?
9. Was he captured by the enemy at any time?
10. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

22 day of July, 193 7.

V. S. Morgan, Ordinary
of DeKalb County.
(SEAL OF ORDINARY)

Mrs. W. T. Plummer
Applicant.

Wm. Plummer

For DeKalb County

Application for
pension due estate of Wm. T. Plummer
Widow of Late
Confederate Soldier

00000000000000000000

V. S. Morgan Ordinary

For: Plummer, W. T.
(Name of Pensioner)

Date of Death: January 3, 1944

Amount: \$30.00

TO THE ORDINARY: Fill out above, in full, and send this voucher to Confederate Division State Department of Public Welfare, for approval. Do not pay out the money until the approved voucher is in your hands giving you authority to do so. ~~After this voucher has been sent to you with the approved voucher, you must return this voucher and the receipt to the Confederate Division State Department of Public Welfare.~~

Approved, and ordered paid,

William Henderson
Director
Jan 30th 1944
Director.
Confederate Division
State Department of Public Welfare

DEPARTMENT OF CONFEDERATE
PENSIONS AND RECORDS.

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS:

MRS. W. T. PLUMMER, WIDOW OF W. T. PLUMMER,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 1938, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 1937.

Wm. Henderson
Director, Confederate Division
State Department of Public
Welfare

Ordinary.

See Items 1122 and 33.***

Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DeKalb County:

Before me, the Ordinary of said County, comes C. A. Plummer

-----, of said County, who, after being duly sworn, on oath says
that he knew Mrs. W. T. Plummer ----- late of said County, a Confed-
erate pensioner, and that said person is the identical person named and described in the attached cer-
tified copy of burial certificate, and that said pensioner ~~LITTONWOODSOLDHONESTSTATEINANY~~
~~KINDORVALUEINTHEIRLIVESORPROPERTYORPERSONALITYWHICHMIGHTBELOSTTO~~
the sum of \$ / - / - / - / - / - / as shown by sworn statements FULLY and COMPLETELY TRUE,
AZED hereby declared.

Sworn to and subscribed before me.

this the 13 day of January, 1944

V. A. Morgan, Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, DeKalb County

I certify that C. A. Plummer

I certify that _____ C. A. Plummer _____ who subscribed
to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and
credit. I further certify that I knew _____ Mrs. W. T. Plummer _____ the deceased
pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly
enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner
is the identical person named and described in the attached certified copy of burial certificate, ~~and~~
~~and that he or she was not a member of the United States Army, Navy, Air Force, Marine Corps, Coast Guard, or~~

Given under my hand and seal of office, this the 13 day of January 1944

(Seal of Ordinary)

V. A. Hanson, Ordinary

INSTRUCTIONS:

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

and, Retain those claiming expenses of last illness and funeral, to make out giving each item and the value of it and each date.

~~/s/ Each account must be sworn to before the Ordinary and in the following form:~~

"The above said foregoing account incorporated for _____ for _____ the foregoing
_____ , who did _____ . Have you?"

THE FIVE STAGES OF THE CONCEPTUALIZATION OF A PROBLEM

~~XXXXXXXXXXXXXXXXXXXX~~ must be sent to the Confederate Division State Department
~~XXXXXXXXXXXXXXXXXXXX~~ must be paid out until it is returned to you as your authority to make the payment.

25th. Return this application, ~~under seal~~ ^{signed} properly ~~filled~~ ^{filled}, to the Confederate Division State ~~Department~~ ^{Department} and copy of death certificate. ^{Capitol, Atlanta 3.Ga.}

~~200~~. Ordinary should see that the back of this blank, when folded, is filled out.

8b. This money, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills, please return the money, with bills and receipts, to be put in the General Fund, to the Division of General Services, Room 1000.

Only the State may not authorize the payment of these amounts to the living persons, and it is assumed that

Ordinary.

[illegible]

MARRIAGE LICENSE

State of Georgia--Fulton County

To any Minister of the Gospel, Judge of Superior Court, Justice of the Peace, or other Person authorized to Solemnize,

You are hereby authorized and permitted to join in the honorable state of Matrimony MR. WILLIAM T. PLUMMER

and MISS MARTHA E. ROGERS

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.

RETURN THIS LICENSE, WITH YOUR CERTIFICATE THEREON TO MY OFFICE FOR RECORD

Given under my Hand and Seal this 14th day of JUNE 1890

W. L. CALHOUN,

L. S.
Ordinary

I hereby certify that MR. WILLIAM T. PLUMMER

and MISS MARTHA E. ROGERS

were joined together in the HOLY BANS OF MATRIMONY

on the 15th day of JUNE 1890, by me.

A. J. COSS, M.O.

State of Georgia,
Fulton County.

ORDINARY'S OFFICE

H. B.

ATLANTA, GA., June 21, 1927.

I, H. T. Kemp, Clerk Court of Ordinary of said County, hereby certify

that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

MR. WILLIAM T. PLUMMER

and MISS MARTHA E. ROGERS

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the

day and year aforesaid.

H. T. Kemp
Clerk, Court of Ordinary.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

State File No. _____

1. Place of Death		2. Usual Residence of Deceased	
(a) County DeKalb	MIM No. 572	(a) State Georgia	(b) County _____
(b) City or Town Tucker <small>(If Outside City or Town Limits, Write Rural)</small>		(c) City or Town _____ <small>(If Outside City or Town Limits, Write Rural)</small>	
(c) Name of Hosp. or Institution _____		(d) R.F.D. and Box No. _____	
(d) Length of Stay Before Death: Hosp. or Institution _____ In This Community _____		(e) Foreign Country? _____	(Yes) <input type="checkbox"/> (No) <input type="checkbox"/> (If Yes, Name of Country) _____
3. Name Mrs. Lizzie Plummer		Social Security Number _____	
PERSONAL AND STATISTICAL PARTICULARS			
4. Sex Female	5. Race White	6. Status (circle) (M)	7. Date of Death 1/3/44
8. If Married or Widowed, Give Name of Spouse W. T. Plummer		9. Time (Hour : Minute) A. M.	
10. Age 84	11. Months _____	12. Days _____	13. I hereby certify that I attended the deceased who died on the above date. I last saw _____
14. Date of Birth _____	15. Birth Place Georgia	16. I hereby certify that I attended the deceased who died on the above date. I last saw _____	
17. Usual Occupation _____		18. Primary Cause of Death Arteriosclerosis	
19. Industry _____		20. Duration 5 yrs	
21. Name John Rodgers		22. Contributory Cause Influenza	
23. Birthplace Ga.		24. (Including Any Pregnancy Within Three Months of Death)	
25. Maiden Name Mary Moon Rodgers		26. Operation No	
27. Birth Place Ga.		28. Date of Operation No	
29. Informants C. A. Plummer		29. (Specify) No	
30. Informants P. O. Address Tucker, Ga.		30. (Specify) No	
31. Burial, Cremation, Burial _____ (a) Date 1/5/44		31. (Specify) No	
32. P. O. Address of Place of Burial Pleasant Hill Cemetery, Tucker, Ga.		32. (Specify) No	
33. Signature of Person A. S. Turner & Sons		33. (Specify) No	
34. P. O. Address of Decatur, Ga. 1/13/44		34. (Specify) No	
35. Registrar's J. R. Evans		35. (Specify) No	
36. Own Signature _____		36. (Specify) No	
37. Registrar's J. R. Evans		37. (Specify) No	
38. Own Signature _____		38. (Specify) No	
39. Registrar's J. R. Evans		39. (Specify) No	
40. Own Signature _____		40. (Specify) No	
41. Registrar's J. R. Evans		41. (Specify) No	
42. Own Signature _____		42. (Specify) No	
43. Registrar's J. R. Evans		43. (Specify) No	
44. Own Signature _____		44. (Specify) No	
45. Registrar's J. R. Evans		45. (Specify) No	
46. Own Signature _____		46. (Specify) No	
47. Registrar's J. R. Evans		47. (Specify) No	
48. Own Signature _____		48. (Specify) No	
49. Registrar's J. R. Evans		49. (Specify) No	
50. Own Signature _____		50. (Specify) No	
51. Registrar's J. R. Evans		51. (Specify) No	
52. Own Signature _____		52. (Specify) No	
53. Registrar's J. R. Evans		53. (Specify) No	
54. Own Signature _____		54. (Specify) No	
55. Registrar's J. R. Evans		55. (Specify) No	
56. Own Signature _____		56. (Specify) No	
57. Registrar's J. R. Evans		57. (Specify) No	
58. Own Signature _____		58. (Specify) No	
59. Registrar's J. R. Evans		59. (Specify) No	
60. Own Signature _____		60. (Specify) No	
61. Registrar's J. R. Evans		61. (Specify) No	
62. Own Signature _____		62. (Specify) No	
63. Registrar's J. R. Evans		63. (Specify) No	
64. Own Signature _____		64. (Specify) No	
65. Registrar's J. R. Evans		65. (Specify) No	
66. Own Signature _____		66. (Specify) No	
67. Registrar's J. R. Evans		67. (Specify) No	
68. Own Signature _____		68. (Specify) No	
69. Registrar's J. R. Evans		69. (Specify) No	
70. Own Signature _____		70. (Specify) No	
71. Registrar's J. R. Evans		71. (Specify) No	
72. Own Signature _____		72. (Specify) No	
73. Registrar's J. R. Evans		73. (Specify) No	
74. Own Signature _____		74. (Specify) No	
75. Registrar's J. R. Evans		75. (Specify) No	
76. Own Signature _____		76. (Specify) No	
77. Registrar's J. R. Evans		77. (Specify) No	
78. Own Signature _____		78. (Specify) No	
79. Registrar's J. R. Evans		79. (Specify) No	
80. Own Signature _____		80. (Specify) No	
81. Registrar's J. R. Evans		81. (Specify) No	
82. Own Signature _____		82. (Specify) No	
83. Registrar's J. R. Evans		83. (Specify) No	
84. Own Signature _____		84. (Specify) No	
85. Registrar's J. R. Evans		85. (Specify) No	
86. Own Signature _____		86. (Specify) No	
87. Registrar's J. R. Evans		87. (Specify) No	
88. Own Signature _____		88. (Specify) No	
89. Registrar's J. R. Evans		89. (Specify) No	
90. Own Signature _____		90. (Specify) No	
91. Registrar's J. R. Evans		91. (Specify) No	
92. Own Signature _____		92. (Specify) No	
93. Registrar's J. R. Evans		93. (Specify) No	
94. Own Signature _____		94. (Specify) No	
95. Registrar's J. R. Evans		95. (Specify) No	
96. Own Signature _____		96. (Specify) No	
97. Registrar's J. R. Evans		97. (Specify) No	
98. Own Signature _____		98. (Specify) No	
99. Registrar's J. R. Evans		99. (Specify) No	
100. Own Signature _____		100. (Specify) No	

CERTIFIED COPY

JAN. 13, 1944

State of Georgia

County of **DeKalb**

I hereby certify that the foregoing is a true and correct copy of a record on file in this office.

(Signed)

J. R. Evans

(Ordinary)

(Health Officer)

SEAL

RCA 1103

POWER OF ATTORNEY. STATE OF GEORGIA.

Know all Men by these Presents, That I, _____
County,)

of _____
County, in said State, do hereby appoint _____

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

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

Executed in the presence of us: _____ [L. s.]

DIRECTIONS.

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



Pool, Frances
DeKalb County
1891.

No. 2233

Widows' Pension

— PAID TO —

Mrs. Francis Covle

— OF —

DeKalb

COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

DIRECTIONS.

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



144 W. Harrison, New York, U.S.A.

AND HANDED TO

1891

Warrant Issued

\$100.00

of

Mrs. Francis Poole

— PAID TO —

Widow's Pension

No. 2933

1891.

Poole, Francis
DeKalb County
1891.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary

County of De Kalb

in and for the County of De Kalb

Mrs. Francis Poole, who being sworn according to law, says under oath that she is the widow of James J. Poole,

who was a soldier in the service of the Confederate States, and served as a member of Company I

13th Regiment of Georgia Volunteers; that he enlisted in said

service on or about the day of June 1861, and was in the

Confederate Army up to Sept 1863 That while in the

Army, he was on the day of 186, (See Note No. 1)

Was sent home on sick furlough with chronic diarrhea in Sept 1863. He continued to grow worse until he died of the disease contracted in service on the 13th day of January 1864.

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 13th day of Dec 1840, and that she has resided in Georgia continuously since the 2nd day of June 1842; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

20th day of April 1891.

Ordinary.

Francis X. Poole
mark

NOTE 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is known positively to have resulted from the service of the soldier in the Army and not from any other cause.

Ordinary's Certificate

STATE OF GEORGIA.

DeKalb COUNTY.

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

Sworn under my hand and official seal of office this 15 day of Sept 1919

(SEAL)

W. H. McFarland Ordinary,
DeKalb County.

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

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County

Name

Widow of

Company

Regiment

Approved

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

16-17-1919

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

Questions for Applicant

STATE OF GEORGIA.

DeKalb COUNTY.

Personally before me comes Mrs. Eugenia Powell of said State and County, and, after being duly sworn, says that she desires to apply for a pension allowed under the Act of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to-wit:

- What is your name, and where do you reside? Eugenia Powell
- How long and since when have you been a continuing resident of the State of Georgia? 44 years all my life
- When, where and to whom were you married? July 28th 1869 DeKalb Ga
George W. Powell
- Have you married since the death of first and soldier husband? I have not
- When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) May 19th 1864
Company B - 5th Regt. Batt. Col. H. H. Hannon's Brigade
after 1864 into 131st Regt. Col. H. H. Hannon
May 8 - 1865 Augusta Ga
- Was your husband personally present at the time of the surrender or discharge of this command? I understand he was
- If he was not present state clearly where he was? Prisoner
- Where was his command when he left? Surrender
- For what cause did he leave his command? _____
- By whose authority did he leave his command? _____
- For how long was he granted leave of absence? _____
- What was his physical condition when he left his command? _____
- What effort did he make to return to his command? _____
- In what way was he prevented from going back to Command? Surrender
- Was he captured by the enemy at any time? was not
- If so, when and where captured and where held as a prisoner, and when and for what cause released? _____
- When and where did your first husband die? July 11th 194 Rithonia Ga
- Were you residing together when he died? she was
- If not, how long had you resided apart? _____
- Are you now a widow? I am
- Have you or your husband heretofore been paid a pension by the State? have not

Sworn to and subscribed before me this the

15 day of October 1919

James R. George Ordinary
of DeKalb County.

(SEAL)

DeKalb
Eugenia Powell
No. 10

STATE OF GEORGIA.

Newton

COUNTY.

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

1. What is your name and where do you reside? J. C. Flowers Covington Newton Co, Ga
2. How long and since when have you known Mrs Eugenia Powell applicant? fifty years
3. How long and since when has she continuously resided in this State? (Give date.) for more than 50 years
4. When and to whom was she married? G. W. Powell Jan 28 1869 How do you know? reputation
5. How long and since when did you know G. W. Powell her husband? since May 1864
6. When and where did G. W. Powell the husband of applicant, die? Lithonia Ga Jan 11, 1914
7. Were the applicant and her husband living together as husband and wife at the date of his death? they were
8. If not, how long did they live apart before his death? xxx
9. When, where and in what Company and Regiment did G. W. Powell enlist? May 19, 1864: Conyers Ga. Co "B" Roswell Batt. cavalry. Hannon's Brigade after formed into 31 Ga Batt Cavalry :-
10. Were you a member of the same Company? yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from May 19, 1864 to surrender
12. When and where did his Command surrender, and was discharged? May 8, 1865 Augusta Ga.
13. Were you personally present when it was surrendered? no If not, where were you detailed service and how came you there? by orders of Maj. J. M. King - carrying stock that had been stolen; - and on my way back to Augusta at surrender.
14. Was the husband of applicant personally present at surrender? he was If not where was he? xxxxxx When, where and for what cause did he leave Command? (Give date.) xxxxxx By whose authority did he leave his Command? xxxxxx And how long was he granted leave? xxxxxx How do you know all this? I was first sergeant and know he was with his command the day before the command surrendered, of my personal knowledge.
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? xxxx
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? xx-xxx

Sworn to and subscribed before me this the

1 day of Sept 1919 19

A. S. Mador Ordinary
of Newton County.

(SEAL)

new Powell, Eugenia E.
DeKalb Co.

1920

Application for Pension Due
Deceased Pensioner
Under Act 1904

James R. George Ordinary
For Mrs. Eugenia E. Powell
of DeKalb County
of Co. _____ Regiment
Died Nov 12 1921
Amount \$ 100.00 (2/3 00)

Approved and ordered paid:

Dec 20 1920

J. W. LINDSEY,
Commissioner of Pensions.

2

Lithonia, Ga., 12/17/21 192

Mrs Geo Powell

Lithonia Ga
IN ACCOUNT WITH

CHAS. J. TUCKER

Nov	8	One Rx	1 00		
"	9	Two Rx	2 00		
"	10	One Rx	1 00		
"	11	One Rx	1 00		
			\$ 5.00		

Personally Appeared before Me J. R. Spinks
under oath says that this is a true statement
of the drug Acct for Mrs George Powell and
that it is just due and Unpaid.

Signed J. R. Spinks, M.D.
DeKalb County

Sworn and Subscribed
to before me this 17th
day of December 1921

J. E. Litcham
M.D. DeKalb Co.

new Powell, Eugenia E. (Mrs.)
DeKalb Co.
h N.Y.

1921

Application for Pension Due
Deceased Pensioner
(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

James R. George Ordinary
For Mrs. Eugenia E. Powell
of DeKalb County

New Class 1

Died Nov 12 1921
Amount \$ 113.50 (2/3 50)

Approved and ordered paid.

Dec 20 1921

J. W. LINDSEY,
Commissioner of Pensions.

2

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

Index Printing Co., Atlanta, Ga.

JAMES R. GEORGE
ORDINARY AND PROBATE JUDGE
DEKALB COUNTY
E. H. MASON, CLERK

DECATUR, GA., 192

Eugenia E. Powell 125
100
225.00
213.50 to State

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

GEORGIA, DeKalb County.Personally before me, the Ordinary of said County, comes V. F. Powell

of said County, who, after being sworn, on oath says that he knew Mrs. Eugenia E. Powell of said County, and that he was on the New Pension Roll of DeKalb County at the time of his death, which occurred in DeKalb County, in this State, on the 12 day of November, 1921, and that a Pension of One hundred (\$100.00) Dollars was due him and unpaid at the time of ^{her} death. That he left ^{her} no widow or dependent children surviving ^{him}, and no estate of any value sufficient to pay ^{her} the funeral expenses, which amounted to the sum of _____ Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me

this 20 day of Dec, 1921 V. F. Powell
James R. George Ordinary,
DeKalb County.

GEORGIA, DeKalb County.

AFFIDAVIT OF ORDINARY

I, James R. George Ordinary of said County, do certify that I personally know Mr. V. F. Powell, who is a resident citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Mrs. Eugenia E. Powell while in life; that he was the same person whose name appears on the New Pension Roll of DeKalb County, and was paid a Pension of (\$100.00) Dollars in said County for 1921, and I now believe ^{her} to be dead.

Given under my hand and official seal, this 20 day of Dec, 1921

James R. George Ordinary,
DeKalb County.

NOTE.—Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the account in itemized form, giving value of each item and for what. Running accounts other than those connected with last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ordinary, in the following form:

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

Parties who pay such bills must see to it that they are itemized and sworn to as above directed before presenting them for payment by the State.

The Ordinary must see that an affidavit has been made on the face or back of each bill submitted for payment, and must then attach such bills to this voucher and send to the Pension Office so that his account may be given credit for the money thus paid out. If you have any doubt about a claim, send it to this Office for instructions.

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

GEORGIA, DeKalb County.Personally before me, the Ordinary of said County, comes Mr. V. F. Powell

of said County, who, after being sworn, on oath says that he knew Mrs. Eugenia E. Powell of said County, and that said pensioner was on the New Pension Roll of DeKalb County at the time of death, which occurred in DeKalb County, in this State, on the 12 day of November, 1921, and that a Pension of One hundred twenty five Dollars was due pensioner and unpaid at the time of pensioner's death. That he left ^{her} no ~~widow~~ dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 213.55 per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me

this 20 day of Dec, 1921 V. F. Powell
James R. George Ordinary,
DeKalb County.

AFFIDAVIT OF ORDINARY

GEORGIA, DeKalb County.

I, James R. George Ordinary of said County, do certify that I personally know Mr. V. F. Powell, who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Mrs. Eugenia E. Powell while in life and that this was the same person whose name appears on the New Pension Roll of DeKalb County, and was paid a Pension of One hundred twenty five Dollars in said County for 1921, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 20 day of Dec, 1921

(SEAL)

James R. George Ordinary,
DeKalb County.

INSTRUCTIONS:

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

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

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

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

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

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

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

7th. The Ordinary signs pay-roll, as Ordinary, for the pension and then disburses the money himself and takes receipts. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.

8th. Return this application, and attached bills, with your final settlement to the Pension Office.

9th. Ordinary should see that the back of this blank, when folded, is filed out.

10th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

Lithonia, Ga., 12/11/21 1921
 M Mrs Geo. Powell Deceased.
Lithonia Ga

IN ACCOUNT WITH

DR. J. A. BELL

PROPRIETOR
 ARA OLIVIA HOSPITAL

Residence Phone 65

Office 57

Nov 8	3	Vmb. sup	12 00
Nov 9	1	Vmb. sup	8 00
Nov 10	1	Vmb. sup	8 00
Nov 11	2	Vmb. sup	8 00
			36 00

State of Georgia
 County of DeKalb
 I, Dr. J. A. Bell,
 do hereby certify that the
 above account is just, due,
 and unpaid.
 Sworn to and subscribed
 before me this 17th day of
December 1921.
J. H. St. John
 N.P. & Ex. off J.P. DeKalb County Ga.

C. J. TUCKER

Lithonia, Ga.,

1921

Mrs George Powell

IN ACCOUNT WITH

A. J. ALMAND CO.

DEALERS IN
 Groceries, Hardware, Farming Implements, Lumber, Shingles, Lime, Doors
 Sash, Undertakers' Goods, Caskets and Coffins and Standard
 Brands of Fertilizers

Nov 12	1	Burial Box	17 50
		Casket and	150 00
		Hearse Service	167 50

Personally appeared before me, C. J. Tucker
 manager for the above firm (A. J. Almand Co) who
 under oath says that the this is a true statement
 of the funeral expense of Mrs. George Powell and that
 it is just, due, and unpaid.

Sworn and subscribed
 to before me this 17th
 day of December 1921.

Signed

J. H. St. John
 N.P. State at Large

Lithonia, Ga.,

1922

M

Mrs Geo Powell Deceased
Lithonia Ga

IN ACCOUNT WITH

DR. J. A. BELL

PROPRIETOR
 ARA OLIVIA HOSPITAL

Residence Phone 65

Office 57

Nov 8	3	Vmb. sup	12 00
Nov 9	2	" "	8 00
" 10	2	" "	8 00
" 11	2	" "	8 00
Total			36 00

State of Georgia ()
 County of DeKalb ()

Personally appeared before the under-
 signed an officer duly authorized by law to ad-
 minister oath, Dr. J. A. Bell, who after being first
 duly ~~authorized~~ sworn on oath says that the
 above account is just, due, and unpaid.

Sworn to and subscribed
 before me, This January 14th, 1922

N.P. & Ex off J.P. DeKalb County Ga.

M. R. George Powell

Lithonia Ga

IN ACCOUNT WITH

CHAS. J. TUCKER

Mar	9	To Medicine	1.00	
"	10	" "	2.00	
"	11	" "	1.00	
"	12	" "	1.00	
			\$ 5.00	

State of Ga,
(County of Dekalb)

The above is a just and true account
of the drug bill of Mrs Geo. W. Powell.

Chas. J. Tucker
Physician & Surgeon
N.P. State at Large

Lithonia, Ga., Dec 19 1921

Mrs Geo. W. Powell

Lithonia Ga

IN ACCOUNT WITH

DR. THOS. W. STEWART
PHYSICIAN & SURGEON

Nov. 8, 1921	Consultation	500
	Respect	
	Thos. W. Stewart M.D.	
	J. H. St. John	
	N.P. State at Large	

C. J. TUCKER Prop.

Lithonia, Ga., January 12 1922

Mrs Geo. W. Powell

Lithonia

IN ACCOUNT WITH

A. J. ALMAND CO.
DEALERS INGroceries, Hardware, Farming Implements, Lumber, Shingles, Lime, Doors
Sash, Undertakers' Goods, Caskets and Coffins and Standard
Brands of Fertilizers

Nov 12	To Cash on Service	150.00
"	" " Service on bill	17.50
		\$167.50

The above is a just and true
account of the General Expenses
of Mrs Geo. W. Powell.

A. J. Almand Co

Witness:
J. H. St. John
N.P. State at Large

Lithonia, Ga., Dec 19 1921

Mrs

IN ACCOUNT WITH

DR. THOS. W. STEWART
PHYSICIAN & SURGEON

Nov. 4, 1921	Consultation	\$ 5.00
	Respect	
	Thos. W. Stewart M.D.	
	Thos. W. Stewart	
	Dr. W. Stewart	
	To Cash on bill	
	Nov. 12, 1921	
	J. H. St. John	
	N.P. State at Large	

State of Georgia } To any Minister of the Gospel, Judge of Superior Court,
DeKalb County } or Justice of the Peace to Celebrate:

You are hereby authorized and permitted to join in the Honorable State of Matrimony, George W. Powell and Eugenia E. Prather, 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 25th day of Jan'y 1869.

Jas. L. Wilson (Ordinary) (Seal)

I hereby certify that George W. Powell and Eugenia E. Prather were joined together in the Holy Bans of Matrimony on the 28th day of Jan'y 1869, by me.

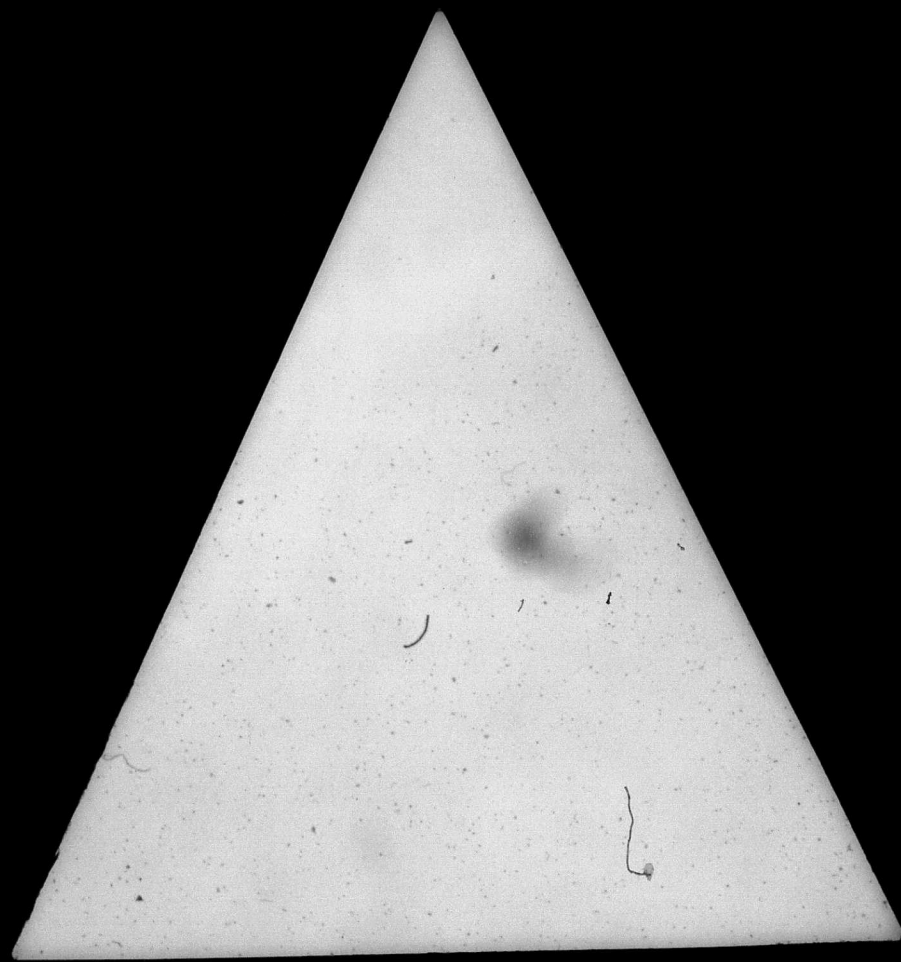
W. R. Pendley, J. P.

Georgia, DeKalb County.

I, James R. George, Ordinary and ex-officio Clerk of the Court of Ordinary in and for said county, do hereby certify that the above and foregoing copies of marriage license and certificate of marriage, are true, correct and complete copies of the marriage license and certificate of marriage of George W. Powell and Eugenia E. Prather, as the same appear of record in Book "B", Record of Marriages, Page 250/

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court of Ordinary, at Decatur, Georgia, this 15th day of October, 1919.

James R. George
Ordinary & ex-officio Clerk Court Ordinary
DeKalb County, Georgia.



State Dept. Public Welfare,
Atlanta, Oct. 1, 1937.

The name R. J. Prentiss
has not been found on rolls
on file in this office of
Co. B, on any C. S. A. or-
ganization from the State
of South Carolina numerically
designated the 2d.

(Washington record.)
Not a pensioner.

L. M. Davidson
Director Confederate Records
Div.

Prentiss R. J. Prentiss
E



Widow's Application

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

County DeKalb
Name Mrs. R. J. Prentiss, Sr.
Widow of R. J. Prentiss, Sr.
Date of Marriage October 2 1889
Date of Husband's Death 6-5 1923
Company B- 2nd Battalion
Regiment S. C. Volunteers
Approved 12/2/37 1937

Director
CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

AUG 11 1937

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb

COUNTY.

I, V. S. Morgan

Ordinary of said County, do certify

that I know Mrs. R. J. Prentiss, Sr. the applicant for pension; that
she is the person she represents herself to be, and that she has been, continuously, a bona fide resident
citizen of said State since January 1st, 1920; that I also know See Affidavits

the witness who swears to the service of husband and/or the marriage; that both of them are now residents
of said County and were duly sworn by me before signing the foregoing affidavits, and that they are
truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 10 day of August 1937

(SEAL OF ORDINARY)

V. S. Morgan, Ordinary.

of DeKalb County.

INSTRUCTIONS:

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

State Dept. Public
Atlanta, Oct. 1, 1919

The name R. J. Prentiss
has not been found
in file in this off.
Co. B, on any C. S.
organization from the
of South Carolina n
ly designated the 2
(Washington reco
Not a pensioner.

Director Confederate
Div.

Widow's Application

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

County. DeKalb
Name. Mrs. R. J. Prentiss, Sr.
Widow of R. J. Prentiss, Sr.
Date of Marriage. October 2, 1889
Date of Husband's Death. 6-5, 1923
Company. B-2nd Battalion
Regiment. S. C. Volunteers
Approved. *[Signature]* 1937

CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

AUG 11 1937

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

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

Given under my hand and seal of office this 10 day of August, 1937.
(SEAL OF ORDINARY) V. S. Morgan, Ordinary.
of DeKalb County.

INSTRUCTIONS:

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

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. R. J. Prentiss, Sr. of said State and County
and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the
Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after
being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County) Mrs. R. J. Prentiss, Sr. - 556 Church St., Decatur, DeKalb County, Ga.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State
of Georgia? Resided in Georgia since 1891
Give date, or year, of your birth. Jan. 28, 1866 Age? 71 years old
3. (1)When, (2)where and (3)to whom were you married?
Married Oct. 2, 1889 - Beach Island, S. C. to R. J. Prentiss
 - a. Have you married since the death of first and soldier husband? no
 - b. When and where did your first husband die? Died Fitzgerald, Georgia, June 5, 1923
 - c. Were you residing together when he died? yes
 - d. If not, how long had you resided apart? X
 - e. Are you now a widow? yes
 - f. Have you or your husband heretofore been paid a pension by the State? no
 - g. If so, when and for what cause were you or your husband placed on the roll? X

SECTION II.

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

1. When, where and in what Company and Regiment did your husband enlist as a soldier in
Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry,
Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
Entered service 17 day of Nov. 1862, Citadel, S. C. - Company B of
the 2nd Battalion of S. C. Volunteers, Elliott's Brigade- Hardee's Army-
Infantry
2. When and where did the Commands of your husband surrender or discharge from the Service?
Discharged from service by Major J. P. Thomas on 22 day at Newberry, S.C.
3. Was your husband personally present with his Command when it was surrendered or discharged?
Held rank 2nd Sergeant. Left with command Johnson's Army the night before
the surrender and came to S. C. to act as guard to Gov. Magrath who was then
at Greenville.
4. If he was not present, state specifically and clearly where he was? X
5. When did he leave the Command? When discharged
 - a. For what cause did he leave? To act as guard to Gov. Magrath at Greenville, S.C.
 - b. By whose authority did he leave? X
 - c. For how long was his leave of absence granted? X
 - d. In what way? X
6. What was his physical condition when he left his Command? X
7. What effort did he make to return to his Command? X
8. In what way was he prevented from going back to his Command? X
9. Was he captured by the enemy at any time? X
10. If so, when and where? In what prison was he held and when was he released? X

Sworn to and subscribed before me, this the

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

Mrs. R. J. Prentiss, Sr.
Applicant.
556 Church St
Decatur, Ga.
Phone 4404

State of Georgia,

County of **DeKalb**

Before me, the Ordinary of said County, comes Mrs. **R. J. Prentiss, Sr.**, who, after being duly sworn, deposes and says:

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;
2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;
3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;
4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Sworn to and subscribed before me, this the

22 day of **July**, 193**7**

J. D. Morgan, Ordinary,

DeKalb County.

Mrs. R. J. Prentiss, Sr.

STATE OF GEORGIA,

..... COUNTY.

..... of said State and County is hereby presented as a witness in support of the application of for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give Post Office and County)
2. How long and since when have you known applicant
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State?
4. When and to whom was she married? How do you know?
5. How long and since when did you know her husband?
6. When and where did the husband of applicant, die?
7. Were the applicant and her husband living together as husband and wife at the date of his death?

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

Were they divorced?

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

9. When, where and in what Company and regiment did enlist? (Give date and place)
10. How did you obtain your information of this service?
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.)
12. When and where was his Command surrendered or discharged? (Give date and place.)

13. Were you personally present with this Command when it was surrendered?

If not, where were you and how came you there?

14. Was the husband of applicant personally present with his Command at its surrender?

If not where was he? and how came him there?

When, where and for what cause did he leave his Command? (Give date.)

By whose authority did he leave his Command?

and how long was he granted leave?

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

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

16. What effort did he make to return to his Command and how do you know this?

17. Was he captured as a prisoner? If so, when and where?

In what prison was he held? and when released?

Sworn to and subscribed before me, this the

..... day of, 193

..... Ordinary

of County.

(SEAL OF ORDINARY)

(Witness)

...OFFICE OF...
J. D. HARGROVE,
ORDINARY,
DOOLY COUNTY.

Vienna, Ga., Sept. 17th 1900
I, J. D. Hargrove, Ordinary in & for said
Dooly County, hereby certify that R. J. Prentiss
being the one who before me & filed & submitted
the oath required by law of S. Confederate Seldi-
ers, he is therefore entitled to such as I have and
within the limits of the state of Ga. without any
subject to a license fee therefore
I have under my hand & seal of office
this Sept. 17th 1900,

J. D. Hargrove
Approved by James Whitley, Ordinary, Dooly Co. Ga.

Examined and approved, this Feb. 11th 1907.

C. M. Wise

Ordinary, Dooly County, Ga.

We, the undersigned, do hereby certify that we were
present at and witnessed the marriage of Miss Quinnette
Clarke to R. J. Prentiss, Confederate veteran, on October 2,
1889 at the Presbyterian Church, Beech Island, Aiken County,
South Carolina:

John D. Clarke
John D. Clarke

E. H. Atkinson

J. J. Dunbar

State of South Carolina
County of Aiken

Personally appeared before me E. H. Atkinson
and R. J. Dunbar and made oath that they
was present at the marriage of Miss Quinnette
Clarke to R. J. Prentiss.

J. M. Boston
R. J. Prentiss
this 24th day
of July 1939

Fitzgerald, Ga. March 27th, 1909

TO THE UNITED DAUGHTERS OF THE CONFEDERACY.

The undersigned, residing at Fitzgerald, Ga., Ben Hill, County, who is an ex-Confederate soldier, but not a member of any Camp, hereby, at your request, presents this Certificate of Eligibility for a Souther Cross of Honor. He entered the service of the Confederate States on the 17th day of November, 1862, as a private in Company A, of the 2nd Battalion Citadel Cadets, Regiment of South Carolina Volunteers, Elliott's Brigade. He was honorably discharged from said service by Major J. P. Thomas, on the 22nd day at Newberry, S. C., 1865, at which time he held the rank of 2nd Sargeant. I left with my command Johnson's Army the night before the surrender and came to S. C. to act as guard to Gov. Magrath, who was then at Greenville, S. C.

Respectfully,

R. J. Prestiss.

We endorse the above Certificate of Eligibility.

Marcus Luke
Co.E, 7th Ga.

D. B. Mull,
Member Co. E, Reg't 6th Ga. Cal.CSA

Fitzgerald, Ga., Feb. 6th, 1908.

TO THE OFFICERS AND MEMBER OF THE UNITED DAUGHTERS OF THE CONFEDERACY OF BEN HILL CHAPTER, located at Fitzgerald, County of Ben Hill, State of Georgia

Designated as Chapter Ben Hill, Georgia Division
Chapter No. 1137, United Daughters of the Confederacy

I, undersigned, respectfully apply to become a member of the Ben Hill Chapter, Georgia Division, of the United Daughters of the Confederacy, and if accepted, do promise adherence to the rules and usages of the organization.

My present address is Mrs. R. J. Prentiss, Fitzgerald, Ga.

I am the wife of R. J. Prentiss, whose service to the Confederate cause was as follows:

Sergeant of Company B, Citadel Cadets, attached to 22nd South Carolina Volunteers. Elliott's Brigade, Hardee's Army, during the years 1863, 64 and 65.

Signed Mrs. R. J. Prentiss.

Recommended by

Marcus Luke, Co. E, 7th Georgia.
R. J. Prentiss, Co. B, 22nd S. C.

FAMILY RECORD

R.J. Prentiss and Quinette E. Clarke married October 2 1889 at Beech Island.

State of Georgia
County of Richmond

Personally appeared before me, a notary public in and for the county aforesaid, Minnie L. C. Cordle, who being duly sworn, deposes and says: the above record of marriage is copied from the Family Bible "Presented to John M. Clarke by S. J. M. Clarke June 1840."

Minnie L. C. Cordle

Sworn to and subscribed before me this 23rd day of July, 1937.

Mary Gordon
Notary Public, Richmond
County, Ga.

State of Georgia
County of Richmond

Personally appeared before me, a notary public in and for the county aforesaid, Mrs. Cootosa Gordon and Mrs. Helen Eve, who being duly sworn, depose and say that they each know that the statement above describing the date and names of the contracting parties in the marriage above described is true.

Mrs. Cootosa Gordon
Mrs. Helen Eve

Sworn to and subscribed before me this 23rd day of July, 1937.

Mary Gordon
Notary Public, Richmond
County, Ga.

Georgia, Ben Hill County.

Personally appeared before me and officer, duly authorized, by law to administer oath, Mrs. F. E. Johnson, President of the Ben Hill County Chapter, United Daughters of the Confederacy, who oath deposes and says, that the attached two sheets of typewritten papers are the true and correct copies of the membership of Mrs. R. J. Prentiss, widow of R. J. Prentiss, formerly a Confederate Veteran of Ben Hill County, Georgia, whose war record was as follows:

Sergeant of Company B Citadel Cadets attached to 22nd South Carolina Volunteers, Elliott's Brigade, Hardee's Army, during the years 1863, 64 and 65.

Sworn to and Subscribed to
Before me this 12th day of
July, 1937.

P. H. Kelley, Organist
Ben Hill Co. Ga.

Mrs. F. E. Johnson
Pres. Ben Hill Co.
Chapter, 1137, City of Macon, Ga.

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS:

MRS. R. J. PRENTISS, SR., WIDOW OF R. J. PRENTISS, SR.,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

ORDERED:

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

This, the 27th day of December 19 37.

L. Thos. "Pat" G. Allen

Director, Confederate Division
State Department of Public
Welfare

POWER OF ATTORNEY.

STATE OF GEORGIA,

Dekalb COUNTY.

Ed Price of Dekalb County, Ga. hereby authorize
to receive and receipt for the pension allowed and request that he remit same to
at Dekalb Ga.
by Ed Price

Witness my hand and seal, this 21 day of January 1905.

[L. S.]

Executed in the presence of

James R. George
Ordinary

Price, J. H.
Dekalb County

CODE SECTION 1354.
(FOR THOSE ALREADY ENROLLED.)

No. 630

INDIGENT
SOLDIER'S PENSION
1905.

Name J. H. Price
County Dekalb
Co. C Regiment 48
Confederate Army & Re-Ad
WARRANT ISSUED

1/23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J. H. Price

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

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Dekalb COUNTY.

I, J. H. Price hereby authorize
J. H. Price of Dekatur
to receive and receipt for the pension allowed and request that he remit same to
J. H. Price at Dekatur Ga
by _____

WITNESS my hand and seal, this 21 day of January 1905.

J. H. Price

[L. S.]

Executed in the presence of

James R. George
Ordinary

Price, J. H.
Dekalb County

CODE SECTION 134.

(FOR THOSE ALREADY ENROLLED.)

No. 634

INDIGENT

**SOLDIER'S PENSION
1905.**

Name J. H. Price
County Dekalb
Co. G Regiment 47
Letter Acting & Ret

WARRANT ISSUED

1/23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

J. H. Price

Geo. W. Harrison, Manager, F-JR STATE PRINTER, ATLANTA.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Dekalb COUNTY.

I, James H. Price hereby authorize
J. H. Price of Dekalb County Ga
to receive and receipt for the pension allowed, and request that he remit same to
James H. Price at _____
by _____

WITNESS my hand and seal, this 16 day of January 1906.

James H. Price

[L. S.]

Executed in the presence of

James R. George
Ordinary

Price, James H.
Dekalb Co.

CODE SECTION 134.

(FOR THOSE ALREADY ENROLLED.)

No. 584

INDIGENT

**SOLDIER'S PENSION
1906.**

Name James H. Price
County Dekalb
Co. G Regiment 47
Letter Acting & Ret

WARRANT ISSUED

1/22 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

J. H. Price

The Farmers & Merchants Loan & Building Co., Geo. W. Harrison, Mgr.

no date

STATE OF GEORGIA,

County.

Personally appears

J. H. Price of Dekalb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 18; that he is 68 years old and by occupation a, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company C, of th Regiment of Butts Art Bateria; that his physical condition is as follows:

Infirmity & Age

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the

24 day of January, 1905.

Ordinary.

James R. Price

STATE OF GEORGIA,

County.

I, James R. George Ordinary of said County,

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

Given under my official signature and seal, this

21 day of January, 1905.

Ordinary

Dekalb County.



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

State of Georgia,

County.

Personally appears

James H. Price of Dekalb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 18; that he is 68 years old and by occupation a, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company C, of th Regiment of Butts Art Bateria; that his physical condition is as follows: Age & poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the

24 day of January, 1906.

Ordinary.

James H. Price

State of Georgia,

County.

I, James R. George Ordinary of said County,

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

Given under my official signature and seal, this

21 day of January, 1906.

Ordinary

Dekalb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DEKALB

COUNTY.

I, James H. Price
J. H. Price of

, hereby authorize

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

James H. Price at

by

WITNESS my hand and seal, this 27 day of January 1907.

[L. S.]

Executed in presence of

James B. Brown
Ordinary

Price, James H.
DeKalb Co.

COUS SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 789

INDIGENT
SOLDIER'S PENSION
1907.

Name James H. Price

County DEKALB

Co. C Regiment 40th

Arty Battalion

WARRANT ISSUED

1/31 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. LINDSEY, COMMISSIONER OF PENSIONS, ATLANTA.

J. H. Price

not date

FOR AFFIDAVITS HERETOFORE ALLOWED PENSIONS
State of Georgia,

DeKALB County.

Personally appears James H. Rice of DeKALB County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company C, of 6th Mississippi Infantry Regiment of _____; that his physical condition is as follows: age and poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this _____ day of January 1907.
James R. George Ordinary.

State of Georgia,

DeKALB County.

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

Given under my official signature and seal this 19th day of January 1907.

James R. George
Ordinary DeKALB County.



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

POWER OF ATTORNEY.

State of Georgia,
DeKalb County.

I Julia A Price hereby authorize W. M. Rogers
of DeKalb

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

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 21

day of Jan 1899.

Julia A Price [L. S.]

Executed in presence of

R. M. Thompson

For Those Heretofore Paid.

1899.

(From Newton Co. 1898)

NO. 3120

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. Julia A Price

OF
DeKalb County
Widow of Jno B Price

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

24

1899.

AND HANDED TO

R. M. R.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia,

De Kalb County.

I, Julia A Price, hereby authorize W. M. Ragodale
of De Kalb

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 21
day of Jan 1899.

Julia A Price [L. S.]

Executed in presence of

R. M. Thompson

Price, Julia A.
De Kalb Co
For Those Heretofore Paid.

1899.
(Known Pension Co. 1899)

NO. 3120

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. Julia A Price

De Kalb County

Widow of Geo B Price

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

\$14 1899.

AND HANDED TO

W. M. R

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, Julia A Price, hereby authorize W. M. Ragodale
of De Kalb

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18
day of Jan 1900.

Mrs Julia A Price [L. S.]

Executed in presence of

J. L. Johnson
E. H. Mason

Price, Julia A.
De Kalb County
To Those Heretofore Paid.

1900.

NO. 640

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs Julia A Price

De Kalb County,

Widow of John B. Price

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Feb 13 1900,

AND HANDED TO

Ragodale

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

Julia A. Price

who, being sworn, says on oath, that she is a bona fide resident of said county of *De Kalb* State of Georgia, and that she has RESIDED in said State continuously ever since *July 22d* 18*37* That she is the Widow of *John B. Price* who was a soldier in Company *E* of the *53d* Regiment of *Inf* Volunteers, that he enlisted in said regiment on or about the month of *May* 186*2* and served in the Army up to *July* 186*2* That he lost his life on the *24th* day of *July* 186*2* (State here full particulars of the husband's death, when, where and from what cause.)

Had fever and died near Richmond Va while in service

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18*37*.

I have been allowed a pension as a resident of *De Kalb* County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this *31* day of *Jan* 1899. *M. M. Ragsdale* Ordinary. Post-Office *Julia A. Price*

State of Georgia,

De Kalb County.

I *M. M. Ragsdale*

Ordinary of said County, certify that I am well acquainted with Mrs. *Julia A. Price* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the *22* day of *July* 18*37*

Given under my official signature and seal this the *31* day of *Jan* 1899.

M. M. Ragsdale
Ordinary of *De Kalb* County.

Official Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

Julia A. Price

who, being sworn, says on oath, that she is a bona fide resident of said county of *De Kalb* State of Georgia, and that she has RESIDED in said State continuously ever since *July 22d* 18*37* That she is the Widow of *John B. Price* who was a soldier in Company *E* of the *53d* Regiment of *Inf* Volunteers, that he enlisted in said regiment on or about the month of *May* 186*2* and served in the Army up to *July* 186*2* That he lost his life on the *22* day of *July* 186*2* (State here particulars of the husband's death, when, where and from what cause.)

Died of fever near Richmond Va.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18*37*.

I have been allowed a pension as a resident of *De Kalb* County for the year ending February 15th, 189*9*, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this *18* day of *Jan* 1900. *M. M. Ragsdale* Ordinary. Post-Office *Julia A. Price*

State of Georgia,

De Kalb County.

I *M. M. Ragsdale*

Ordinary of said County, certify that I am well acquainted with Mrs. *Julia A. Price* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the *22* day of *July* 18*37*

Given under my official signature and seal, this the *18* day of *Jan* 1900.

M. M. Ragsdale
Ordinary of *De Kalb* County.

Official Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, Mrs. Julia A. Price hereby authorize
W. M. Rogsdan of De Kalb Co

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12
day of Jan 1901.

Julia A Price [L. S.]

Executed in presence of

B. F. Burgess
J. W. Wilson

Price, Julia A.
De Kalb Co

To Those Heretofore Paid.

1901.

No. 374

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

Mrs. Julia A. Price

of

De Kalb County.

Widow of Jas B. Price

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 31 1901,

AND HANDED TO

Rogsdan

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

STATE OF GEORGIA,

De Kalb County.

I, Julia A Price hereby authorize
W. M. Rogsdan of De Kalb Co

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

In Witness Whereof, I have hereunto set my hand and seal, this 15
day of Jan 1902.

Julia A Price [L. S.]

Executed in presence of

B. F. Burgess

Price, Julia A.
De Kalb County

To Those Heretofore Paid.

1902.

No. 631

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. Price Julia A.

of

De Kalb County,

Widow of Jas B. Price

Co. E Regiment 53rd

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 21 1902

AND HANDED TO

only

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

Julia A. Price

De Kalb who, being sworn, says on oath, that she is a bona fide resident of said County of *De Kalb* State of Georgia, and that she has RESIDED in said State continuously ever since *July 27 1837*. That she is the Widow of

John B. Price who was a soldier in Company *E* of the *53d* Regiment of *Ga*

Volunteers, that he enlisted in said regiment on or about the month of *July* 186*2* and served in the Army up to *July* 186*2*. That he lost his life on the *22d* day of *July* 186*2* (State here

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

Died of fever near Richmond Va.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18*57*.

I have been allowed a pension as a resident of *De Kalb* County for the year ending February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this *12* day of *Jan* 1901. *Julia A. Price* Ordinary. Post Office *Clarkston Ga.*

State of Georgia,

De Kalb County.

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

with Mrs. *Julia A. Price*, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the *27* day of *July* 1837.

Given under my official signature and seal, this the *12* day of *Jan* 1901.

Official Seal.

Ordinary of *De Kalb* County.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of *De Kalb*

PERSONALLY COMES MRS.

Julia A. Price

De Kalb who, being sworn, says on oath, that she is a bona fide resident of said County of *De Kalb* State of Georgia, and that she has RESIDED in said State continuously ever since *July 22 1837*. That she is the Widow of

John B. Price who was a soldier in Company *E* of the *53d* Regiment of *Ga*

Volunteers, that he enlisted in said regiment on or about the month of *July* 186*2*, and served in the Army up to *July* 186*2*. That he lost his life on the *22d* day of *July* 186*2* (State here

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

Took fever and died near Richmond.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18*57*.

I have been paid a pension as a resident of *De Kalb* County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this *15* day of *Jan* 1902. *Julia A. Price* Ordinary. Post-Office *Clarkston Ga.*

State of Georgia,

De Kalb County.

W. M. Ragsdale Ordinary of said County, certify that I am well

acquainted with Mrs. *Julia A. Price*, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the *22d* day of *July* 1837.

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

Official Seal.

Ordinary of *De Kalb* County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb COUNTY.

I, *Julia A Price*, hereby authorize
W. M. Rogers of *De Kalb County*
to receive and receipt for the pension paid hereon, and request that he remit same to

at _____
In Witness Whereof, I have hereunto set my hand and seal, this *10*
day of *Jan* 1903.

Julia A Price [L. S.]

Executed in presence of

W A Morris

O S George

To Those Heretofore Paid.

1903.

No. *276*

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs Julia A Price

De Kalb County,

Widow of *J A Price*

Co. *E* Regiment *53*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/23 1903.

AND HANDED TO

Ady

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb COUNTY.

I, *Julia A Price*, hereby authorize
T. M. Kinney of *De Kalb County*
to receive and receipt for the pension paid hereon and request that he remit same to

at *Clarkston*
In Witness Whereof, I have hereunto set my hand and seal, this *19*
day of *January* 1904.

Julia A Price [L. S.]

Executed in presence of

James R George
Ordinary

TO THOSE HERETOFORE PAID.

1904.

No. *196*

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904.

PAID TO
Mrs Julia A Price

De Kalb County,

Widow of *J A Price*

Co. *E* Regiment *53*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/25 1904.

AND HANDED TO

T M Kinney

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

PERSONALLY COMES MRS.

Julia A. Price

who, being sworn says on oath that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since July 22 1837. That she is the Widow of

Jno B Price who was a soldier in Company E of the 53rd Regiment of Inf

Volunteers, that he enlisted in said regiment on or about the month of July 1862, and served in the Army up to July 1862. That he lost his life on the 22d day of July 1862 (State here

particulars of the husband's death, when, where and from what cause.) Died of the fever near Richmond.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1857.

I have been paid a pension as a resident of De Kalb County for the year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this 10 day of January 1903. W M Ragsdale Ordinary. Post-Office Langhorne Ga.

State of Georgia, De Kalb County. I, W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Julia A Price, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 22 day of July 1837.

Given under my official signature and seal, this the 10 day of Jan 1903. W M Ragsdale Ordinary of De Kalb County.

Official Seal.

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1.

STATE OF GEORGIA,

County of De Kalb

PERSONALLY COMES MRS.

Julia A. Price

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since July 22 1837. That she is the Widow of

Jno. B. Price who was a soldier in Company E of the 53 Regiment of Ca

Volunteers, that he enlisted in said regiment on or about the month of July 1862, and served in the Army up to July 1862. That he lost his life on the 22 day of July 1862 (State here

particulars of the husband's death, when, where and from what cause.) Died of fever near Richmond

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1857.

I have been paid a pension as a resident of De Kalb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 19 day of Jan 1904. James R. George Ordinary. Post-Office Langhorne Ga.

State of Georgia, De Kalb County. I, James R. George Ordinary of said County, certify that I am well acquainted with Mrs. Julia A Price, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 22 day of July 1837.

Given under my official signature and seal, this the 19 day of Jan 1904. James R. George Ordinary of De Kalb County.

Official Seal.

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

STATE OF GEORGIA,

DeKalb COUNTY.

I, Julia A. Price, hereby authorize
F. M. Kimmey of Clarkston Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Julia A. Price at Clarkston Ga

In Witness Whereof, I have hereunto set my hand and seal, this 14th
day of January 1905.

Julia A. Price [L. S.]

Executed in presence of

James R. George
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.

I, Julia A. Price, hereby authorize
E. A. Warwick of Clarkston Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Julia A. Price at Clarkston

In Witness Whereof, I have hereunto set my hand and seal, this 19th
day of January 1906.

Julia A. Price [L. S.]

Executed in presence of

James R. George
Ordinary

Price, Julia A.
DeKalb County

To Those Heretofore Paid.

1905.

No. 161

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. Julia A. Price

OF

DeKalb County,

Widow of J. M. B. Price

Co. C Regiment 53rd

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Dec 5 1905.

AND HANDLED TO

F. M. Kimmey

The Pension Printing and Publishing Co. Albany,
Geo. W. Harrington, Manager, and Small Printer.

Price, Julia A.
DeKalb Co

To Those Heretofore Paid.

1906.

No. 161

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. Julia A. Price

OF

DeKalb County,

Widow of John B. Price

Co. C Regiment 53rd

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Dec 2 1906.

AND HANDLED TO

E. A. Warwick

The Pension Printing and Publishing Co. Albany, W. Harrington, Mgr.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

PERSONALLY COMES MRS.

Julia A. Price

De Kalb who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State

continuously ever since July 22, 1837 That she is the Widow of

Jno B. Price who was a soldier in Company

E of the 53 Regiment of 53

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

1862, and served in the Army up to July 1862 That he lost his

life on the 22 day of July 1862 (State here

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

Died fever, Richmond Va July 22, 1863,

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

I have been paid a pension as a resident of De Kalb County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this 14 day of January 1905.

James R. George Ordinary.

Julia A. Price

Post-Office

State of Georgia,

De Kalb County.

I, James R. George

Ordinary of said County, certify that I am well

acquainted with Mrs. Julia A. Price, Who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of 18

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

James R. George

Official Seal.

Ordinary of De Kalb County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

PERSONALLY COMES MRS.

Julia A. Price

De Kalb who, being sworn, says on oath that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State

continuously ever since July 22, 1837 That she is the Widow of

Jno B. Price who was a soldier in Company

E of the 53 Georgia Regiment of 53

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

1862, and served in the Army up to July 1862 That he lost his

life on the 22 day of July 1862 (State here

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

Died fever, Richmond Va

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

I have been paid a pension as a resident of De Kalb County, for the year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

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

James R. George Ordinary.

Julia A. Price

Post Office Clarkston Ga

State of Georgia,

De Kalb County.

I, James R. George

Ordinary of said County, certify that I am well

acquainted with Mrs. Julia A. Price, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of 18

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

James R. George

Official Seal.

Ordinary of De Kalb County.

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

Griffin Ga 12th
1906

Mr F. M. Henney
Dear Son

I write to let you know
that we are in Griffin at
Bill Willis, and that we are
as well as common hoping
this may find you and yours
all well Mr Willis and
family are all well as
common I send you power
of attorney to collect my pen-
sion and sign up the papers
for me as I cannot be up
their please see the ordinary
get it fixed up and get.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKALB.

County

I,

hereby authorize

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

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

day of January 1907.

Julia A. Prier [L.S.]

Executed in presence of

James R. George
Ordinary

Prier, Julia A.
De Kalb County
To Those Heretofore Paid.

1907.

No. 197

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. Julia A. Prier

OF

DeKALB. County,

Widow of Julia B. Prier
Co. E Regiment 53rd Va

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO

J. M. King

Geo. W. Hardison, State Printer, Atlanta.

a check for the money and
send to me and I can get
the money here from the bank
If there should be any
little mistake in power of
attorney you and the Ordinary
can correct and it will
be all right Write me
soon and let me know
how and yours are getting
along I am as ever your
Father Jackson Perry

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

DeKALB.

PERSONALLY COMES MRS.

Julia A. Brice

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

DeKALB.

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

continuously ever since

That she is the Widow of

Geo. B. Brice
E

who was a soldier in Company

of the 53rd Ga

Regiment of

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

186, and served in the Army up to

186

That he lost his

life on the

day of

18

(State here

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

Died fever, Richmond, Va. July 22nd, 1862

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

I have been paid a pension as a resident of DeKALB. County, for the year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me

this 17 day of *January* 1907.

James R. George Ordinary.

Julia A. Brice
Post Office *Clarkston*

State of Georgia,

DeKALB.

County.

Ordinary of said County, certify that I am well acquainted with Mrs. *Julia A. Brice*, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18

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

Official
Seal

James R. George
Ordinary of DeKALB. County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____, hereby authorize

_____ of _____

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

at _____ by _____

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

[Seal]

Executed in presence of _____

Price, R. H. (Mrs.)
De Kalb County

ACT DEC. 18, 1901

OK for 1908

No. _____

WIDOW'S PENSION,

190 7

Mrs. *R. H. Price*

County of *De Kalb*

Widow of *James H. Price*

Warrant issued _____ 190 _____

and handed to _____

J. W. LINDSEY,

Commissioner of Pensions.

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

9/28/07

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[SEAL.]

Executed in presence of _____

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Personally came Mrs. R. H. Price

COUNTY OF Dekalb

who says on oath she is the

widow of James H. Price

to whom, in the County of

Dekalb

State of Georgia

she was married on the

27 day of October

1886

that she remained his wife up to the 20

day of July

1907

at which time he died, and that she has not since married.

At the time of his death he was a resident of Dekalb

County, in said State of

Georgia, and was on the Indigent

pension roll of the State of Georgia, having been allowed

a pension of \$ 60.00

per annum on account of being a soldier in Company E - 6th

Battalion

Regiment,

Volunteers or State

Georgia

What affliction have you and how does it affect you? General break down

Age and Infirmary

What have you been doing to earn a support since 1st of January, 1900? nothing

only looking after my house duties

What property or effects had you on 1st January, 1900? nothing

What have you acquired since, and what income have you now? nothing I have

no income

What disposition have you made of any property since 1st January, 1900, and at what price and or what

purpose? had no property to dispose of
at any price

Deponent further says that she is now a resident of _____

County, and has contin-

uously resided in the State of Georgia since the 21 day of September 1887

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.

Sworn to and subscribed before me, this 23 day of August 1907

James R. George

Mrs. R. H. Price

Ordinary of Dekalb County.

NOTE.—All blank spaces must be filled before signing.

Price, R. H. (Mrs.)
of Dekalb County

ACT DEC. 18, 1901.

OK for 1908.

No. _____

WIDOW'S PENSION,

1907

Mrs. R. H. Price

County of Dekalb

Widow of James H. Price

Warrant issued _____ 190_____

and handed to _____

J. W. LINDSEY,
Commissioner of Pensions.

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

9/28/07

STATE OF GEORGIA,
COUNTY OF Dekalb } Personally came R. T. Dukes
W. W. Dukes and C. E. Morgan
known to me to be reputable and truthful person, who says
on oath that from his own personal knowledge Mrs. R. H. Price
who made the foregoing affidavit, is the widow of R. H. Price
who died in Dekalb County and State of Georgia on the
20 day of July 1897, and that she has not since married; that she became his
wife on the 27 day of Oct 18, and so remained up to the time of his death,
and that she has resided in this State continuously since the 21 day of Sept 1897
With what affliction does she suffer? Age and Infirmary
What property or income had she on 1st January, 1900? nothing
What has she in her possession and control now? nothing
How was she supported in 1900 and 1901? by her husband and
children
I have no personal interest in the pension asked for R. T. Dukes
C. E. Morgan
W. W. Dukes
Sworn to and subscribed before me, this 26 day of Sept 1907
James R. George
Ordinary Dekalb County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,
COUNTY OF Dekalb } Personally came before me
and W. J. Houston both of whom are known to me to be reputable
physicians, who say on oath that they personally know Mrs. R. H. Price
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her
earning a support) Nervous Indigestion, Old age, 70 yrs old
age renders her unable to make a living at
any kind of labor.

Sworn to and subscribed before me, this 27 day of Sept 1907
James R. George
Ordinary of Dekalb County.

STATE OF GEORGIA,
COUNTY OF Dekalb } I, James R. George Ordinary,
in and for said County of Dekalb
State of Georgia, hereby certify that I am acquainted with Mrs. R. H. Price
the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to
me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia con-
tinuously since the 21 day of Sept 1897, and has not lived out
of the State since that date. I also certify that the witnesses, to-wit: R. T. Dukes
C. E. Morgan and W. W. Dukes
whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith
and credit as such, and that the full text of the affidavit was read to and understood by them before same was
signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the
witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 27
day of Sept 1907
James R. George
Ordinary.

{ SEAL }

NOTES.

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

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

Affidavits must be made in presence of the Ordinary.

Price, R. H. (m.b.)
DeKalb Co.

For DeKalb County

1929

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)
(To pay expenses of last illness and funeral)

V. S. Morgan Ordinary

For Mrs R. H. Price

Date of Death June 21, 1929

Amount \$ 100.

Approved and ordered paid

Oct. 15, 1929

JOHN W. CLARK,
Commissioner of Pensions.

Received of V. S. Morgan and
One Hundred Dollars for funeral
expenses of Mrs R. H. Price
Received of V. S. Morgan and
One Hundred Dollars for funeral
expenses of Mrs R. H. Price

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

State of Georgia,)
DeKalb County.)

In person appeared before me, the undersigned authority, Mrs.
R. H. Price, who being first duly sworn according to law, deposes and says on oath,
that she was on the Pension Roll of DeKalb County, Georgia, and drew a pension of
Sixty (\$60.00) Dollars for the year 1916; that in the Spring of the year 1916, she
removed from the State of Georgia to the State of New York, and remained in said
last named State until the tenth (10th) day of September, 1923, when she returned
to the State of Georgia, and is now, and has been since the 10th day of September,
1923, a ~~resident~~ permanent resident citizen with the intention of remaining permanently in Ga
That she is not on the Pension roll of any other
State and has not drawn a pension from any other state since leaving the State of
Georgia, and she makes this affidavit for the purpose of being re-instated on the
the Pension Roll of said State of Georgia.

Sworn to and subscribed before me,
this 28th day of February, 1924.

E. H. Mason

Clerk Court Ordinary DeKalb County, Georgia.

with the intention of remaining permanently in Ga

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 Charles E. Jolly

of said County, who, after being sworn, on oath says that he knew Mrs. Rebecca Hill Price of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in DeKalb County, in this State, on the 21st day of June 1929, and that pensioner ~~was a~~ ^{was a} widow ~~surviving~~, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 190.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

V. S. Morgan, Ordinary
DeKalb County

(Seal of Ordinary)

Charles E. Jolly

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. S. Morgan

Ordinary of said County, do certify that I personally know Charles E. Jolly, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs. Rebecca Hill Price while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Fifty & 00/100 April 25th 1929. (\$ 50.00) Dollars in said County for 1929, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 16th day of July, 1929.

(Seal of Ordinary)

V. S. Morgan, Ordinary
DeKalb County

INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of Mrs. Rebecca Hill Price, 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.

DeKalb County
Mrs. R. H. Price

Application for
re. instalment
on rolls for 1924

Mrs. R. H. Price was
on rolls for 1909

Approved for
pay. rolls of
1924. Dec. 3, 1924

V. E. Harris
Commissioner of Pensions

3-25-1924

be) of Mrs. Rebecca Hill Price, 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.

ATLANTA, GA June 22

1929

Mrs Stella Price

317- Pharr Road, Decatur, Ga.

To THE BARCLAY & BRANDON CO. Dr.

For-Funeral
Mrs. Rebecca Hill
Price.

Funeral Directors Ambulance Service

274-278 IVY STREET, N. E.-CORNER BAKER

PHONES: WA 4400-6221-6222

Casket 125.00-Embalming 25.00	150.00
Opening grave 10.00 -Grave lining 3.00	13.00
Hearse 12.00- Outside burial box 10.00	22.00
Newspaper announcements	5.00
Total	\$ 190.00

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

Personally appeared before me Chas. E. Jolly, of The Barclay & Brandon Co. who upon being duly sworn states that the above statement to be correct.

Sworn to and subscribed before me this 22nd day of July 1929

STATE OF GEORGIA,

De Kalb County

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

I further certify that

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

Given under my official signature and seal this *13th* day of *March* 1891.

Wm. De Kalb
Ordinary *De Kalb* County.

Prichard, J. D.
1891.

De Kalb Co.

No. *2651*

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

FOR
Applicant, *J. D. Prichard*
County, *De Kalb*
Amount, *10*
Date of Warrant, *March 13*
Entered on record *March 13* 1891

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Application

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

STATE OF GEORGIA,

De Kalb County.

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

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

Given under my official signature and seal, this *13th* day of *March* 1891.

M. M. Rogers
Ordinary *De Kalb* County.

STATE OF GEORGIA,

De Kalb County.

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

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

M. M. Rogers
Ordinary *De Kalb* County.

Richard, J. D.
1891.
De Kalb Co.

No. *2651*

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Jos. D. Richard
Applicant *J. D. Richard*
County *De Kalb*
Amount *10*
Date of Warrant *Oct 11*
Entered on record *11/3* 1891
M. H. H.
WARRANT HANDED TO
Application
Geo. W. Harrison, State Printer, Atlanta, Ga.

Richard, J. D.
De Kalb Co.

2651

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *J. D. Richard*
County *De Kalb*
Disability *Loss 2 fingers*
Amount \$ *10*
Entered on record *March 10* 1892.
W. H. HARRISON,
Secretary of Executive Department.
No action
AGENT.
applicant
Geo. W. Harrison, State Printer, Atlanta, Ga.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears

J. D. Prichard of De Kalb

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

day of Dec 1865; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the

States, and served as a Corporal in Company D, of 24th Regiment of S. C. Keesler Volunteers Jenkins's Brigade; that whilst engaged

in such military service at the battle of Prairie Farm in the State of Va, on the 30 day of June 1862, he was

wounded as follows: Shot in right hand which caused the loss of two first fingers

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

Ten dollars, for

Sworn to and subscribed before me, this, the

13th day of March 1891.

J. D. Prichard

Witnessed and sworn to before me, this, the 13th day of March 1891.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

Know all Men by these Presents, That I,

of County, State of Georgia, do hereby appoint

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

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

day of 1891.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears

J. D. Prichard

of De Kalb County, State of Georgia, who, being duly sworn, says

on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the day of Dec 1865; that he enlisted

in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Corporal in Company D,

of 24th Regiment of S. C. Keesler Volunteers Jenkins's Brigade; that whilst engaged in such military service at the battle of Prairie Farm

in the State of Va, on the 30th day of June 1862, he was wounded as follows:

Shot in right hand causing loss of two fingers

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

Ten Dollars for Loss of Two Fingers.

Sworn to and subscribed before me this the

13th day of March 1892.

J. D. Prichard

Witnessed and sworn to before me, this, the 13th day of March 1892.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

Know all Men by these Presents, That I,

of County, in said State, do hereby appoint

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

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

day of 1892.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

POWER OF ATTORNEY.
STATE OF GEORGIA, }

County. }

Know all Men by these Presents, That I

of _____ County, State of Georgia, do hereby appoint

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

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

_____ day of _____ 1893.

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

DIRECTION.

Send money to me as follows, by _____

to _____ P. O.

_____ County, Georgia.

Deborah Co
Richard, J. H.

1893.

No. 878

Application for Advance

For the Year Ending October 31, 1892.

FOR

Applicant, J. D. B. B. B.

County, DeKalb

Amount, 10

Date of Warrant, 3/1

Entered on record, 3/1

1893.

Clerk

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Gen. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, }

PERSONALLY appears

De Walt of *De Walt* 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 *1866*; that he enlisted in the military service of the Confederate States (or of the State of *La*) during the war between the States, and served as a *Private* in Company *D*, of *2nd* in Regiment of *S.C.* Volunteers *Judges*'s Brigade; that whilst engaged in such military service at the battle of *Richmond* in the State of *Va*, on the *30* day of *June*, 1862, he was wounded as follows: *Shot with minnie ball in the right hand causing the loss of two fingers.*

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

Sworn to and subscribed before me, this, the

21 day of *March*, 1893.

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

STATE OF GEORGIA, }

I,

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

I further certify that

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

Given under my official signature and seal, this *21* day of *March*, 1893.

Ordinary

County.

Prichard, J. D.
DeKalb

1891.

Maimed Soldiers.

Voucher No. 2651

Amount \$ 10.

Paid to J. D. Prichard

For Exp of his
finger

March 13, 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant }

Audited.....1891.

COMPTROLLER GENERAL.

NAME, Prichard, J D

YEAR 1891 COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Ga since Dec. 1865

ENLISTED WHEN AND WHERE?

RANK. Corporal

COMPANY AND REGIMENT? Co D 2nd Regt. South Carolina Rifles
Jenkins' Brigade

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Fraziers' Farm, Va. - June 30, 1862 - Shot in right
hand, causing loss of two first fingers.

1891.

No. 7651

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga. March 13 1891.

Mr. J. D. Prichard of the County
of DeKalb having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Loss of 2 fingers.
He is entitled to receive the sum of Ten Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W. H. Harrison
Sec'y EXECUTIVE DEPARTMENT.

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

Ten & 00/100 Dollars,
per above voucher, this 13 of March 1891.

J. D. Prichard

Ordinary's Certificate

STATE OF GEORGIA

COUNTY

I, J. M. Hume

Ordinary of said County, do certify that I know Wm. H. Putnam

the applicant for pension. She

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County

and was on the 4th November 1908; that I also know W. B. Phillips

as being widow of Steu. Putnam

the witness who swears to the facts of husband that both of them are now residents of said County and

were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-

worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 9th day of October 1919

(SEAL) J. M. Hume Ordinary, DeKalb County.

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

Widow's Pension

Under Act 1910, as Amended by Act of 1919.

County DeKalb
Name Mrs. H. M. Putnam
Widow Henry M. Putnam
Company Co. G
Regiment Co. G
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

Enl. on 15, 61.
In service 1882.
Discharged, May 14, 63
M.S.

Putnam, Henry M. (Mrs.)
DeKalb
County No. _____

STATE OF GEORGIA,

COUNTY.

I, J. M. Gann Ordinary of said County, do certify
 that I know Mrs. H. M. Putnam the applicant for pension. She
 is the person she represents herself to be and she is a bona fide continuing resident citizen of said County
 and was on the 4th November 1908; that I also know A. B. Philipp
As to being widow of H. M. Putnam
 the witness who swears to the service of husband that both of them are now residents of said County and
 were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-
 worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 9th day of October 1919

(SEAL)

J. M. Gann Ordinary,
Cobb County.

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

Widow's Pension

Under Act 1910-1911 Amended by Act of 1919.

County De Kalb
 Name Mrs. H. M. Putnam
 Widow of Henry M. Putnam
 Company 1st
 Regiment 1st Ga
 Approved _____

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

As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,

DeKalb

COUNTY.

(Of DeKalb County)

Personally before me comes Mrs. H. M. Putnam of said State and County,
 and, after being duly sworn, says that she desires to apply for a pension allowed under the Act
 of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to
 the following questions to-wit:

1. What is your name, and where do you reside? Mrs. H. M. Putnam, c/o DeKalb New Era
Decatur, Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? All but life
3. When, where and to whom were you married? Feb. 10, 1880, Brook Co., Ga.
to H. M. Putnam
4. Have you married since the death of first and soldier husband? No
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
 federate Army or Georgia Militia? (State the arms and class of Service.) May 27th 1861, Atlanta, Ga., Co. F, 6th Ga.
6. When and where did the commands of your husband surrender or discharge from the army? Don't know
7. Was your husband personally present at the time of the surrender or discharge of this command? No
8. If he was not present state clearly where he was? At home in Cherokee Co., Ga.
9. Where was his command when he left? Sharpsburg, Va. Sept. 17, 1862
10. a. For what cause did he leave his command? Loss of Arm
 b. By whose authority did he leave his command? Commanding Officers
 c. For how long was he granted leave of absence? Wounded
 d. What was his physical condition when he left his command? Wounded
 e. What effort did he make to return to his command? Never lived apart
 f. In what way was he prevented from going back to Command Wounded
 g. Was he captured by the enemy at any time? No
 h. If so, when and where captured and where held as a prisoner, and when and for what cause released?
11. When and where did your first husband die? Dec. 10, 1910, Acworth, Ga.
12. Were you residing together when he died? Yes
13. If not, how long had you resided apart? Never lived apart
14. Are you now a widow? Yes
15. Have you or your husband heretofore been paid a pension by the State? Yes
 If so, when and for what cause were you or your husband placed on the roll? On the disabled
Roll of Cobb County, Ga.

Sworn to and subscribed before me this the

12 day of September 1919

James R. Givens Ordinary
 of DeKalb County.

(SEAL)

STATE OF GEORGIA

Cobb

COUNTY

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

1. What is your name and where do you reside? C. C. Phillip
Neworth Ga Cobb Co.

2. How long and since when have you known Mrs. H. M. Putnam applicant?
Since 1880. or 40 years

3. How long and since when has she continuously resided in this State? (Give date.)
All her life

4. When and to whom was she married? Feb. 10, 1880. H. M. Putnam How do you know Personal knowledge

5. How long and since when did you know H. M. Putnam her husband? For more than 50 years.

6. When and where did H. M. Putnam the husband of applicant, die? Dec. 10, 1910 Neworth Ga.

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

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

9. When, where and in what Company and Regiment did H. M. Putnam enlist?

10. Were you a member of the same Company?

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

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

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

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

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

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

Sworn to and subscribed before me this the 30 day of Sept 1919 } C. C. Phillip
H. M. Putnam Ordinary
of N. P. Cobb Co. Ga. County.

(SEAL)

STATE OF GEORGIA

Cobb

COUNTY

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

1. What is your name and where do you reside? C. C. Phillip

2. How long and since when have you known Mrs. H. M. Putnam applicant? Since 1880 - or 40 years

3. How long and since when has she continuously resided in this State? (Give date.) All her life

4. When and to whom was she married? Feb. 10 - 1880 - to H. M. Putnam How do you know Personal knowledge

5. How long and since when did you know H. M. Putnam her husband? For more than 50 years

6. When and where did H. M. Putnam the husband of applicant, die? Dec. 10 - 1910 - Neworth Ga

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

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

9. When, where and in what Company and Regiment did H. M. Putnam enlist?

10. Were you a member of the same Company?

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

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

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

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

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

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

Sworn to and subscribed before me this the 30 day of Sept 1919 } C. C. Phillip
H. M. Putnam Ordinary }
 of N. P. Cobb Co. Ga County }

(SEAL)

Georgia, DeKalb County.

Personally appeared before me, the undersigned, Mrs. H. M. Putnam, who being first duly sworn, says on oath: That in an effort to find a man who was a member of Company F. 6th Georgia Regiment, she has made a diligent and exhaustive search, but that she can find no one who belonged to said organization, either the Company or Regiment.

Sworn to and subscribed before me, } *Mrs. H. M. Putnam*

This 18th day of October, 1919.

James R. George
Ordinary.

Georgia--Brooks County.

I, W. A. May, Ordinary and ex-officio Clerk of the Court of Ordinary in and for said county, do hereby certify that the foregoing and within is a true and correct copy of the marriage license and certificate of Henry M. Putnam and Della Calloway as will fully appear from the records of file in my office.

In Witness Whereof; I have hereunto set my hand and seal this the 26th day of August, 1919.

W. A. May
Ordinary Brooks County, Ga.

LICENSE

19

Marriage License.

Ordinary.

DEPT. OF COMMERCE

GROCERIES
HARDWARE
CROCKERY
TOBACCO
ETC.



J. H. BAILEY

DEALER IN

Dry Goods, Notions, Shoes,
Hats, Etc.

Camilla, Ga. Feb 19 1912

Mrs. W. M. Putnam,
Gorveth, Ga.

Dear Madam,
Your husband
belonged to my regiment,
the 6th Ga. He belonged
to Company F and I
belonged to Company H,
nevertheless I knew him
well. We were mustered
into service in Atlanta
May 27th 1861, and he
was wounded at Sharp's
Berg in Sep. 1862.

Hoping this will
assist you I am,
Very truly yours,
J. H. Bailey

No. 439

Marriage

License



State of Georgia

Brooks County

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

You are hereby authorized to join
Henry M. Putnam and Lella Calhoun
in the Holy State of Matrimony, according to the Constitution and
Laws of this State and for so doing this shall be your License.
And you are hereby required to return this License to me with your
Certificate thereof of the fact and date of the Marriage.

Given under my hand and seal this 10th day of
July 1880

STATE OF GEORGIA

CERTIFICATE

BROOKS COUNTY

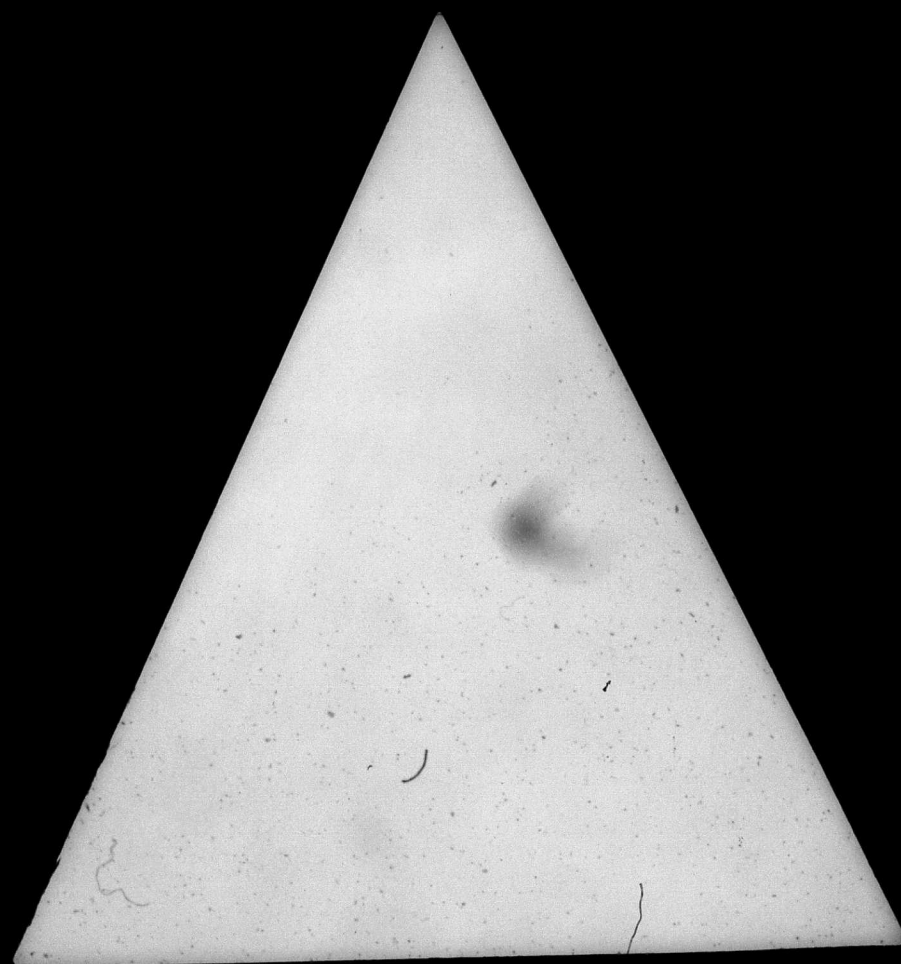
I Certify that Henry M. Putnam and Lella Calhoun
were joined in Matrimony by me this 10 day of July
1880

Recorded

19

Ordinary

W. H. Chaudain M. G.



NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physicians, 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 a leg, unless the arm or leg has been rendered substantially and essentially useless.

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

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

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

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

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

Quillian, James R.
R E ~~examined for~~
DEKALB Co

1981

APPLICATION FOR ALLOWANCE

FOR

Left Arm disabled

Applicant ~~James R. Quillian~~

County DEKALB

Amount 50

Date of Warrant ~~apl 13/~~

Entered on Record

~~apl 13~~

1889

M H H

SECRETARY EXECUTIVE DEPARTMENT.

applicant

Returned for a
fuller statement
by physicians.
Explain precisely
extent of disability

M H Hammon
Clerk

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physicians, 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 a leg, unless the arm or leg has been rendered substantially and essentially useless.

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

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

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

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

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

DeKalb County.

PERSONALLY appears *James R. Quillian* of *DeKalb* county, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the *ninth* day of *October* 1844, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a 2^d *Sergeant* in Company *H*, of *11th* Regiment of *Georgia* Volunteers *W. R. Jackson's* Brigade; that whilst engaged in such military service, at the *battle of* *Stamilton* in the State of *Va*, on the *15th* day of *June* 1861, he was wounded as follows:

While in the discharge of his duty. By being kicked by a horse resulting in injury as set forth elsewhere. Consisting of dislocation of ball of left foot with fracture of one of the bones of left leg. Also there was either fracture or separation of several of the metatarsal bones the injury being such that the limb is rendered substantially & essentially useless.

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

Sworn to and subscribed before me, this the

10th day of *April* 188*9*

J. J. Hulse, Jr.

J. R. Quillian

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

DeKalb County.

PERSONALLY came before me *W. L. Eggard* of the county of *Fulton* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *K*, of the *1st* Regiment of *Georgia* Volunteers, and that deponent knows *James R. Quillian* 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 *James R. Quillian* as stated by him in said affidavit. Deponent further states that said *James R. Quillian* is a bona fide citizen of this State and resides in *DeKalb* county.

W. M. Rogersdale
Ordinary.
DeKalb Co.

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

Quillian, James R.
DeKalb Co.

1889

APPLICATION FOR ALLOWANCE

FOR

Left arm disabled
Applicant *James R. Quillian*
County *DeKalb*

Amount *50*

Date of Warrant *Apr 13/*

Entered on Record

Apr 13 188*9*

W. R. H.

SECRETARY EXECUTIVE DEPARTMENT.

Applicant

Returned for a
fuller statement
by physician.
Explain precisely
extent of disability

M. H. Harmon

Clark

STATE OF GEORGIA,

County. }

PERSONALLY came

citizens of _____ county, in said State,
who, being duly sworn, say that they are acquainted with _____

and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a *bona fide* citizen of this State, and resides in _____ county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this _____ day of _____ 1889

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

STATE OF GEORGIA,

DeKalb County. }

PERSONALLY comes before me *J. J. Hulsey* Ordinary of said county, *S. C. Hitchcock* and *J. C. Avary MD*, both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *James R. Quillian* and after such

examination say that the applicant has been injured as follows: *The left ankle dislocated and also that one of the bones of the leg above the ankle joint was at the same time fractured, and probably some of the metatarsal bones articulating with the bones of, and being the joint were either luxated or fractured we consider the injury such as to render Mr. Quillian by substantially & permanently, unable*

Sworn to and subscribed before me, this _____ day of *April* 1889

J. J. Hulsey Ordinary.

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

Have examined the J. R. Quillian leg, to determine the injury is such as to render him a cripple
Very Respectfully
April 12th 89
Wm. Buchanan Jr. M.D.

STATE OF GEORGIA,

DeKalb County. }

I, *W. M. Ragsdale* Ordinary of said county, do certify that I am well acquainted with *Joe R. Quillian* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this *12* day of *April* 1889

W. M. Ragsdale
Ordinary *DeKalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County. }

Know all Men by these Presents, That I, *James R. Quillian* of *DeKalb*

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

In witness whereof I have hereunto set my hand and seal, this *12th* day of *April* 1889

Executed in the presence of us:

W. M. Ragsdale Ordinary.
John B. Stewart

Joe R. Quillian (L.S.)

STATE OF GEORGIA,

De Kalb County,

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

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

Given under my official signature and seal, this *1st* day of *February* 189*0*.

Ordinary *De Kalb* County.

STATE OF GEORGIA,

De Kalb County.

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

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

Given under my official signature and seal, this *10th* day of *Feb* 189*1*.

Ordinary *De Kalb* County.

1890.

Quillian, J. R.

No. *10.*

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

Leg Disabled

Applicant, *J. R. Quillian*

County, *De Kalb*

Amount, *50*

Date of warrant, *Feb 3*

Entered on record

Feb 3 189*0*

W. M. Rapedale

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT FORWARDED TO

O. J. Davis

De Kalb Co
Quillian, J. R.
1891.

No. *410*

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Leg Disabled

Applicant, *J. R. Quillian*

County, *De Kalb*

Amount, *50*

Date of Warrant, *Feb 10*

Entered on record

Feb 10 189*1*

W. M. Rapedale

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT FORWARDED TO

O. J. Davis

W. A. Harrison, State Printer, Atlanta, 1891.

STATE OF GEORGIA,

De Kalb County, PERSONALLY appears *J. R. Quillian* of *De Kalb* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *9th* day of *October* 1844 that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Sergeant* in Company *H*, of *1st* th Regiment of *Georgia* Volunteers *Jackson's* Brigade; that whilst engaged in such military service, at the battle of *Shenton* in the State of *Virginia* on the *12th* day of *July* 1861, he was wounded as follows: *Left leg broken and ankle dislocated causing a rupture of the ligaments of the leg*

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

Sworn to and subscribed before me, this the *10th* day of *February* 1890, *J. R. Quillian*

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

POWER OF ATTORNEY.
STATE OF GEORGIA

De Kalb County, KNOW ALL MEN BY THESE PRESENTS, That I, *J. R. Quillian* of *De Kalb* county, in said State, do hereby appoint *W. J. Davis* of *De Kalb* county my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10th* day of *February* 1890.

[L. S.]

Executed in the presence of us:

E. H. Meason
W. M. Ragsdale Ordinary

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA,

De Kalb County, PERSONALLY appears *J. R. Quillian* of *De Kalb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *9th* day of *Oct* 1844; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Sergeant* in Company *H*, of *1st* th Regiment of *Georgia* Volunteers *Jackson's* Brigade; that whilst engaged in such military service at the battle of *Shenton* in the State of *Virginia* on the *12th* day of *July* 1861, he was wounded as follows: *Left leg broken and ankle dislocated, rupturing the ligaments, and causing frequent suppuration, and inflammation, rendering the leg substantially and essentially useless.*

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

Sworn to and subscribed before me, this the *10th* day of *Feb* 1891.

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

POWER OF ATTORNEY.
STATE OF GEORGIA

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10th* day of *Feb* 1891.

Executed in the presence of us:

E. H. Meason
W. M. Ragsdale Ordinary

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA,

De Kalb County.

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

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

Ordinary

De Kalb

County.

W. M. Rogers

March 24 1892

J. R. Paulk
SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *J. R. Paulk*
County *De Kalb*
Disability *Dis. & leg*
Amount \$ *50*
Entered on record *met n* 1892.

W. H. HARRISON.

Secretary of Revenue Department.

AGENT.

W. H. Harrison

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

Audited

1889.

COMPTROLLER GENERAL

De Kalb

Maimed Soldiers.

Voucher No. *1981*

Amount, \$ *50*

Paid to *James R. Paulk*
For *Sept leg*
Disabling
April 13 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WAGLAND & CO.

W. J. Campbell, State Printer, Constitution, 1892.

Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears

of *De Kalb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the *7* day of *Oct* 18*61*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Sergeant* in Company *H*, of *1st* th Regiment of *Georgia* Volunteers *Campson*'s Brigade; that whilst engaged in such military service at the battle of *Stanton* in the State of *VA*, on the *20th* day of

July 1861, he was wounded as follows: *Left leg broken and ankle dislocated, and rupture of the ligaments, causing frequent ulceration, rendering the leg essentially and substantially useless*

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

Fifty Dollars for *Disabled Leg*

Sworn to and subscribed before me this the *28* day of *March* 1892. *J. R. Smith*

W. H. Gordon Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

day of _____ 1892.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

No. 1981

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga. April 13 1889

Mr. *James R. Quillian* of the County *De Kalb*

having filed his application in the Executive

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

Dec. 24, 1883, and the same having been allowed for

Left leg disabled

He is entitled to receive the sum of *Fifty & 00/100* Dollars

for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor.

W. H. Gordon

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/100 Dollars,
per above voucher, this *13* of *April* 1889.

W. H. Gordon

Audited Feb. 4 1890
Wm. S. M. G. H.
COMPTROLLER GENERAL.

DeKalb

Maimed Soldiers.

Voucher No. 70
Amount \$ 50
Paid to J. R. Quillian
For Leg disabled

Feb 3 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

By Davis.

Audited 1891.

COMPTROLLER GENERAL.

Guillian, J. R.
DeKalb

1891.

Maimed Soldiers.

Voucher No. 410
Amount \$ 50
Paid to J. R. Quillian
For Leg disabled

Feb 10 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

By Davis.

No. 70

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., Feb'y 3 1890

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

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

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

By the Governor,

GOVERNOR,

W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty + 00/100 Dollars,
per above voucher, this 3 of Feb'y 1890

J. R. Quillian
By B. J. Davis Atty in fact

1891.

No. 410

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb'y 10 1891.

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

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

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

By the Governor,

GOVERNOR,

W. H. Harrison
SECY EXECUTIVE DEPARTMENT.

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

Fifty Dollars,
per above voucher, this 10 of Feb'y 1891.



B. J. Davis
For J. R. Quillian

NAME, Quillian, James R.

YEAR 1889 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? 2nd. Sergt. Co. H, 1st. Regt. Georgia Vols.
H.R. Jackson's Brigade.

NAME OF CAPTAIN AND COLONEL? W.L. Ezzard Captain.

WOUNDED? Stanton, Va. June 15th. 1861. Kicked by a horse, dislocation
of ankle of the left foot with fracture of one of the bones of leg
left.

CAPTURED, WHEN AND WHERE?

RELEASED.

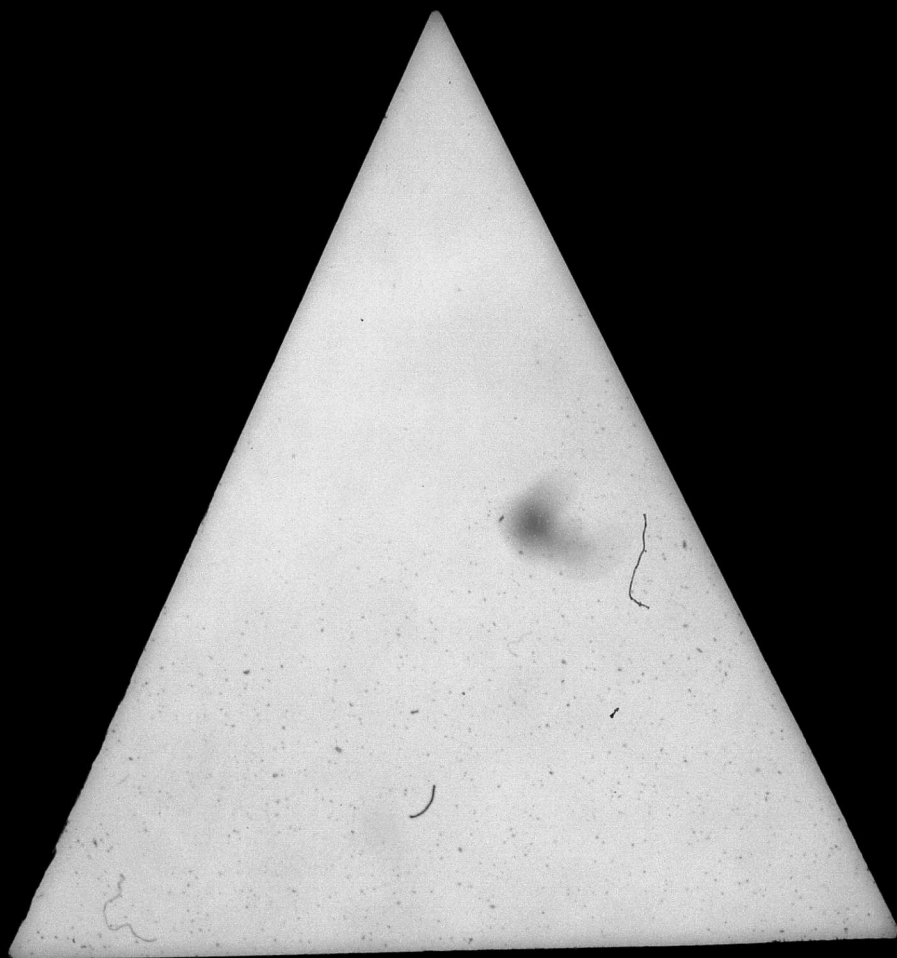
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Captain W.L. Ezzard, No data.



De Kalb 18901
Ragsdale, P. S.

INDIGENT PENSION
1899.

Name P. G. Ragsdale

County De Kalb
Co B - 3 - 4a

Approved _____ 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO _____

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

6/8-1901
2/24.99

1/10-1901

Pension Office 7/12 1899
It is doubt ful under
the proofs that applicant
cannot support him
self - Rich Johnson
Com of Pensions

Applicant. must
state from his pension
with his Commission
at _____ by
a witness. who was
present. If absent
state why absent.
When by whom.
for what cause. his
name was found
by what authority
must accept of
and signed. ready
to commit long a
support

POWER OF ATTORNEY.

STATE OF GEORGIA.

De Kalb COUNTY.

I, P. G. Ragsdale
P. G. Ragsdale
of De Kalb hereby authorize

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

Witness my hand and seal this 2d day of Sept 1899.

Executed in presence of

P. G. Ragsdale
W. H. Ragsdale (L. S.)
W. H. Ragsdale

STATE OF GEORGIA.

DeKalb COUNTY.

I, P. G. Ragdale, hereby authorize M. Thibbee of DeKalb

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

at by
Witness my hand and seal this 2d day of Feb. 1899.

Executed in presence of

M. Ragdale (L. S.)
M. Ragdale
mark

Pension Office 7/12 1899
It is doubtful under
the proofs that applicant
cannot support him
self - Rich Johnson
Com. of Pensions

Applicant's name is
State of Georgia
with the Commission
at DeKalb, by
a witness who was
present - of DeKalb
State who at present
when by volume -
for what cause - him
he was awarded
by what authority
must also apply
and support him
in coming term of
support

INDIGENT PENSION

1899.

Name P. G. Ragdale

County DeKalb
Co. B - 3 - 4a

Approved 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. JOHNSON STATE PRINTER, ATLANTA.

6/8-1901
2/24-99
1/10-1900

STATE OF GEORGIA.

DeKalb County.

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

1. What is your name and where do you reside? (give State, County and post office.)
P. G. Ragdale, DeKalb Co. Lithonia, Ga.
2. How long and since when have you been a resident of this State?
All my life.
3. When and where were you born?
Feb. 2d 1840, Newton Co.
4. When and where and in what company and regiment did you enlist or serve? in 1861,
Co. B. 34 Ga. Regiment
5. How long did you remain in such company and regiment? Six months then
was transferred to Company, G. 66 Ga.
6. For how long a period did you discharge regular military duty? About 4 years.
7. When, where and under what circumstances were you discharged from service?
At close of war, Surrender. Captured at Vicksburg in 1864
then in Prison to end of war.
8. What is your present occupation? Working to Farm
9. How much can you earn (gross) per annum by your own exertions or labor? Notable to earn.
10. What has been your occupation since 1865? Farming.
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? Infirmary & poverty.
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
Have suffered with Piles and hemorrhage
for last 10 years.
13. What property, effects or income do you possess, and its gross value? None of my own.
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897 and 1898, and what disposition, if any, did you make of same? In 1894 \$100. 1895 \$100. 1896 \$164. 1897 \$190. 1898 \$100.
15. In what County did you reside during those years, and what property did you then return for taxation?
DeKalb Co.
16. How were you supported during the years 1897 and 1898? By my children
and mother help and what with I could do myself.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? About twenty five Dollars \$25.00.
18. What was your employment during 1897 and 1898? What pay did you receive in each year?
Farming. Never received anything.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
Yes. Wife and one child girl.
Not able to make their support.
They have no homestead.
20. Are you receiving any pension? If so, what amount, and for what disability? No.

Every Question MUST be Answered.

Sworn to and subscribed before me this the

2d day of Feb. 1899.

of DeKalb County.

P. G. Ragdale
mark
Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Rockdale COUNTY.)

J. F. Albert

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

1. What is your name and where do you reside? *J. F. Albert* *Resides in Rockdale Co*
2. Are you acquainted with *P. G. Ragadale*, the applicant; if so how long have you known him? *has known him about 12-15*
3. Where does he reside, and how long and since when has he been a resident of this State? *in DeKalb Co. about forty years*
4. When, where and in what company and regiment did he enlist, and how do you know? *Atlanta Ga in March 1862, Co E, 56. Ga Reg - Ragadale belonged to 4th Regt - 56.*
5. Were you a member of the same company and regiment? *Was Capt. of the Co.*
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? *Served to close of war. made a good soldier. turned loose at close of war.*

7. What property, effects or income has the applicant? (Give your means of knowledge.) *Not any at all, I have been known for 15 years.*
8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same? *we did not have any property at all.*
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? *He had no property*
10. What is the applicant's occupation and physical condition? *Farming when we sold, he suffers with piler and hemorrhoids.*
11. Is the applicant unable to support himself by labor of any sort, if so, why? *Yes, he is so afflicted*

12. How was he supported during the years 1897 and 1898? *by the help of his children*
13. What portion of his support for these two years was derived from his own labor or income? *at home about 10 or 15*
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? *Suffering from piler and hemorrhoids.*

Sworn to before me Feb 2d. 1899. W. M. Ragadale Ordinary.

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

Sworn to and subscribed before me, this *9th* day of *Feb* 1899. *J. F. Albert* Witness. *Attest: J. F. Albert, 562*

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

DeKalb COUNTY.)

Personally came before me

J. R. Chapp

John M. Tribble

and

of said County, who, being severally sworn, say on oath that they have examined carefully *P. G. Ragadale*, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Piler and Probabs of Rectum also suffers with humbago thus fore he is not able to work

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

Sworn to and subscribed before me this the

2d day of *Feb* 1899.

W. M. Ragadale

Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb COUNTY.)

I, *W. M. Ragadale*, Ordinary in and for said County, hereby certify that the applicant *P. G. Ragadale* resides in said County, and has been a bona fide resident of this State since the *2* day of *Feb* 189*0* and that the witnesses, viz: *A. D. Coggins, John M. Tribble M.D. and J. R. Chapp M.D.* are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of *DeKalb* County show that applicant returned for taxation in his name in 1897 *Ninety* Dollars of property, and in 1898 *00* Dollars of property.

In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this *2d* day of *Feb* 1899.

W. M. Ragadale Ordinary, of *DeKalb* County.

NOTE.

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

STATE OF GEORGIA,

Dekalb COUNTY.

I, P. G. Ragsdale hereby authorize
James R. George of Dekalb County

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

Witness my hand and seal, this 25 day of March 1907.
[L. S.]

Executed in presence of

STATE OF GEORGIA,

Dekalb COUNTY.

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

1. What is your name and where do you reside? (Give State County and post-office).
P. G. Ragsdale Lithonia Dekalb Co Ga
2. How long and since when have you been a resident of this State? 04 years
Feb 2nd 1840
3. When and where were you born? Feb 2nd 1840 Newton County Ga
4. When and where and in what company and regiment did you enlist or serve? after 6 months then joined Co E 56 Ga Regiment
In Atlanta Ga first time Co B 3 Ga then I was mustered
5. How long did you remain in such company and regiment?
about 6 months then I was mustered

6. When and where was your company and regiment surrendered and discharged?
1865. I was mustered out of service in Co B 3 Ga after 6 months at Savannah Ga in North Carolina
7. Were you present with your company and regiment when it was surrendered? was not
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? Captured at Resaca Ga taken a prisoner in which I left my command
9. How much can you earn (gross) per annum by your own exertions or labor? about \$2000
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Age & Poverty & Bad Eyes and feet
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? For 10 years I have not been able to work and I am entirely dependent, not totally blind, but I have lost sun much for 10 years
13. What property, real and personal, or income, do you possess, and its gross value? nothing
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? nothing

15. In what County did you reside during those years, and what property did you then return for taxation?
In Dekalb House holds Gadsden & a Cow
16. How were you supported during the years 1899, 1900, 1901 and 1902? By my children and what I could do
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? about \$10000 about \$2000
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
I tried to farm about \$2250
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? I have 4 children all married live in Memphis Tenn one in Ga
20. Are you receiving any pension? If so, what amount and for what disability? I receive Pension in 1901-1902 age & Poverty & Bad Eyes
21. Have you ever made an application for pension before? yes
22. How many applications have you ever made and under what class? one

Sworn to and subscribed before me this the 31 day of March 1907.
James R. George Applicant.
of Dekalb County.

Every Question MUST Be Answered.

Ragsdale P. G.
Dekalb Co.

INDIGENT PENSION

1907

Name P. G. Ragsdale
County Dekalb

Co B 3 E - 3 - 56 Ga Reg

Approved 1907

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.
Please write additional info

STATE OF GEORGIA,

COUNTY.

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

1. What is your name and where do you reside?
2. Are you acquainted with _____, the applicant; if so, how long have you known him?
3. Where does he reside, and how long and since when has he been a resident of this State?

4. When, where and in what company and regiment did he enlist, and how do you know?
In Company B. 3. 8th. & was with him.
5. Were you a member of the same company and regiment? *Yes.*
6. How long did he perform regular military duty? *3 years and 9 months*
7. When and where was his command surrendered? *Greensburg, North S.*

8. Were you present when it surrendered? *He was not*
 9. Was applicant present? *He was not*
 10. If he was not present, where was he? *In Prison*
- When did he leave his command? *For what cause? Captured by*
By what authority he left? *Captured by 1st term* How do you know all of this?
I was there when it took place

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

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? *had none*

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

14. What is the applicant's occupation and physical condition? *has no occupation not able to work at all.*

15. Is the applicant unable to support himself by labor of any sort; if so, why? *yes old age, bad eyes and illness*

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? *by his children and mother and what little I could do*

17. What portion of his support for these four years was derived from his own labor or income?
about \$20. a year

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? *old and feeble cannot work for a living, has no other incomes*

19. Who composes family? What property have they? Children's age and their earning capacity?
has a wife, have no property, children all, all married.

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

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

James R. George Ordinary.

Witness.

STATE OF GEORGIA,

COUNTY.

Personally came before me, _____ and _____, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

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

Applicant, Mr. P. G. Ragsdale, is suffering with bleeding & protruding piles. Chronic rheumatism caused by exposure while in active service in civil war. Extreme debility rendering him totally unfit for any kind of work. Also nearly blind in both eyes.

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

James R. George Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

COUNTY.

I, _____ Ordinary, in and for said County, hereby certify that the applicant _____ resides in said County, and has been a bona fide resident of this State since the _____ day of _____ 1903 and that the witnesses, viz.: _____

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

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

I further certify that the tax digest of _____ County shows that applicant returned for taxation in his name in 1899 _____ Dollars of property, and in 1900 _____ Dollars of property; in 1901 _____ Dollars of property; in 1902 _____ Dollars of property.

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

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

James R. George Ordinary, of _____ County.

NOTE.

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

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

DeKalb County.

N. M. Rankford of said State and County, having been presented as a witness in support of the application of P. G. Ragdale 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? N. M. Rankford, Charleston Ga. DeKalb Co.
2. Are you acquainted with P. G. Ragdale, the applicant; if so, how long have you known him? yes about 44 years
3. Where does he reside, and how long and since when has he been a resident of this State? DeKalb Co. 6 years

4. When, where and in what company and regiment did he enlist, and how do you know?

March 1861, Atlanta Ga. Company B 3rd Reg. Regiment

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

6. How long did he perform regular military duty? 14 months

7. When and where was his command surrendered? April 1865 at Appomattox after 6 months service

8. Were you present when it surrendered? was present when mustered out

9. Was applicant present? he was

10. If he was not present, where was he? he was present

When did he leave his command? For what cause? mustered out

By what authority he left? time expired & mustered out How do you know all of this?

I was present and know of 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 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same?

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

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

Managing Physical Condition feeble

not able to earn a support

15. Is the applicant unable to support himself by labor of any sort, if so, why?

I think not he is very feeble

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? his Physical Condition very poor

19. Who composes family? What property have they? Children's age and their earning capacity?

I know of nothing he has

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

Sworn to and subscribed before me, this the

13 day of April 1904

James R. George Ordinary.

N. M. Rankford Witness.

STATE OF GEORGIA,

Rockdale County.

J. F. Albert of said State and County, having been presented as a witness in support of the application of P. G. Ragdale for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. F. Albert, Resides in Rockdale County Ga. P. G. Ragdale

2. Are you acquainted with P. G. Ragdale, the applicant; if so, how long have you known him? yes known him more than forty years

3. Where does he reside, and how long and since when has he been a resident of this State?

He resides in DeKalb Co. Ga. Has resided in Ga. all his life

4. When, where and in what company and regiment did he enlist, and how do you know?

about March 1862 Atlanta Ga. Co. E. 56 Reg. Ga. Vols. With him

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

6. How long did he perform regular military duty? served in his Co. to 1864 when about

7. When and where was his command surrendered? about end of April 1865 at Appomattox

8. Were you present when it surrendered? yes

9. Was applicant present? was a prisoner at the time of surrender

10. If he was not present, where was he? don't know except was in prison

When did he leave his command? was captured about 1864 at Appomattox For what cause?

By what authority he left? made a prisoner How do you know all of this?

knows by being present and commanding the Co.

11. What property, effects or income has the applicant? (Give your means of knowledge.)

has none

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? had none of any consequence

those years

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

has not had now to convey

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

He is a farmer He is getting old more out and more blind

15. Is the applicant unable to support himself by labor of any sort, if so, why? He is not able to support himself by his labor on account of old age blindness and general debility

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?

must not know

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

don't know

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

and not able to labor

19. Who composes family? What property have they? Children's age and their earning capacity?

Has a wife Has no property Children all left him has four don't know their earning capacity

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

Sworn to and subscribed before me, this the

11 day of April 1904

J. F. Albert, Capt. Co. E. 56 Reg. Ga. Ordinary.

John Nelson Witness.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Rootdale COUNTY.

I, S. M. Helms Ordinary, in and for said County, hereby certify
that the applicant resides in said County, and has
~~been a bona fide resident of this State since the~~ day of 189
and that the witnesses, viz.: J. F. Albert &

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

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

I further certify that the tax digest of _____ County show that applicant
returned for taxation in his name in 1899 _____ Dollars of
property, and in 1900 _____ Dollars of property, in 1901
_____ Dollars of property, in 1902
_____ Dollars of property.

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

Witness my hand and seal of office, this 11th day of April 1908.
A. M. Helms Ordinary,
of Rockdale County.

NOTE

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

(FOR THOSE ALREADY ENROLLED.)

No. 924 14

INDIGENT

SOLDIER'S PENSION
1902.

Name Ragsdale P. G.
County DeKalb
Co. B Regiment 3rd

WARRANT ISSUED

1/20 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

(FOR THOSE ALREADY ENROLLED.)

No. 562

INDIGENT

SOLDIER'S PENSION
1903.

Name Ragsdale P. G.
County DeKalb
Co. B Regiment 3rd

WARRANT ISSUED

1/23 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.)

Personally appears *P. G. Ragsdale* of *De Kalb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1* day of *Feb* 18*90*; that he is *62* years old and by occupation a *Farmer* that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of *3 1/2 Years* in Company *B*, of *3rd* Regiment of *Cal Vols*; that his physical condition is as follows: *Age and suffering from bleeding piles and hemorrhage.*

that his property consists of the following items *None*

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of *De Kalb* county been allowed a pension for the year 1*901 First*

Sworn to and subscribed before me, this the *10th* day of *Jan* 1902. *S. G. King* Ordinary.

STATE OF GEORGIA,

De Kalb County.)

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

Given under my official signature and seal, this *20* day of *Jan* 1902.



W. M. Ragsdale Ordinary *De Kalb* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.)

Personally appears *P. G. Ragsdale* of *De Kalb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *2d* day of *Feb* 18*90*; that he is *63* years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of *3 1/2 Yrs* in Company *B*, of *3rd* Regiment of *Cal Vols*; that his physical condition is as follows: *Old age and infirmity*

that his property consists of the following items: *None*

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of *De Kalb* county been allowed a pension for the year 1*902*.

Sworn to and subscribed before me, this the *15th* day of *Jan* 1903. *S. G. King* Ordinary.

STATE OF GEORGIA,

De Kalb County.)

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

Given under my official signature and seal, this *30* day of *Jan* 1903.



W. M. Ragsdale Ordinary *De Kalb* County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY. }

I, *P. G. Raggsdale* hereby authorize

J. S. Chubb of *DeKalb County Ga*

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

P. G. Raggsdale at *Lithonia Ga*

by

Witness my hand and seal, this *30* day of *January* 1904.

P. G. Raggsdale [L. S.]

Executed in presence of

J. S. Chubb

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____ hereby authorize

of

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

at

by

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

Executed in the presence of

[L. S.]

Raggsdale, P. G.
DeKalb County
med 24 by J. S. Chubb

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. *6767*

INDIGENT

SOLDIER'S PENSION

1904.

Name *P. G. Raggsdale*

County *DeKalb*

Co. *B* Regiment *3*

WARRANT ISSUED

1/32 1904

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

J. S. Chubb

Geo. W. Harrison, State Printer, Atlanta.

no data

Raggsdale, P. G.
DeKalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. *591*

INDIGENT

SOLDIER'S PENSION

1905.

Name *P. G. Raggsdale*

County *DeKalb*

Co. *B* Regiment *3*

WARRANT ISSUED

1/30 1905.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

J. S. Chubb

Geo. W. Harrison, Manager, E. H. State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

DeKalb County.

Personally appears P. G. Ragsdale of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1 day of July 1890; that he is 64 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 1/2 years in Company B, of 3 th Regiment of Georgia; that his physical condition is as follows: Old age and Piles

that his property consists of the following items:

None

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

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

Sworn to and subscribed before me, this the 13 day of January 1904. James R. George Ordinary.

STATE OF GEORGIA,

DeKalb County.

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

Given under my official signature and seal, this 13 day of January 1904. James R. George Ordinary DeKalb County.



NOTE.—The blank spaces must be filled.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

DeKalb County.

Personally appears P. G. Ragsdale of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 18 ; that he is 65 years old and by occupation a , that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company B, of 3 th Regiment of DeKalb; that his physical condition is as follows: Infirmity & Poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 23 day of January 1905. James R. George Ordinary.

STATE OF GEORGIA,

DeKalb County.

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

Given under my official signature and seal, this 23 day of January 1905. James R. George Ordinary DeKalb County.



NOTE.—The blank spaces must be filled.

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

State of Georgia,

Fulton County,

Personally appeared before
the undersigned, J. J. Blackstock, who
on oath says that he is personally
well acquainted with P. G. Ragsdale
of De Kalb County, Georgia, that he
served with him in Company E. of
58th Regiment of Georgia Volunteers; that
he was with command when it
surrendered, but Ragsdale was not
present because he had been
captured ^{at Resaca Ga} and was in prison,
that he has known him for about
40 years, that he was a good
soldier and served his country
well, &

Sworn to and subscribed

before me, April 20 1901, J. J. ^{his} Blackstock

John R. McInnis

Ordinary,

Georgia, } In person came
De Kalb County, } before me Ordinary
in and for said County
(J. J. Blackstock, who being sworn says he was
Captain of Co. E. 56th La. Regiment
that he is personally acquainted with
P. G. Ragsdale, that he knew him
during the war that he served as
stated in his affidavit in Co. E. 56th
Reg. La. Vol. That said Ragsdale
was captured at Resaca Ga in
May 1864 and was held as a prisoner
up to surrender and so was not
present with his command at
the surrender. Affiant was
present with his command
when it surrendered at Greensboro
N.C. in Apr 1865 and the reason
P. G. Ragsdale was not present
he was captured as stated and
was held as a prisoner of war.
Sworn to and subscribed J. F. Albert
before me June 8th 1901.

P. G. Ragsdale, Ordinary
Georgia, } I P. G. Ragsdale, Ordinary
De Kalb County, } in and for said County
do certify that I am acquainted with
J. J. Blackstock and that his statement is
worthy of full credit and belief.
Witness my hand and seal of
Office this June 8th 1901.

P. G. Ragsdale
Ordinary

support by work of any kind.
He suffers with Piles & hemorrhoids
there for unable to make his support
He has no property or income to make
his support & suffers with bleeding
the Piles when he tries to labor &
cant rest.

J. H. Strickland
W. E. Ragsdale
W. St John
H. H. Wesley

Georgia }
DeKalb County }

I W. E. Ragsdale, Ordinary for said County
do hereby certify that the above named citizens
of said County are known to me and that they
were sworn to the statements contained in the above
affidavit, that they are worthy of full credit
and belief.

Witness my hand and seal of office
this Dec 19th 1899. W. E. Ragsdale
Ordinary.

OFFICE OF
JAS. R. GEORGE,
ORDINARY DEKALB COUNTY.

DECATUR, GA.,

190

Georgia } J. D. G. Ragsdale. Makes this
DeKalb County } Affidavit That I was not before
the Grand Jury of DeKalb County
March Term 1903. I was not notified to appear
before the Grand Jury and make out claim for
Pension
Sworn to and Subscribed } J. D. G. Ragsdale
before me March 31st 1904
James R. George
Ordinary

NAME Ragsdale, P.G. YEAR 1901 COUNTY DeKalb

WHEN AND WHERE BORN? February 2nd. 1840 Newton Co. Ga.
Resident of Ga. since birth.

ENLISTED WHEN AND WHERE? 1861

RANK.

COMPANY AND REGIMENT? Co. B, 3rd. Regt. Ga. Vols. (six months)
Transferred to Co. E, 56th. Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL? Captain J.F. Albert, (Co. E., 56th Ga.)

WOUNDED?

CAPTURED, WHEN AND WHERE? Captured at Resaca, Ga. 1864 May

RELEASED. After surrender.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In prison.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.

JWT

NAME Ragsdale, P. G. YEAR 1902 COUNTY DeKalb

WHEN AND WHERE BORN? February 2, 1840 - Newton County, Georgia

ENLISTED WHEN AND WHERE? Fall or 1861 - Atlanta, Georgia

RANK.

COMPANY AND REGIMENT? Company B, 3rd Ga. - then mustered out after six months service and joined Company E, 56th Ga Regiment Savannah, Ga.

NAME OF CAPTAIN AND COLONEL? J. F. Albert, Captain - Co E, 56th Ga Regt.

WOUNDED? Piles and chronic rheumatism caused by exposure while in active service in the war.

CAPTURED, WHEN AND WHERE? Near Resaca, Georgia

RELEASED. Date not given

WHEN AND WHERE SURRENDERED?

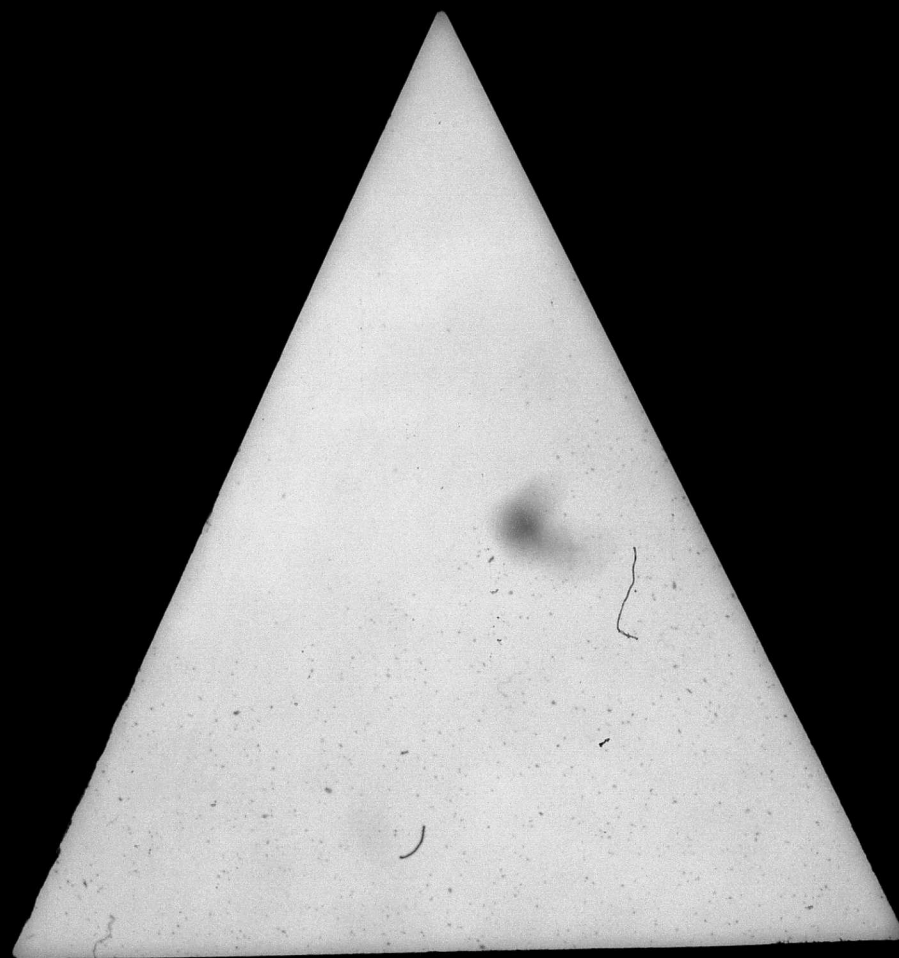
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J. J. Blackstock, - Co E, 56th Regt. No data.
N. M. Lankford - Co B, 3rd Ga Regt. -- No data.

lw



POWER OF ATTORNEY. STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

[L. s.]

Executed in the presence of us:

DIRECTIONS.

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



Rainey, Sallie
De Kalb County

a 38 1891.

No. 7577

Widows' Pension

PAID TO

Mrs. Sallie Rainey

OF

De Kalb COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

[L. S.]

Executed in the presence of us:

DIRECTIONS.

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



Widows' Pension

PAID TO—

Mrs. Sallie Rainey

OF

De Kalb County.

\$100.00.

Warrant Issued

AND HANDED TO

1891

Geo. W. Harrison, State Printer, Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary

County of De Kalb

in and for the County of De Kalb

Mrs. Sallie Rainey, who being sworn according to law, says under oath that she is the widow of John G. Rainey, who was a soldier in the service of the Confederate States, and served as a member of Company A, of the

38 Regiment of Georgia Volunteers; that he enlisted in said service on or about the _____ day of Sept 1861, and was in the

Confederate Army up to July 1863. That while in the Army, he was on the 3^d day of July 1863, (See Note No. 1)

taken prisoner at the battle of Gettysburg was carried to Point Lookout a federal prison where he died from disease while in prison in the fall of 1863.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 1 th day of Jan 1862, and that she has resided in Georgia continuously since the 23^d day of Dec 1890; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

6th day of May 1891.

Wm. Rogable Ordinary.

NOTE 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is known positively to have resulted from the service of the soldier in the Army and not from any other cause.

1891.

210. 7677

Rainey, Sallie
De Kalb County

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of *De Kalb* }
John Baxter }
J. J. House }
 in and for said County, witnesses
A. M. Cochran
 (each known to said Attesting Officer as truthful,
 reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,
 Mrs. *Sallie Rainey*, of the County of *De Kalb*,
 State of Georgia, is the widow of *John B. Rainey*, who was a soldier in
 Company *A* of the *38* Regiment of *Georgia* Volunteers.
 That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or
 about the day of *Sept* 1861. That while in said service, or by
 reason of said service in the Army, he lost his life as follows:

*Was captured at the battle of
 Gettysburg, Pa. and carried
 to Point Lookout, Md. a federal
 Prison where he took Dysentery
 and died from the disease
 while in Prison in the fall of
 1863.*

We further swear that Mrs. *Sallie Rainey* was the wife of said
 soldier during the service, and that she has not intermarried since his death, and that she resides in
De Kalb County of the State of Georgia.

Sworn to and subscribed before me, this, the

14th day of *May* 1891.
M. M. Rogsdale
 Ordinary.

John Baxter
S. H. Cochran
J. J. House

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

Form No. 3.

STATE OF GEORGIA,

County of *De Kalb*

I, *M. M. Rogsdale* Ordinary
 in and for said County of *De Kalb*

State of Georgia, hereby certify that I am acquainted with Mrs. *Sallie Rainey*,
 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
14th day of *May* 1891.

SEAL

M. M. Rogsdale
 Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

If witnesses live in another County from that wherein applicant resides, they must go before
 the Ordinary 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.

STATE OF GEORGIA, County of De Kalb

I, *W. M. Ragsdale*, Ordinary in and for said County of De Kalb, State of Georgia, hereby certify that I am acquainted with Mrs. *Sally Rainey* the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1860, and has not lived out of the State since that date. That she is the widow of *W. Rainey* deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the *24th* day of *January*, 1894.

SEAL

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, *De Kalb* County.

KNOW ALL MEN BY THESE PRESENTS, That I, *Sally Rainey* of *De Kalb*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *24th* day of *Jan*, 1894.

Executed in the presence of us:

L. S. Chesnut
R. S. Chesnut

DIRECTIONS.

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

1894.

No. 1071

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. Sally Rainey

De Kalb COUNTY.

WARRANT ISSUED

12/10 1894.

AND HANDED TO

John C. Gogo

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,
County of *De Kalb*

Personally comes Mrs.

Sally Rainey

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

De Kalb

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

continuously ever since *all her life* 18. That she is the Widow of

J. G. Rainey

who was a Soldier in Company

of the

38

Regiment of

Georgia

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

Sept

1861 and served in the Army up to *his death* 1864 That he lost his

life on the *Sept* day of *Sept* 1864 (State here

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

died Sept 1864 at Point Lookout
and from Chronic Diarrhea

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1852; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension 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

24 day of *Jan* 1894.

R. S. Chapman Ordinary.

Post-office

Sally Rainey
Tucker Ga

STATE OF GEORGIA, County of De Kalb

I, M. M. Rogsdor Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Sally Rainey the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of John Rainey deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 4th day of Feb 1893.

SEAL

Ordinary.

POWER OF ATTORNEY.

Form No. 8.

STATE OF GEORGIA, De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Sally Rainey of De Kalb County, in said State, do hereby appoint J. S. Chesnut of De Kalb my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us:

J. S. Chesnut }
J. S. Chesnut }

DIRECTIONS.

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

Warrant Issued
1893
AND HANDLED TO
J. S. Chesnut
Geo. W. Harrison, State Printer, ATLANTA.

Widow's Pension,
for year ending February 15th, 1893.
PAID TO—
Mrs. Sally Rainey
—OF—
De Kalb COUNTY.

No. 103d

1893.

FOR THOSE HERETOFORE PAID.
Rainey & Sally
De Kalb County

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

STATE OF GEORGIA, County of De Kalb

I, M. M. Rogsdor Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Sally Rainey the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of John Rainey deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 4th day of Feb 1895.

SEAL

Ordinary.

POWER OF ATTORNEY.

Form No. 8.

STATE OF GEORGIA, De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Sally Rainey of De Kalb County in said State, do hereby appoint J. S. Chesnut of De Kalb my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25th day of Jan 1895.

Executed in the presence of us:

J. S. Chesnut }
J. S. Chesnut }

DIRECTIONS.

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

Widow's Pension,
for year ending February 15th, 1895.
PAID TO—
Mrs. Sally Rainey
—OF—
De Kalb COUNTY.
WARRANT ISSUED
Jan 28 1895.
AND HANDLED TO
J. S. Chesnut
Geo. W. Harrison, State Printer, ATLANTA.

WIDOW'S PENSION.

No. 983

1895.

FOR THOSE HERETOFORE PAID.
Rainey & Sally
De Kalb Co

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally comes Mrs.
County of De Kalb } Sallie Rainey

who being sworn, says on oath, that she is a bona fide resident of said County of
The State of Georgia, and that she has resided in said State
continuously ever since The year 1889. That she is the Widow of
John Rainey who was a Soldier in Company
4 of the 38 Regiment of Georgia
Volunteers, that he enlisted in said Regiment on or about the month of August
1861 and served in the Army up to July 1864. That he lost his
life on the March day of 1864. (State here

full particulars of the husband's death, when, where and from what cause.) (
in Prison at Point Jackson, Chronic
Fever.

Deponent swears that she was the wife of said deceased soldier during his service in the army
as a soldier, and that she has never married since his death aforesaid, that she became his wife
in the year 1852; that Georgia is her home and she resided in this State 23d day of December,
1890, and has not lived in any other State or locality since that date. I have been allowed a
pension 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

Third day of Feb 1893.

R. S. Chestnut J. P. Ordinary.

Post-office

I certify that Mrs Sallie Rainey was
sick at the filing of this affidavit and was
unable to come before me and that R. S. Chestnut
is an acting J.P. in and for this County.
Wm. Rogers, Clerk.

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of De Kalb } Sallie Rainey

who being sworn, says on oath, that she is a bona fide resident of said county of
The State of Georgia, and that she has resided in said State
continuously ever since at her life 1828. That she is the Widow of
J. G. Rainey who was a Soldier in Company
A of the Thirty Eight Regiment of Georgia
Volunteers, that he enlisted in said Regiment on or about the month of Sept
1861 and served in the Army up to July 4th and Capt 1863. That he lost his
life on the Thirty Eight day of Sept 1864. (State here

full particulars of the husband's death, when, where and from what cause.) (
Died in Prison at Point Jackson
of Chronic Diarrhoea.

Deponent swears that she was the wife of said deceased soldier, during his service in the
army as a soldier, and that she has never married since his death aforesaid, that she became
his wife in the year 1852, that Georgia is her home and she resided in this State 23d day
of December, 1890, and has not lived in any other State or locality since that date. I have
been allowed a pension for the year ending February 15th, 1894, and now apply for the
allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

25th day of Jan 1895.

R. S. Chestnut J. P. Ordinary.

Post-office

Sallie Rainey
Tucker Ga

STATE OF GEORGIA, County of De Kalb
I, M. M. Ragadace Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
Sallie Rainey the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived
out of the State since that date. That she is the widow of John S. Rainey
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 7th day of Feb 1896.

{ SEAL } M. M. Ragadace Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.
I, Sally Rainey hereby authorize H. S. Chernut
of Said County to receive and receipt for the pension paid hereon and request
that he remit same to _____ at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th
day of February 1896.

Sally Rainey [L. S.]

Executed in the presence of

Amanda S. Chernut
G. S. Chernut

WIDOW'S PENSION,
for year ending February 15th, 1896.
M. Sallie Rainey
OF
De Kalb County.
WARRANT ISSUED
AND HANDED TO
ay
1896.
Geo. W. Harrison, State Printer.

No. 2823

1896.

Rainey Sallie
De Kalb County
FOR THOSE HERETOFORE PAID.

STATE OF GEORGIA, County of De Kalb
I, M. M. Ragadace Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
Sallie Rainey the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not
lived out of the State since that date. That she is the widow of John S. Rainey
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
the 3d day of Feb 1897.

{ SEAL } M. M. Ragadace Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.
I, Mrs. Sallie Rainey hereby authorize H. C. Egan
of De Kalb to receive and receipt for the pension paid hereon and request
that he remit same to _____ at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3d
day of Feb 1897.

Sally Rainey [L. S.]

Executed in the presence of

H. C. Egan
M. M. Ragadace
Ordinary.

WIDOW'S PENSION,
for year ending February 15th, 1897.
M. Sallie Rainey
OF
De Kalb County.
WARRANT ISSUED
AND HANDED TO
ay
1897.
Geo. W. Harrison, State Printer.

No. 2496

1897.

Rainey Sallie
De Kalb County
FOR THOSE HERETOFORE PAID.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

Sally Rainey

who being sworn, says on oath, that she is a bona fide resident of said county of
The State of Georgia, and that she has RESIDED in said State
 continuously ever since *all her life* 18 That she is the Widow of
John G. Rainey who was a Soldier in Company
A of the *Thirty Eight* Regiment of *Georgia*
 Volunteers, that he enlisted in said regiment on or about the month of *September*
 1867 and served in the Army up to *his Death* 1864 That he lost his
 life on the day of *September* 1864 (State here
 full particulars of the husband's death, when, where and from what cause.) (

September 1864 in Prison at
Point Lookout, of Chronic
Diarther

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,
 and that she has never married since his death aforesaid, that she became his wife in the year 1852,
 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not
 lived in any other State or locality since that date. I have been allowed a pension as a resident of
De Kalb County for the year ending February 15th, 1895, and now apply for
 the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this
first day of *Feb* 1896.
R. S. Chennet Jr. Ordinary.

Post-office

Sally Rainey
*Tucker Ga*STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

Sally Rainey

who being sworn, says on oath, that she is a bona fide resident of said county of
De Kalb State of Georgia, and that she has RESIDED in said State
 continuously ever since *all her life* 18 That she is the Widow of
John G. Rainey who was a Soldier in Company
A of the *38* Regiment of *Ga*
 Volunteers, that enlisted in said regiment on or about the month of *Sept*
 1861 and served in the Army up to *July* 1863 That he lost his
 life on the day of *Sept* 1864 (State here
 full particulars of the husband's death, when, where and from what cause.) (

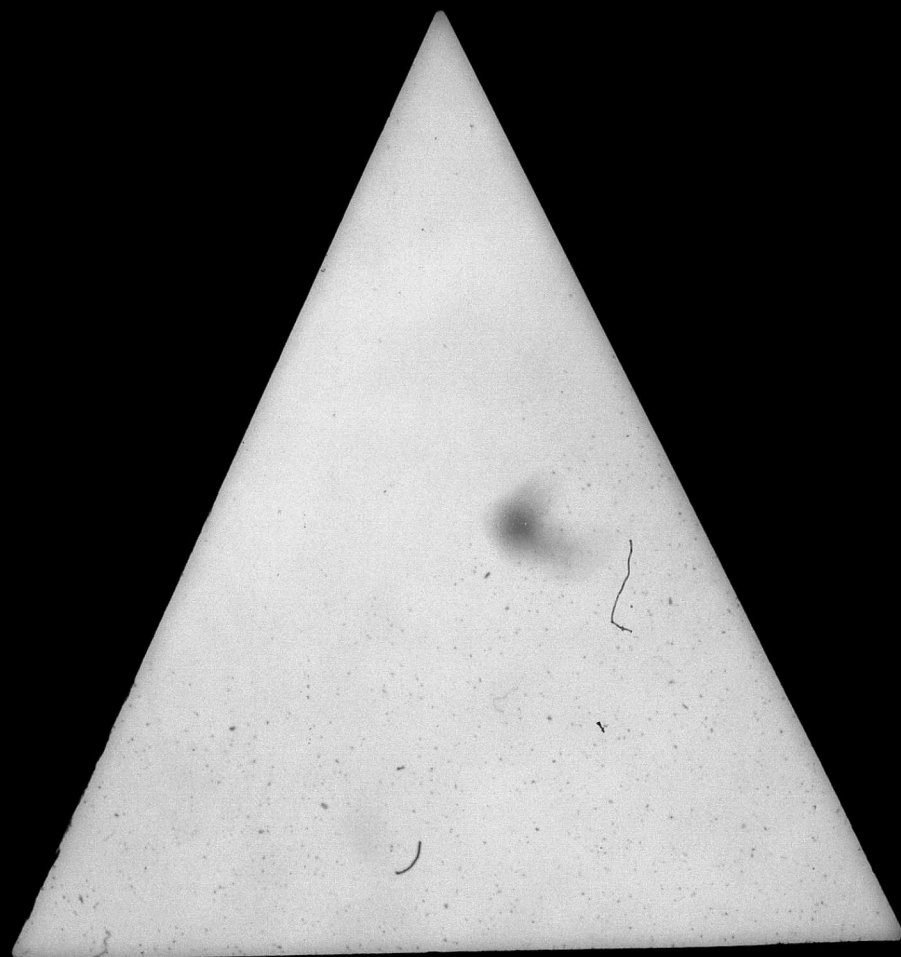
He was captured on the 5th of Aug
1863 and died in Prison at Point
Lookout Md. in Sept 1864.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,
 and that she has never married since his death aforesaid, that she became his wife in the year 1852,
 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not
 lived in any other State or locality since that date. I have been allowed a pension as a resident of
De Kalb County for the year ending February 15th, 1896, and now apply for
 the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this
3d day of *Feb* 1897.
M. B. Agnew Ordinary.

Post-office

Sally Rainey
Tucker



Randall, Buckner P.
De Kalb County
OK for 1911
No.

**Confederate
Soldier's Application.**

UNDER ACT 1910.

✓
County

De Kalb

Name

B. P. Randal

Company

Regiment

Ga. Cadets Then
Military till Surrender

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta

11/15/10

STATE OF GEORGIA.

DeKalb

County.

Personally before me comes J W Mason & B H Hammett who on oath says that they are freeholders residing in said County and we know B P Randall 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 item and value.) His children owns a small place near Decatur Ga the val of \$4000.00

B P Randall owns 10 acres of land in Fulton County the value of \$1000.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) one home Val of \$1500.00

2. When and to whom was it sold or given to? Sold to C W Kinston

3. What was the price paid or stated to be paid? \$1500.00

4. What relation is the party to applicant? none

5. What disposition was made of the proceeds of the sale? for support

6. Was the disposition of this property made in good faith and full values? It was
or was it made to obtain a pension? was not

Sworn to and subscribed before me, this the J W Mason & B H Hammett

James R. George Ordinary,

of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb

County.

I James R. George Ordinary of said County, certify that I know the applicant B P Randall for Pension is the person he represents himself to be and resides in said County. That I also know J W Mason & B H Hammett the witness swearing to the service and J W Mason & B H Hammett who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of shows that and wife

value for tax is in 1908 \$1800.00 for 1909 \$3180.00 for 1910 \$3310.00

Sworn under my hand and official seal of office this 9 day of Nov 1910

James R. George Ordinary,

of DeKalb County.

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

STATE OF GEORGIA,

Fulton

County.

Thomas P. Kimberly of said State and County is hereby presented as a witness in support of the application of B. P. Randall 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? Thomas P. Kimberly;

reside at Ben Hall Fulton Co, Ga

2. How long and since when have you known B P Randall the applicant?
first from infancy, about March, 1865.

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? In DeKalb Co, Ga. I have not been with him but I have good reason to believe he has been in Georgia all the time since close of the war.

4. When, where and in what Company and Regiment did B P Randall enlist during

war from 1861 to 1865? (Give date and place) He was in Tom Glenn's Company,

of 1st Artillery, in service about Atlanta, Ga

5. How did you obtain your information of this Service? I saw him with the Company in the service. He were together

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) from about February 1865 till

the surrender in May 1865.

7. When and where was his Command surrendered or discharged (give date and place)

At Atlanta, at Poplar Spring, in Apr or May 1865

8. Were you personally present at the Surrender? Yes, Sir.

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

10. Was the applicant personally present with his Command at surrender? I cannot say

with absolute certainty but I think he was.

11. If not where was he and how came him there? Everybody and every

thing about was in confusion and of course I

cannot be positive as to one person.

12. When did he leave his Command? at the Surrender

Where was his Command

when he left it? Surrendered at Atlanta

By whose authority did he leave? Surrender

for what cause did he leave? closed the service

By whose authority did he leave? Commanding officers

long was he granted leave? Indefinitely

How do you know Service was done

all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I see cause

I was there, and I remember the circumstances

13. In what way was he prevented from returning to his Command? Surrender. No more

How do you know? Because I was one of the soldiers there.

14. What effort did he make to return to his Command and how do you know? No need

for return. No more service to be done

15. Was applicant captured as a prisoner. No Sir

If so, when and where? X

In what prison was he held? X

and when released? Not in prison

Sworn to and subscribed before me, this the 9 day of Oct 1910

J P Kimberly Ordinary,

of Fulton County.

STATE OF GEORGIA,

Fulton County.

Robert L. Rodgers

of said State and County is hereby presented as a witness in support of the application of B. P. Randall 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? Robert L. Rodgers in Atlanta Ga, at 66 Bedford Place
2. How long and since when have you known B. P. Randall the applicant? He was in the Ga Cadets Service May 1864. He was with the Cadets till about Dec 1865
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? At Decatur in De Kalb County Ga. I knew him in service and I know him now.
4. When, where and in what Company and Regiment did B. P. Randall enlist during war from 1861 to 1865? (Give date and place). He was with 2nd Ga Cadets they entered service in May 1864. I was one of the boys. I was there myself
5. How did you obtain your information of this Service? of the boys. I was there myself
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date). about 7 months in Cadets
7. When and where was his Command surrendered or discharged (give date and place). He was transferred from Cadets to Artillery Co.
8. Were you personally present at the Surrender? He was not with Cadets
9. If not, where were you and how came you there? I was with Cadets. Randall had gone to another company
10. Was the applicant personally present with his Command at surrender? Not with Cadets
11. If not where was he and how came him there? I do not know where he was, but he says he was with 1st Artillery Co.
12. When did he leave his Command? Left Cadets about Dec 1865. Where was his Command when he left it? Millersville. for what cause did he leave? Says he was transferred. By whose authority did he leave? I do not know now. and how long was he granted leave? I do not personally know of these matters
13. In what way was he prevented from returning to his Command? Surrender. How do you know? I know where the surrender occurred. I do not know certainly as to Randall
14. What effort did he make to return to his Command and how do you know? I do not know of any. No need of such after surrender
15. Was applicant captured as a prisoner? No. If so, when and where? X

In what prison was he held? X and when released? I never heard of any capture. Not when with the Cadets

Sworn to and subscribed before me, this the 12 day of Oct. 1910 } Robert L. Rodgers,
John W. Wrenn, Ordinary,
of Fulton County.

STATE OF GEORGIA,

De Kalb County

Bushrod P. Randall

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

1. What is your name and where do you reside? (Give County and Post-office). Bushrod P. Randall, Decatur Ga
2. How long and since when have you been a continuous resident citizen of this State? 64 years - ever since I was born in Jan 1846
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Yes, Sir in 1864
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service). I was first in Ga Cadets, then in Artillery.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge). In Cadets till Jan 1865 - then in Artillery till
6. When and where was your Company and Regiment surrendered or discharged from the Service? In May 1865
7. Were you actually present with your Command when it was surrendered or discharged? Yes.
8. If you were not actually present, state specifically and clearly where you were. I was there at the close
- a. Where was your Command when you left it? We disbanded at Atlanta
- b. When did you leave the Command? June 1865
- c. For what cause did you leave? Surrender
- d. By whose authority did you leave? By commanding officer
- e. For how long was your leave granted? In what way? Indefinite by surrender
- f. Why did you not return to your Command after leave expired? Disbanded forever
- g. In what way were you prevented? No further service
- h. What effort did you make to return? None. Had enough
- i. Were you captured during the war? No, Sir.
- j. If so, when, and where? In what prison were you held and when were you released? Was not captured

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value). None at all excepting Horse to Carr \$17000
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? None such at all excepting Horse \$15000 to Mr. Lantis for sugar
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). Carr \$2000. I have none. My children own a small piece of land near Decatur. I have no interest in it. It is not mine. It is of my
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? None at all. Live on the home place excepting my wife's salary
13. Are you drawing a pension of any amount from this State or the United States? No Sir
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Never did apply before now

Sworn to and subscribed before me, this the 20 day of October 1910 } B. P. Randall.
James R. George, Ordinary,
of De Kalb County.

and other witnesses of 10 acres in Fulton Co. Containing 15000 square rods of it

STATE OF GEORGIA.

Dekalb County.

County.

See other Side

Personally before me comes *J. W. Maynard* who on oath says that they are freeholders residing in said County and we know *B. P. Randall* the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.)

2. When and to whom was it sold or given to?

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant?

5. What disposition was made of the proceeds of the sale?

6. Was the disposition of this property made in good faith and full values?

or was it made to obtain a pension?

Sworn to and subscribed before me, this the

day of 1911

Ordinary,

of County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

County.

I, *John P. Worsham* Ordinary of said County, certify that I know the applicant *John P. Worsham* for Pension is the person he represents himself to be and resides in said County. That I also know *John P. Worsham* the witness swearing to the service and *John P. Worsham* 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

Results of *John P. Worsham* shows that *John P. Worsham* and wife

value for tax is in 1908 \$ *31.25* for 1909 \$ *04* for 1910 \$ *04*

Sworn under my hand and official seal of office this *31st* day of *Oct* 1911

John P. Worsham Ordinary,

County.

Fulton County.

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

Georgia, DeKalb County.

Personally appeared before me, the undersigned,
the Ordinary in and for said county, B. P. Randall, and being first duly
sworn, deposes and says on oath, that the property shown on the Tax Books
of DeKalb County, returned by him as agent, is not his property but is the
property of his children, and returned by him as agent for them.

Sworn to and subscribed before me,)
this the 9th day of November, 1910.)

James R. George
Ordinary.

NAME Randall, Bushrod P

YEAR 1911

COUNTY DeKalb.

WHEN AND WHERE BORN? Jan., 1846. (64 years)

RELEASED WHEN AND WHERE? 1864.

RANK

COMPANY AND REGIMENT? Georgia Cadets .
later in----- Artillery.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? May 1865.

Witness states; Poplar Springs, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. Thomas P. Kimberly- Was with applicant-
ON Robert L. Rodgers- Same command-

No data.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA

DeKalb

COUNTY

I, *James Edgar Galt*

Ordinary of said County, do certify that I

know Mrs. *Caroline E. Randall* the applicant for this pension, and that she is the

person she represents herself to be, and that she is a bona fide continuing resident of said County and was

on the *4* day of *Sept* 19*17*

That I also know *Edt Maen* witness as to marriage, and I also know

before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of *4* day of *Sept* 19*17*

(SEAL.)

James Edgar Galt Ordinary.
DeKalb County.

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

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

3. All affidavits must be made before the Ordinary in the presence of the applicant and the witness.

4. All affidavits must be made before the Ordinary on or before the 1st day of January, 1918, are entitled to full faith and credit.

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

6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

RANDALL, Caroline E.
Enrolled 1920 *DeKalb Co.*
No. *1*

Widow's Application

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

County *DeKalb*
Name *Mrs. Caroline E. Randall*
Widow of *B. D. Randall* 1915
Company *Georgia Cadets*
Regiment *1st Inf. Gen. Artillery*
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9-16-1919

STATE OF GEORGIA,

DeKalb COUNTY.

I, *James B. George* Ordinary of said County, do certify that I know Mrs. *Caroline E. Randall* the applicant for this pension, and that she is the person she represents herself to be and that she is a bona fide continuing resident of said County and was on the *4* day of *Sept* 19*19*

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

Sworn under my hand and official seal of office this *4* day of *Sept* 19*19*

(SEAL.)

James B. George Ordinary.
DeKalb County.

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

Caroline E. Randall, DeKalb Co.
1920

No.

Widow's Application

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

County *DeKalb*
Name *Mrs. Caroline E. Randall*
Widow of *B. P. Randall*
Company *Georgia Cadets*
Regiment *1st Inf. Gen. Artillery*

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9-16-1919

State of Georgia, DeKalb County.

To any Minister of the Gospel, Judge of Superior Court Justice of Peace to Celebrate:

You are hereby authorized and permitted to join in the Honorable State of Matrimony Bushrod P. Randall and Miss Caroline E. Mason, 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 of office this 6th day of July 1871.

W. R. Webster, Ordry.

I hereby certify that Bushrod P. Randall and Caroline E. Mason were joined together in the Holy Bans of Matrimony by me on 6th day of July 1871.

John S. Wilson, D. D.

Georgia, DeKalb County.

I, James R. George, Ordinary and ex-officio Clerk of the Court of Ordinary in and for said County, do hereby certify that the above and foregoing copy, is a true, correct and complete copy of the marriage license and certificate of marriage of Bushrod P. Randall and Miss Caroline E. Mason, as appears of record in Book "B", Record of Marriages, Page 368.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Court of Ordinary at Decatur, Georgia, this the 26th day of August, 1919.

James R. George
Ordinary & ex-officio Clerk Court Ordinary in and for DeKalb County, Georgia.

STATE OF GEORGIA,

DEKALB

COUNTY.

Personally before me comes *Mrs. Caroline E. Randall* of said County, who, after being duly sworn, says that she is the widow of *Bushrod P. Randall* to whom, in the County of *DeKalb* State of *Georgia* she was married on the *6th* day of *July* 1871, and that she remained his wife, and resided with him to the date of his death in *May 9th* 1915 and that she has not since his death remarried. At the time of his death he was a resident of *DeKalb* County, in said State of Georgia, and he was on the *Indigent* Pension Roll of the State and paid a pension of \$60.00 in *DeKalb* County for 1915 per annum, on account of being a soldier in *Georgia Cadets Artillery* Company *Latter Glenn's* Regiment (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of *DeKalb* and she has so continuously resided since *9th* day of *May* 1915.

Sworn to and subscribed before me, this the

27th day of *August* 1919
James R. George Ordinary
of *DeKalb* County.

(SEAL)

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

STATE OF GEORGIA,

DeKalb

COUNTY.

Personally before me comes *E. H. Mason* known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge *Mrs. Caroline E. Randall*, who made the foregoing affidavit, is the lawful widow of *Bushrod P. Randall* who died in *DeKalb* County in said State of *Georgia* on *9th* day of *May* 1915, and that she has not since remarried. That she became the wife of *Bushrod P. Randall* on the *6th* day of *July* 1871, and that she and he had resided together as man and wife continuously since *6th* day of *July* 1871, and that the *Bushrod P. Randall* was the same man who was on the pension roll of said State from *DeKalb* County when he died.

Sworn to and subscribed before me, this the

27th day of *August* 1919
James R. George Ordinary
of *DeKalb* County.

(SEAL)

E. H. Mason

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb COUNTY.

I, Elijah A. Rankin

of De Kalb County hereby authorize

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

Witness my hand and seal this 6th day of Dec 1902.

Executed in presence of

W. M. McLeod Elijah A. Rankin
Edwin

ACT DEC. 16, 1901.

No. _____

WIDOW'S PENSION,
1902

Mrs. Elijah A. Rankin

County of De Kalb

Widow of J. E. Rankin

Warrant issued _____ 190

and handed to _____

J. W. LINDSEY,
Commissioner of Pensions,

Geo. W. Harrison, State Printer.

12/6-1902

STATE OF GEORGIA,

De Kalb COUNTY.

I, Eliza A. Rankin hereby authorize

J. S. Rankin of De Kalb County

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

at _____ day of Dec 1902.

Executed in presence of

M. Magidale
Ordinary.

Eliza A. Rankin [SEAL]

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

COUNTY OF De Kalb

Personally came Mrs. Eliza A. Rankin

who says on oath she is the

widow of J. S. Rankin to whom, in the County of

State of _____, she was married on the

23d day of July 1854, that she remained his wife up to the 6th

day of Oct 1902, at which time he died, and that she has not since married.

At the time of his death he was a resident of De Kalb County, in said State of

Georgia, and was on the Indigent pension roll of the State of Georgia, having been allowed

a pension of \$ 60.00 per annum on account of being a soldier in Company D

38th Regiment, Ga Volunteers or State.

What affliction have you and how does it effect you? I'm troubled with

catarrh and from weak arm which
has been broken

What have you been doing to earn a support since 1st of January, 1900?

Supported by my children

What property or effects had you on 1st January, 1900? No property at all

What have you acquired since, and what income have you now? None

What disposition have you made of any property since 1st January, 1900, and at what price and for what purpose?

Made no disposition of any property

Deponent further says that she is now a resident of De Kalb County and has

continuously resided in the State of Georgia since the _____ day of March 1854.

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.

Sworn to and subscribed before me this 5th day of December 1902.

Eliza A. Rankin
M. Magidale
Ordinary of De Kalb County.

NOTE.—All blank spaces must be filled before signing.

Rankin Eliza A.
De Kalb County

ACT DEC 16, 1901.

No.

WIDOW'S PENSION,

1902

Mrs. Eliza A. Rankin

County of De Kalb

Widow of J. S. Rankin

Warrant issued _____ 190

and handed to _____

J. W. LINDSEY,

Commissioner of Pensions,

Geo. W. Harrison, State Printer.

126-1902

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came J. C. Pounds
COUNTY OF De Kalb } C. A. Beauchamp and
S. H. Jackson known to me to be reputable and truthful person who says
on oath that from his own personal knowledge Mrs. Eliza A. Rankin
who made the foregoing affidavit is the widow of J. G. Rankin
who died in De Kalb County and State of Georgia on the
6 day of Dec 1902, and that she has not since married, that she became his
wife on the 23 day of July 1854, and so remained up to the time of his death,
and that she has resided in this State continuously since the day of March 1854
With what affliction does she suffer? From effects of fractured
arm causing atrophy of muscles
What property or income had she on 1st January, 1900? None

What has she in her possession and control now? None

How was she supported in 1900 and 1901? By her children

I have no personal interest in the pension asked for { J. C. Pounds
C. A. Beauchamp
S. H. Jackson

Sworn to and subscribed before me this 5 day of Dec 1902,

W. M. Ragsdale
Ordinary De Kalb County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me
COUNTY OF De Kalb } L. L. Summey
and J. R. Wells, both of whom are known to me to be reputable
physicians, who say on oath that they personally know Eliza A. Rankin
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her
earning a support)

From old age and by a fracture of
the arm causing atrophy of the
muscles.

Sworn to and subscribed before me this 5 day of Dec 1902.

W. M. Ragsdale
Ordinary of De Kalb County.

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

STATE OF GEORGIA, } I W. M. Ragsdale Ordinary,
COUNTY OF De Kalb } in and for said County of De Kalb
State of Georgia, hereby certify that I am acquainted with Mrs. Eliza A. Rankin
the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me
by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia continuously
since the day of March 1854 and has not lived out of the
State since that date. I also certify that the witnesses, to wit: J. C. Pounds
C. A. Beauchamp and S. H. Jackson, whose testimony she
presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith and credit as such,
and that the full text of the affidavit was read to and understood by them before same was signed. I am fully
satisfied that this claim is made in good faith, and I have caused the applicant and the witnesses to read or hear
read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 5
day of Dec 1902.

{ SEAL } W. M. Ragsdale Ordinary.

NOTES.

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

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

Affidavits must be made in presence of the Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY }
I, Eliza A. Rankin, hereby authorize
John S. Rankin of DeKalb County
to receive and receipt for the pension paid hereon, and request that he remit same to

at _____
In Witness Whereof, I have hereunto set my hand and seal, this 18
day of January 1904.

Eliza A. Rankin [L. S.]

Executed in presence of
James R. George
Ordinary

J. Rankin, Eliza A.
DeKalb County

TO THOSE HERETOFORE PAID.

1904.

No. 328

**INDIGENT
WIDOW'S PENSION**

FOR YEAR ENDING DECEMBER 31, 1904

PAID TO

Mrs. Eliza A. Rankin

OF

DeKalb County,

Widow of J. S. Rankin

Co. D 38 Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/25 1904,

AND HANDED TO

John S. Rankin

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY }
I, Eliza A. Rankin, hereby authorize
J. S. Rankin of St. Mountain
to receive and receipt for the pension paid hereon, and request that he remit same to

Eliza A. Rankin at St. Mountain
In Witness Whereof, I have hereunto set my hand and seal, this 11
day of January 1905.

Eliza A. Rankin [L. S.]

Executed in presence of
James R. George
Ordinary

Rankin, Eliza
DeKalb County

To Those Heretofore Paid.

1905.

No. 328

**INDIGENT
WIDOW'S PENSION,**

For year ending Dec. 31, 1905.

PAID TO

Mrs. Eliza A. Rankin

OF

DeKalb County,

Widow of J. S. Rankin

Co. D 38 Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/23 1905.

AND HANDED TO

John S. Rankin

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of DeKalb

PERSONALLY COMES MRS.

Eliza A. Ranskin

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

DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since April 10, 1815.

That she is the Widow of J. S. Ranskin who was a soldier in Company D of the 38th Regiment of Ga

Volunteers, that he enlisted in said regiment on or about the month of _____ 186____, and served in the Army up to _____ 186____. That he died on the 6 day of Oct 1861.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 54.

I have been allowed an Indigent pension as a resident of DeKalb County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 18 day of Janu 1904. Eliza A. Ranskin Post Office Stone Mountain Ga

State of Georgia,

DeKalb County.

I, James R. George

Ordinary of said County, certify that I am well acquainted with Mrs. Eliza A. Ranskin who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 10 day of April 18 15.

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

Official Seal

James R. George Ordinary of DeKalb County

NOTE.—All blanks must be filled. Vouchers and Affidavits must bear date after January 1st, 1904.

STATE OF GEORGIA,

County of DeKalb

PERSONALLY COMES MRS.

Eliza A. Ranskin

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

DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since _____.

That she is the Widow of J. S. Ranskin who was a soldier in Company D of the 38th Regiment of Ga

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

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

I have been allowed an Indigent pension as a resident of DeKalb County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

* Sworn to and subscribed before me, this 11 day of Janu 1905. Eliza A. Ranskin Post Office Stone Mountain Ga

State of Georgia,

DeKalb County.

I, James R. George

Ordinary of said County, certify that I am well acquainted with Mrs. Eliza A. Ranskin who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18____.

Given under my official signature and seal, this the 11 day of Janu 1905.

Official Seal

James R. George Ordinary of DeKalb County

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.

I, Mrs E. A. Rankin, hereby authorize

John S. Rankin of Stone Mountain Ga

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

Mrs E. A. Rankin at Stone Mountain Ga

In Witness Whereof, I have hereunto set my hand and seal, this 10th

day of January 1906.

Mrs E. A. Rankin [L. S.]

Executed in presence of

James R. George
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKALB COUNTY.

I, Eliza Rankin, hereby authorize

John S. Rankin of Stone Mountain Ga

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

Eliza Rankin at Stone Mountain Ga

In Witness Whereof, I have hereunto set my hand and seal, this 11th

day of January 1907.

Eliza Rankin [L. S.]

Executed in presence of

James R. George
Ordinary

To Those Heretofore Paid.

1906.

No. 244

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO

Mrs E. A. Rankin

OF

De Kalb County,

Widow of J. S. Rankin

Co. D. 38th Ga. Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/22 1906,

AND HANDLED TO

John S. Rankin

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

24 Jan

To Those Heretofore Paid.

1907.

No. 262

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO

Mrs Eliza A. Rankin

OF

DeKALB County,

Widow of J. S. Rankin

Co. D. 38th Ga. Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/21 1907.

AND HANDLED TO

John S. Rankin

Geo. W. Harrison, State Printer, Atlanta.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of De Kalb

PERSONALLY COMES MRS.

Eliza A Rankin

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

That she is the Widow of J. G. Rankin who was a soldier in Company D. of the 35 Georgia Regiment of Volunteers, that he enlisted in said regiment on or about the month of

186, and served in the Army up to 186. That he died on the day of 18.

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

I have been allowed an Indigent pension as a resident of De Kalb County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

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

James R. George, Ordinary

Post Office Stone Mountain Ga

State of Georgia,

De Kalb County.

I, James R. George, Ordinary of said County, certify that I am well acquainted with Mrs. Eliza A Rankin, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18.

Given under my official signature and seal, this 10 day of January 1906.

Official Seal

James R. George, Ordinary of De Kalb County.

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of DeKALB.

PERSONALLY COMES MRS.

Eliza A. Rankin

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

That she is the Widow of J. G. Rankin who was a soldier in Company D. of the 38th Ga Regiment of

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

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

I have been allowed an Indigent pension as a resident of DeKALB County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

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

James R. George, Ordinary.

Post Office Stone Mountain Ga

State of Georgia,

DeKALB. County.

I, James R. George, Ordinary of said County, certify that I am well acquainted with Mrs. Eliza A. Rankin, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of 18.

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

Official Seal

James R. George, Ordinary of DeKALB. County.

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

Rankin, Eliza A. (Mrs.)
DeKalb Co

1908

Application for Pension Due
Deceased Pensioner,
Under Act 1904.

James R. George Ordinary,
For Funeral Expenses
of DeKalb County,
Of Co D 38 La Regiment.

Approved and Ordered Paid

190

J. W. LINDSEY,
Commissioner of Pensions.

H. M. PATTERSON,
GENERAL MANAGER

ESTABLISHED 1880.

FREDERICK W. PATTERSON,
SECRETARY & TREASURER

H. M. PATTERSON & SON

FUNERAL DIRECTORS

86 NORTH FORTYTH STREET

ADJOINING CARNEGIE LIBRARY

BILLS DUE WHEN PRESENTED

PHONES 217

Bill to John S. Rankin
for Eliza A. Rankin
March 27 1908

This above account of Case Ticket & Hearse Services 125.
Subscribed and Subscribed to H. M. Patterson
before me March 24/1908
James R. George
Ordinary

Application for Pension Due to a Deceased Pensioner,

Under the Act of August 15, 1904, to be paid to the Ordinary for
Funeral Expenses and Expenses of Last Illness.

Georgia, Dekalb County.

Personally before me, the Ordinary of said County, comes
John S. Rankin of said County, who, after being sworn on
oath, says that he knew Mrs. Eliza A. Rankin of said County, and
that she was on the Indigent Pension Roll Dekalb
County at the time of her death, which occurred in Dekalb County,
in this State, on the 24 day of January 1908, and
that a Pension of Sixty 60.00 Dollars was due her and
unpaid at the time of her death. That she left no her dependent children surviving
her and no estate of any value sufficient to pay her funeral expenses, which amounted to
the sum of \$125.00 Dollars, as per sworn statement,
itemized, hereto attached.

Sworn to and subscribed before me, this

19 day of March 1908

James R. George Ordinary,
Dekalb County.

John S. Rankin

Georgia, Dekalb County.

I, James R. George, Ordinary of said County, do certify
that I personally know John S. Rankin, who is a resident
citizen of said County, and that he is of a truthful and trustworthy character, entitled to
full faith and credit.

I also knew Mrs. Eliza A. Rankin while in life;
that she was the same person whose name appears on the Indigent
Pension Roll of Dekalb County, and was paid a Pension of
Sixty 60.00 Dollars in said County for 1908
and I now believe her to be dead.

Given under my hand and official seal, this 19 day of March 1908

James R. George Ordinary,
Dekalb County.

H. M. PATTERSON,
GENERAL MANAGER

ESTABLISHED 1880.

FREDERICK W. PATTERSON,
SECRETARY & TREASURER.

H. M. PATTERSON & SON

FUNERAL DIRECTORS

98 NORTH FORSYTH STREET

ADJOINING CARROLL LIBRARY

BILLS DUE WHEN PRESENTED

PHONES 217

Paid to John S. Rankin
Mrs. Eliza A. Rankin

Atlanta, Ga. Jan 24 1908

The above
Accounts of Care, Transport & Burial Services 125.00
Subscribed and sworn to before me March 24/1908
James R. George
Ordinary

Rankin, J. G.
De Kalb County

No. _____

**INDIGENT PENSION,
1900.**

Name J. G. Rankin

County County

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Power of Attorney.

STATE OF GEORGIA,

County, }

I, _____

of _____

hereby authorize

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

at _____

day of _____

by _____

Witness my hand and seal, this _____

day of _____

1900.

[L. S.]

Executed in presence of

County. }

I, _____ hereby authorize

_____ of _____

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

at _____ by _____

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

[L. S.]

Executed in presence of _____

No _____

INDIGENT PENSION,

1900.

Name J. G. RankinCounty De Kalb

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

De Kalb County.

I, J. G. Rankin of said State and County, desiring to avail himself of the Pension Act (Section 1264, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) J. G. Rankin De Kalb County, Stone Mountain
2. How long and since when have you been a resident of this State? Sixty five years - Since 1835
3. When and where were you born? Dec 11th 1815, Egglethorpe Ga.
4. When and where and in what company and regiment did you enlist or serve? Sept 26th 1861, De Kalb County Camp Kirkpatrick, Co. D 38th Ga.
5. How long did you remain in such company and regiment? Until 19th day Sept 1864, when I was captured at Winchester, Va. and was kept a prisoner until close of war
6. For how long a period did you discharge regular military duty? Over thirty years
7. When, where and under what circumstances were you discharged from service? Were you with your command at the time? Was paroled from Fort Delaware at the close of the war
8. What is your present occupation? Stone cutter by trade
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Stone cutter
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"?
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? Age and poverty. For past ten years have been unable to work and support myself
13. What property, effects or income do you possess, and its gross value? None
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? None
15. In what County do you reside during those years, and what property did you then return for taxation? De Kalb. Had no property
16. How were you supported during the years 1898 and 1899? By my two sons
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? One hundred fifty dollars
18. What was your employment during 1898 and 1899? What pay did you receive in each year? Have been unable to do any thing
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Wife and one daughter. All are supported by two sons who have families of their own.
20. Are you receiving any pension? If so, what amount, and for what disability? No.

Sworn to and subscribed before me this the }
13th day of Aug. 1900. } J. G. Rankin Applicant,
Wm. Ragsdale Ordinary,
of De Kalb County.

Every Question MUST be Answered.

STATE OF GEORGIA,

De Kalb COUNTY.

G. R. Wells, of said State and County, having been presented as a witness in support of the application of J. S. Rankin 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? G. R. Wells Stone Mountain De Kalb Co.
2. Are you acquainted with J. S. Rankin, the applicant; if so, how long have you known him? Yes I have known him for 40 years
3. Where does he reside, and how long and since when has he been a resident of this State? At Stone Mountain Ga. To my knowledge for 40 years
4. When, where and in what company and regiment did he enlist, and how do you know? In 1861 At Camp Kissipatigh Co. D. 38th En. was there
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Were you present with command when discharged? For over three years, until captured in Sept 1864. Made a good soldier and was paroled from Camp Delaware at close of war
7. What property, effects or income has the applicant? (Give your means of knowledge.) Has none for any income. I am a neighbor and have lived near him since he was
8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? None. Made no disposition of any
9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? Has not
10. What is the applicant's occupation and physical condition? He is weak from old age being eighty four years old and is now unable to do any work.
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable to do any thing on account of his age
12. How was he supported during the years 1898 and 1899? He is supported by his two sons.
13. What portion of his support for these two years was derived from his own labor or income? None
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is unable to work on account of age and infirmity.
15. What interest have you in the recovery of a pension by this applicant? No

Sworn to and subscribed before me, this }
the 13th day of Aug, 1900. }

M. M. Rapdace

Ordinary.

Witness.

STATE OF GEORGIA,

De Kalb COUNTY.

Personally came before me Chas. L. Summey M.D. and G. Raymond Wells, M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

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

Being eighty four years of age he is weak and physically unable to do manual labor

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

Sworn to and subscribed before me, this the } Chas. L. Summey M.D.
22^d day of Aug, 1900. } G. Raymond Wells M.D.
M. M. Rapdace Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

De Kalb COUNTY.

I, M. M. Rapdace, Ordinary in and for said County, hereby certify that the applicant J. S. Rankin resides in said County, and has been a bona fide resident of this State since the day of 1857 and that the witnesses, viz: G. R. Wells

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

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

I further certify that the tax digests of De Kalb County show that applicant returned for taxation in his name in 1898 None Dollars and in 1899 None Dollars of property.

In my opinion the foregoing claim is made in good faith

Witness my hand and seal of office, this 22^d day of Aug, 1900.

M. M. Rapdace Ordinary,
of De Kalb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

De Kalb County.

I,

John Rankin

hereby authorize

W. M. Ragsdale

McCatur Ga

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

me

at

Stone Mountain Ga

by

W. C. Bruce

Witness my hand and seal, this

19 day of

January

1901.

W. C. Bruce [L. S.]

Executed in presence of

John Rankin

(For Those Already Enrolled.)

CODE SECTION 124

No. *462*

INDIGENT

SOLDIER'S PENSION.

1901.

Name *John Rankin*
County *De Kalb*

WARRANT ISSUED

Jan 21 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ragsdale

Geo. W. Harrison, State Printer, ALBANY

W. C. Bruce

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I,

John Rankin

hereby authorize

W. M. Ragsdale

of

De Kalb

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

at

by

Witness my hand and seal, this

17 day of

January

1902.

W. C. Bruce [L. S.]

Executed in presence of

John Rankin

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 124

No. *1043*

INDIGENT

SOLDIER'S PENSION

1902.

Name *Rankin J. G.*
County *De Kalb*
Co. *D* Regiment *38*

WARRANT ISSUED

Jan 21 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Grady

Geo. W. Harrison, State Printer, ALBANY

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally appears

John B. Rankin of *De Kalb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *10* day of *April* 18*95*; that he is *85* years old and by occupation a *Stone Cutter* that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *3 yrs. 2 1/2 months* in Company *D*, of *38*th Regiment of *Georgia*; that his physical condition is as follows: *Infirmary*

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of _____ county been allowed a pension for the year 1

Sworn to and subscribed before me, this the

21 day of *Jan* 1901.

Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

Ordinary

De Kalb County.

Attx your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears

J. E. Rankin of *De Kalb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *10* day of *April* 18*95*; that he is *86* years old and by occupation a _____ that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *3 years* in Company *D*, of *38*th Regiment of *Ga* Vol; that his physical condition is as follows: *Old age and infirmity*

that his property consists of the following items *None*

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

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

Sworn to and subscribed before me, this the

15 day of *Jan* 1902.

Ordinary.

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Ragsdale* Ordinary of said County, do certify that I am well acquainted with *J. E. Rankin* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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* 1902.

Ordinary

De Kalb County.

Attx your seal here

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

NAME Rankin, J.G.

YEAR 1901 COUNTY DeKalb

WHEN AND WHERE BORN? December 11th. 1815 Oglethorpe Co. Ga.

ENLISTED WHEN AND WHERE? September 26th. 1861 DeKalb Co. Ga.
Camp Kirkpatrick

RANK.

COMPANY AND REGIMENT? Co. D, 38th. Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? September 19th. 1864 was captured at Winchester,
Va. carried to Fort Delaware prison.

RELEASED. Close of the war.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In prison

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. George R. Wells, same command - No data.

JWT

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
DeKalb COUNTY.

I, Jamie Spencer Ordinary of said County, do certify that I know Mrs. Mary Jane Rawlins the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was

on the 25 day of Oct 1919

That I also know J. W. Lindsey witness as to marriage, and I also know

before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 25 day of Oct 1919
(SEAL.) Jamie Spencer Ordinary,
DeKalb County.

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

Rawlins, Mary Jane
DeKalb County
No. 10-30-1919

Widow's Application

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

County DeKalb
Name Mrs. Mary Jane Rawlins
Widow of W. A. Rawlins
Company _____
Regiment Rees Bldg
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

A. L. HENSON,
Director, Veterans Service Office

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes Mrs Mary Jane Rawlins of said County, who, after being duly sworn, says that she is the widow of W A Rawlins to whom, in the County of DeKalb State of Georgia she was married on the 20 day of November, 1869, and that she remained his wife, and resided with him to the date of his death in July 20, 1919 and that she has not since his death remarried. At the time of his death he was a resident of DeKalb County, in said State of Georgia, and he was on the Indigent 1910 Pension Roll of the State and paid a pension of \$ 75.00 in DeKalb County for 1919 this pension was paid to the widow on account of being a soldier in Company Buss Co Regiment Buss Co (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of DeKalb and she has so continuously resided since 1895 day of In the State all my life

Sworn to and subscribed before me, this the

22 day of October, 1919James R. George Ordinaryof DeKalb County.

(SEAL)

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

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes J. W. Brownlee known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Mary Jane Rawlins, who made the foregoing affidavit, is the lawful widow of W A Rawlins who died in DeKalb County in said State of Ga on 20 day of July, 1919, and that she has not since remarried. That she became the wife of W A Rawlins on the 20 day of Nov, 1869, and that she and he had resided together as man and wife continuously since 20 day of July, 1869, and that the he was the same man who was on the pension roll of said State from DeKalb

County DeKalb when he died.

Sworn to and subscribed before me, this the

22 day of October, 1919James R. George Ordinaryof DeKalb County.

(SEAL)

Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DeKalb County:Before me, the Ordinary of said County, comes A. S. Turner

of said County, who, after being duly sworn, on oath says that he knew Mary Jane Rawlins late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of \$ 197.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,

this the 18 day of Sept., 1919V. A. Morgan Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, DeKalb County.I certify that A. S. Turner who subscribed

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

Given under my hand and seal of office, this the 18th day of September, 1919.

(Seal of Ordinary).

V. A. Morgan Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

NIGHT AND SUNDAY PHONE DE. 0099
822-27 N. MCDONOUGH ST.
PHONE DE. 0098

A. S. Turner
Funeral Director and Embalmer
Prompt Ambulance Service
Decatur, Georgia

Funeral Expenses of Mrs Mary Jane Rawlins,
999 Fair St, S E Atlanta, Ga.

February 20, 1936.

To Casket and Burial Box	
Embalming	
Funeral Notices	
Hearse Service and Service Rendered	
Flowers	\$197 00

Georgia DeKalb County,

I do hereby certify that the above account
is rendered for the funeral expenses of
Mrs Mary Jane Rawlins, who died without owning
sufficient property to pay this bill,

Sworn to and subscribed before me,
This September 17, 1936.

Ruby Johnston
Notary Public, State at Large, Decatur, Ga.
My Commission Expires Nov. 1, 1937.

A. S. Turner



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

1. PLACE OF DEATH		Registered No. 1373	
County... <u>Fulton</u> Militia District (Number and Name) <u>1061</u> State of Georgia			
City or Town... <u>Atlanta</u> Length of residence in this city or town: Yrs. Mos. Ds. NON-RESIDENT (Yes or No.)			
Street and Number (No.) <u>1034</u> (Street) <u>Fair St. S. E.</u> Ward (If death occurred in a hospital, give its name instead of street and number)			
2. FULL NAME <u>Mary Jane Rawlins</u>			
Residence (City or Town) <u>1034 Fair St. S.E.</u> (Street and Number) (State)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Widowed</u>	
6. DATE OF BIRTH (month, day, year) <u>2/2/1855</u>			
7. AGE <u>81</u> Years <u>0</u> Months <u>18</u> Days	If less than one day Hours Minutes		
(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.			
(c) Date deceased last worked at this occupation (month and year)			
(d) Total years spent in this occupation			
9. BIRTHPLACE <u>Georgia</u> (P. O. Address)			
10. NAME <u>Pinkston Britt</u>			
11. BIRTHPLACE <u>Georgia</u> (P. O. Address)			
12. MAIDEN NAME <u>Rene Miller</u>			
13. BIRTHPLACE <u>Georgia</u> (P. O. Address)			
14. INFORMANT <u>Mrs. Fred Sheppard</u> (Signed) <u>999 Fair St. S.E.</u> (Address)			
19. BURIAL PLACE <u>Indian Creek Cemetery</u> (Cemetery) <u>DeKalb Co.</u> (Postoffice) (Date) <u>2/21/36</u>			
20. UNDERTAKER <u>A. S. Turner</u> (Signed) <u>Decatur, Ga.</u> (Address)			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH <u>Febry. 20, 1936</u> at <u>6:30 A.</u> M. (Month, Day, Year) (Hour)			
17. I HEREBY CERTIFY, That I attended the deceased from <u>2/10/1936</u> to <u>2/19/1936</u> I last saw him alive on <u>2/19/1936</u> death is said to have occurred on the date and hour stated above.			
The principal cause of death and related causes of importance in the order of onset and duration of each: <u>Valvular insufficiency and sclerosis</u>			
Other contributory causes of importance: <u>Influenza</u>			
What test confirmed diagnosis? (Specify whether autopsy, operation, laboratory, or clinical)			
If death was due to external causes (violence) fill in also the following: Was injury an accident, suicide, or homicide? Where did injury occur? (Specify city or town, if outside of limits, the county, and also the state) Did injury occur in a home, public place or industry? Manner of injury Nature of injury (Signed) <u>C. L. Allgood</u> M.D. (Address) <u>Scottdale, Ga.</u>			
15. FILED <u>3/12/1936</u> (Signed) <u>[Signature]</u> (Local Registrar)			

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

GEORGIA,
FULTON COUNTY.

Atlanta, Ga. 9/17/1936

I hereby certify that the foregoing is a true and correct copy of the record of death Number 1373

of the series of 1936 for Mary Jane Rawlins
as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

(Signed)

SEAL

HEALTH OFFICER.

Rowlin, W. A.
Dekalb County

OK for 1911
No.

**Confederate
Soldier's Application.**

✓ UNDER ACT 1910.

County *Dekalb*
Name *W. A. Rowlin*
Company *D*
Regiment *1st Battalion*
Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. F. BYRD, State Printer, Atlanta.

11/20/11

Questions for Applicants to Answer.

STATE OF GEORGIA,

Dekalb County.

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

What is your name and where do you reside? (Give County and Post-office).
W. A. Rowlings Dekalb County, Scott Dale Ga

2. How long and since when have you been a continuous resident citizen of this State?
64 years Jan 19th 1864

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
July 1863 Lawrenceville Ga Company D - 1st

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge).
About 15 months

6. When and where was your Company and Regiment surrendered or discharged from the Service?
Company & Battalion was Disbanded August 10th 1864

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

8. If you were not actually present, state specifically and clearly where you were.
At Home on Sick Furlough

a. Where was your Command when you left it?
Atlanta Ga

b. When did you leave the Command?
April 1864

c. For what cause did you leave?
Sick Furlough

d. By whose authority did you leave?
Officers in command

e. For how long was your leave granted? In what way?
20 days Sick Furlough

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

g. In what way were you prevented?
Rhinumatism

h. What effort did you make to return?
Made none Not able to make

i. Were you captured during the war?
No

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

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value).
2 Cows

Salin - 40.00 one Horse val 50.00 - 2 Hogs

Value 30.00 - House hold Goods 20.00

Total Val 140.00

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

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list).
2 Cows 40.00 one Horse 50.00 - 2 Hogs 30.00 - House

yard goods 20.00 - Total Val 140.00

12. What annual or monthly income or earnings of yourself and wife, and the source derived have you?
I Rent Land have what little I make from the

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

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
Have not

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

James R. George Ordinary
W. A. Rowlings County.

Confederate

Soldier's Application.

UNDER ACT 1910.

Rowlings, W. A.
Dekalb County
Ok for 1911

County Dekalb

Name W. A. Rowlings

Company D

Regiment 1st Battalion

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. T. BYRD, State Printer, Atlanta.

STATE OF GEORGIA,

Fulton County.

Mr. Theater

of said State and County is hereby presented as a witness in support of the application of W.A. Rawlins for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? W. T. Letic
41 New St.
2. How long and since when have you known W.A. Rawlins the applicant? About all of his life
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? In Decatur County, Ga
He has lived in Ga. all of his life -
4. When, where and in what Company and Regiment did W.A. Rawlins enlist during war from 1861 to 1865? (Give date and place). Lawrenceville Ga. Feb. 1862
5. How did you obtain your information of this Service? Belong to same Comp
Army
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) About one year
7. When and where was his Command surrendered or discharged (give date and place) At Kingston Ga under Gen. Wafford
8. Were you personally present at the Surrender? I was
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender? He was not
11. If not where was he and how came him there? He was at home
on Sick furlough
12. When did he leave his Command? April 1, 1864 Where was his Command when he left it? Atlanta Ga for what cause did he leave? He was sick
By whose authority did he leave? Officer in Command and how long was he granted leave? 20 days How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I was in service with him
13. In what way was he prevented from returning to his Command? in account of Rheumatism
How do you know? Seeing him after the war closed
14. What effort did he make to return to his Command and how do you know? He made none that I know of being sick of Rheumatism
15. Was applicant captured as a prisoner? no If so, when and where?
- In what prison was he held? and when released?

Sworn to and subscribed before me, this the

11 day of Nov 1910

John R. Wrenkin, Ordinary,

Mr. J. H. Cates

and certify that W.A. Rawlins is entitled to pension and his certificate is inserted in full copy of his application

STATE OF GEORGIA.

DeKalb County.

Personally before me R. H. Ledford & J. A. Morris who on oath says that they are freeholders residing in said County and we know W.A. Rawlins 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.) 2 cows val \$40.00
one year 1865 20 2 Hogs val 30.00
Ward goods \$20.00 total \$145.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) none

2. When and to whom was it sold or given to? not sold

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant?

5. What disposition was made of the proceeds of the sale?

6. Was the disposition of this property made in good faith and full value?

or was it made to obtain a pension?

Sworn to and subscribed before me, this the

12 day of Nov 1910

James R. George, Ordinary, of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb County.

I, James R. George Ordinary of said County, certify that I know the applicant W.A. Rawlins for Pension is the person he represents himself to be and resides in said County. That I also know R. H. Ledford & J. A. Morris the witness swearing to the service and W.A. Rawlins who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of 1865 shows that 160.00 and wife value for tax is in 1908 130.00 for 1909 160.00 for 1910 130.00

Sworn under my hand and official seal of office this 12 day of Nov 1910

James R. George, Ordinary, of DeKalb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

STATE OF GEORGIA, DeKalb County

I, James R. George, Ordinary of said county, do certify that I personally know Mrs. M. J. Rawlins, the applicant, and that she is the lawful widow of W. A. Rawlins, and was on the DeKalb Pension Roll of said DeKalb county, and was paid a Pension from DeKalb county for 1918, and at the time of his death on the 20 day of July, 1919, there was due to him and unpaid his Pension of Ninety (90 00) Dollars from the State of Georgia, and I know J. M. Owens, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 8 day of May, 1919.

James R. George, Ordinary,
DeKalb County.

Rawlins, W. A.
DeKalb Co.

No. 1919

Application for Pension Due
Deceased Soldier

UNDER ACT 1891
To be paid his Widow or Dependent Children

BY
M. J. Rawlins
Widow of W. A. Rawlins
of DeKalb County
Co. DeKalb Regt. DeKalb Vols.

Approved and paid

1919

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Died Feb. 20, 1919.

GEORGIA, _____ County.

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

Pension Roll and paid from _____ for 19____

Witness my hand this _____ day of _____, 19____

Attested before me:

Application for Pension Due Deceased Soldier

To Be Paid to His Widow or Dependent Children

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, DeKalb County

Personally before me comes Mrs. M. J. Rawlins, of said county, after being duly sworn, on oath says that she is the widow of _____ who was duly enrolled as a _____ Pensioner from the county of DeKalb and was paid a Pension of \$ 80.00 Dollars from DeKalb county for 1915, and that the said W. A. Rawlins died in DeKalb county on the 20 day of May, 1917, and at the time of his death a Pension of 90.00 was due him from DeKalb county and unpaid for 1916. Applicant further swears that she married the said W. A. Rawlins on the 10 day of Nov, 1873 in Guinneth county and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 8 day of May, 1917.
James P. Plunge Ordinary.
DeKalb County. Mrs. M. J. Rawlins (L. S.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, DeKalb County

Personally before me comes J. M. Owens, who on oath says that he knew W. A. Rawlins while in life and that he knows Mrs. M. J. Rawlins the above applicant; that he knows that the said W. A. Rawlins and Mrs. M. J. Rawlins were in due form of law married in the county of Guinneth in the State of Georgia on the 20 day of Nov, 1870 and that they resided together as husband and wife from date of marriage to the day of his death on the 20 day of May, 1917, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 8 day of May, 1917.
James P. Plunge Ordinary.
Ordinary County. J. M. Owens

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

Married License Booked
in Lawrenceville 1871

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____, hereby authorize

_____ of _____

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

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

Executed in presence of _____

[L. S.]

Ray, John P. a
on No. De Kalb G

INDIGENT PENSION,
1902.

Name Ray John P.
County De Kalb
Co. A 384th 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.

8/15-1902 W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

INDIGENT PENSION,

1902.

Name Ray, John P.County DeKalbCo. A 38th Ga. Reg'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.

J. H. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,

County.

I, John P. Ray of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submit his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) John P. Ray, reside in DeKalb Co. Ga.
2. How long and since when have you been a resident of this State? Have been a resident of this State fifty seven years since 1845.
3. When and where were you born? Born Aug 17th 1853, Greenville or Pickens Dist. S. C.
4. When and where and in what company and regiment did you enlist or serve? Enlisted May 1862 in Atlanta Ga. in Co. G. 38th Ga. & was afterwards transferred to Co. D same Reg't.
5. How long did you remain in such company and regiment? Remained with them until April 7th 1865 when I was captured by the enemy while on duty.
6. When and where was your company and regiment surrendered and discharged? On the 9th day of April 1865.
7. Were you present with your company and regiment when it was surrendered? Yes.
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? Was prisoner near Petersburg Va. had been placed by officers on a prison line when we were captured.
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing.
10. What has been your occupation since 1865? For many years able to do anything.
11. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Age infirmity & poverty.
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I have Cumbago, Stinging Coughs & Sciatica from nearly all the time. At times can't walk or get out of bed from rheumatism. I will be 69 yrs old next month (Aug 1902).
13. What property, real or personal, or income, do you possess, and its gross value? An old uncle valued at \$1000 & small household & kitchen furniture, val \$50.00
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, by sale or gift, have you made of same? In 1900 had bond for title to 50 acres (half interest) in Gwinnett Co. but had to surrender it to owner. In the other years had nothing but a little personal property.
15. In what County did you reside during those years, and what property did you then return for taxation? Resided in Clayton Co in 1894 & 1895. in Gwinnett Co in 1896, 1897, 1898 & 1901.
16. How were you supported during the years 1899, 1900 and 1901? By my children all of whom are over 21 years of age & not subject to my command.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? About 75.00 per year. I tried to help on from February 20.00
18. What was your employment during 1898, 1899 and 1901? What pay did you receive in each year? By force value. Had no employment simply lived with my children & wife.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Self, wife & 5 children. They have no homestead live on uncle's land & don't own any.
20. Are you receiving any pension? If so, what amount and for what disability? No.
21. Have you ever made an application for pension before? No.
22. How many applications have you ever made and under what class? None.

Sworn to and subscribed before me this the _____ day of _____ 1902.

of DeKalb County.

Ordinary,

J. P. Ray Applicant.

Every Question MUST be Answered.

STATE OF GEORGIA,

De Kalb COUNTY.

A.M. Holcomb & W.D. Dickerson
 of said State and County, having been presented
 as a witness in support of the application of *John P. Ray* for pension
 under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and
 answers as follows:

1. What is your name and where do you reside?

2. Are you acquainted with *John P. Ray*, the applicant; if so, how

long have you known him? *Yes for thirty years*

3. Where does he reside, and how long and since when has he been a resident of this State?

In De Kalb County, since 1845

When, where and in what company and regiment did he serve, and how do you know?

In May 1862 - Atlanta Regt A 38. Then transferred to

5. Were you a member of the same company and regiment? *We were, Co. A & B, Co. D.*

6. How long did he perform regular military duty? *Up to April 9th 1865.*

7. When and where was his command surrendered? *At Appomattox*

On April 1865.

8. Were you present when it surrendered? *We were*

9. Was applicant present? *He was captured on the 7th*

10. If he was not present, where was he? *Was in prison*

When did he leave his command? For what cause?

By what authority he left? How do you know all of this?

We were there and know he was taken

to prison

11. What property, effects or income has the applicant? (Give your means of knowledge)

He has no property, effects or income

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900 and 1901, and

what disposition, if any, did he make of same? *Nothing except small personal property which has*

been disposed of in Georgia and of which he owns nothing but a little pile

and a few household articles. He has never owned any land since the war.

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

Nothing, except a part of his little cotton winter to obtain other necessities

14. What is the applicant's occupation and physical condition? *He is a farmer, that is he was. He is old*

and feeble, physically unable to labor in my opinion. He could not get any

employment on account of physical condition, is just worth wages.

15. Is the applicant unable to support himself by labor of any sort, if so, why? *Yes. He has no health and*

is apparently unable to work. He is quite old too. I have known him

thirty years & consider him deserving applicant.

16. How was he supported during the years 1898, 1899, 1900 and 1901? *He lived in Cummetts Co*

but I know that he has been money & almost entirely supported by his grown

children.

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

But little if any - perhaps he was worth a little to his sons on farm.

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

Section 1254, Code? *Know him to be old, and feeble, and from doctors that he*

is disabled. He is a tottering old man unable to work any more.

and unable to support himself.

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

Sworn to and subscribed before me, this the

15 day of *July* 1902.

Wm Ragsdale Ordinary.

H.C. Jones Witness.

STATE OF GEORGIA,

De Kalb COUNTY.

Personally came before me *W.D. Jones* and

W.D. Jones, both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully *John P. Ray*,

applicant for pension under Section 1254, Code, and after

such personal examination say that his precise physical condition is as follows:

General debility

due to age & aggravated by a case of La Grippe

followed by Lumbago, & some Dysuria.

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

Sworn to and subscribed before me, this the

15 day of *July* 1902.

Wm Ragsdale Ordinary.

W.D. Jones, M.D.

Ordinary & Secretary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

De Kalb COUNTY.

I, *W.M. Ragsdale* Ordinary in and for said County, hereby certify

that the applicant, *John P. Ray* resides in said County, and has

been a bona fide resident of this State since the *17* day of *Aug* 18*93*.

and that the witnesses, viz.: *A.M. Holcomb and W.D. Dickerson*

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

I further certify that before answering the foregoing questions the applicant and each witness took the oath

hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digest of *De Kalb* County show that applicant

returned for taxation in his name in 1899 *None* Dollars of

property, and in 1900 *None* Dollars of property.

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

Witness my hand and seal of office, this *1* day of *Aug* 1902.

Wm Ragsdale Ordinary.

of *De Kalb* County.

NOTE.

1. Before any questions are answered, the ordinary shall swear applicant and the witnesses in the following

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

the whole truth, so help you God."

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

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

as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, John P. Ray hereby authorize M. M. Rogers,
of De Kalb County

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

by _____

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

John P. Ray [L. S.]

Executed in presence of

W. B. White
J. H. Mann

CODE SECTION 124.

(FOR THOSE ALREADY ENROLLED.)

No. 578

INDIGENT

**SOLDIER'S PENSION
1903.**

Name Ray John P.
County De Kalb
Co. 38th Regiment

WARRANT ISSUED

1903.

1/23
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Odys

Geo. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY.

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of

CODE SECTION 124.

(FOR THOSE ALREADY ENROLLED.)

No. 697

INDIGENT

**SOLDIER'S PENSION
1904.**

Name John P. Ray
County De Kalb
Co. B Regiment 38

WARRANT ISSUED

1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

aff

Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *John P. Ray* of *De Kalb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *17* day of *Aug* 18*93*; that he is *71* years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 1/2* years in Company *D*, of *38*th Regiment of *De Kalb*; that his physical condition is as follows: *Age and Infirmary from Lumbago*.

that his property consists of the following items: *None*

of the value of *20.00* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of *De Kalb* county been allowed a pension for the year 1 *First Payment*.

Sworn to and subscribed before me, this the *10* day of *Jan* 1903. *W. M. Rogers*, Ordinary. *John P. Ray*

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this *10* day of *Jan* 1903. *W. M. Rogers* Ordinary *De Kalb* County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *John P. Ray* of *De Kalb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *17* day of *Oct* 1845; that he is *71* years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 1/2* years in Company *D* of *38*th Regiment of *Georgia* *Vol. Co. A. 38th Regt. Ga. Vol.*; that his physical condition is as follows: *Age and Disability*.

that his property consists of the following items: *None*

of the value of *20.00* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this the *23* day of *Jan* 1904. *James R. George*, Ordinary. *John P. Ray*

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this *23* day of *Jan* 1904. *James R. George* Ordinary *De Kalb* County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

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

_____ [L. S.]

Executed in the presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1906.

_____ [L. S.]

Executed in the presence of _____

Ray, John P.
DeKalb County

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. *606*

INDIGENT

**SOLDIER'S PENSION
1905.**

Name *John P. Ray*

County *DeKalb*

Co. *A* Regiment *38th*

WARRANT ISSUED

12-3 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ray

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

no date

Ray, John P.
DeKalb County

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. *607*

INDIGENT

**SOLDIER'S PENSION
1906.**

Name *John P. Ray*

County *DeKalb*

Co. *A* Regiment *38th*

WARRANT ISSUED

12-2 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ray

The Pension Printer and Publisher Co., Geo. W. Harrison, Mgr.

STATE OF GEORGIA,

De Kalb County.

Personally appears John P Ray of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is 72 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company B, of 38th Regiment of Georgia Vol.; that his physical condition is as follows: Age & poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 14th day of January 1905. John P Ray Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 14th day of January 1905. James R George Ordinary De Kalb County.



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

State of Georgia,

De Kalb County.

Personally appears John P Ray of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company A, of 38th Regiment of Georgia Vol.; that his physical condition is as follows: Age & poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 22nd day of January 1906. John P Ray Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal, this 22nd day of January 1906. James R George Ordinary De Kalb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb.

COUNTY.

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

WITNESS my hand and seal, this _____ day of _____ 1907.

[i. s.]

Executed in presence of

*Ray, John P.
DeKalb Co.*

4
Cons. Section 1254.
(FOR THOSE ALREADY ENROLLED)

No. 767

INDIGENT

**SOLDIER'S PENSION
1907.**

Name *John P. Ray*

County *DeKalb*

Co. *A* Regiment *38th Va*

WARRANT ISSUED

1/25 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. H. HARRISON
Geo. W. HARRISON, ATTORNEY, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

DeKALB County.

Personally appears John P Ray of DeKALB

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 18; that he is years old and by occupation a, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company A, of 38th Regiment Ga; that his physical condition is as follows: Age and poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 16 day of Jan 1907. John P Ray James R George Ordinary.

State of Georgia,

DeKALB County.

I, James R George Ordinary of said County,

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

Given under my official signature and seal this 16th day of Jan 1907.

James R George DeKALB County.

AM
your
seal
here

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

Ray, John P.
DeKalb Co.

1915

Application for Pension Due
Deceased Pensioner
Under Act 1904.

James R. Lingen Ordinary
For John P. Ray
of DeKalb County
of Co. Regiment

Approved and ordered paid

1915.

J. W. LINDSEY,
Commissioner of Pensions.

Decatur, Ga.,

1915

M

J. Ray for Deceased

IN ACCOUNT WITH

The Johnson Company,
HARDWARE, FURNITURE, JEWELRY
And Musical Instruments.
UNDERTAKERS

Jan 15	2x Casket	140 00
1	Suit, Cloas	8 00
1	Py Slippers	1 50
	Socks & Gloves	30
1	Cement Vault	40 00
	for Father	\$89 80

Georgia, DeKalb County.

In person comes A. S. Turner, a member of the firm of The Johnson Company, and being duly sworn, deposes and says on oath: That the above account for casket, clothes, shoes and gloves, slippers and cement vault, is just and true, due and unpaid.

Sworn to and subscribed

before me, this 8th day of

May, 1915

James R. Lingen
Ordinary

A. S. Turner
a member of the
Firm of Johnson Company

Application for Pension Due to a Deceased Pensioner

UNDER THE ACT OF AUG. 15, 1904, TO BE PAID TO THE ORDINARY FOR
FUNERAL EXPENSES AND EXPENSES OF LAST ILLNESS.

Georgia, DeKalb County.

Personally before me, the Ordinary of said County, comes.....
J. J. Ray..... of said County, who, after being sworn, on oath says that
he knew..... John P. Ray..... of said County, and that he was on
the..... Indigent..... Pension Roll..... DeKalb..... County at the
time of his death, which occurred in..... DeKalb..... County, in this
State, on the..... 18th..... day of..... January..... 1915, and that
a Pension of..... Sixty..... (60.00)..... Dollars was due him and
unpaid at the time of his death. That he left no widow or dependent children surviving him, and no
estate of any value sufficient to pay his funeral expenses, which amounted to the sum of..... 88.50.....
Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me
this..... 8th..... day of..... May..... 1915.
James R. Emory..... Ordinary
DeKalb..... County

Georgia, DeKalb County.

I, James R. Emory..... Ordinary of said County, do certify
that I personally know..... J. J. Ray....., who is a resident
citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and
credit.

I also knew..... John P. Ray..... while in life; that he
was the same person whose name appears on the..... Indigent..... Pension
Roll of..... DeKalb..... County, and was paid a Pension
of..... Sixty..... (60.00)..... Dollars in said County for 191..., and
I now believe him to be dead.

Given under my hand and official seal, this..... 8th..... day of..... May..... 1915.
James R. Emory..... Ordinary.
DeKalb..... County.

NAME Ray, John P.

YEAR 1902 COUNTY DeKalb

WHEN AND WHERE BORN? August 17, 1833 - Greenville or Pickens District,
South Carolina.
Resident of Georgia since 1845

ENLISTED WHEN AND WHERE? May 1862 - Atlanta, Georgia

RANK.

COMPANY AND REGIMENT? Company A, 38th Ga. Regt. afterwards transferred to
Company D, same Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? April 7, 1865 - near Petersburg, Virginia
(while on skirmish duty)

RELEASED. Date not given.

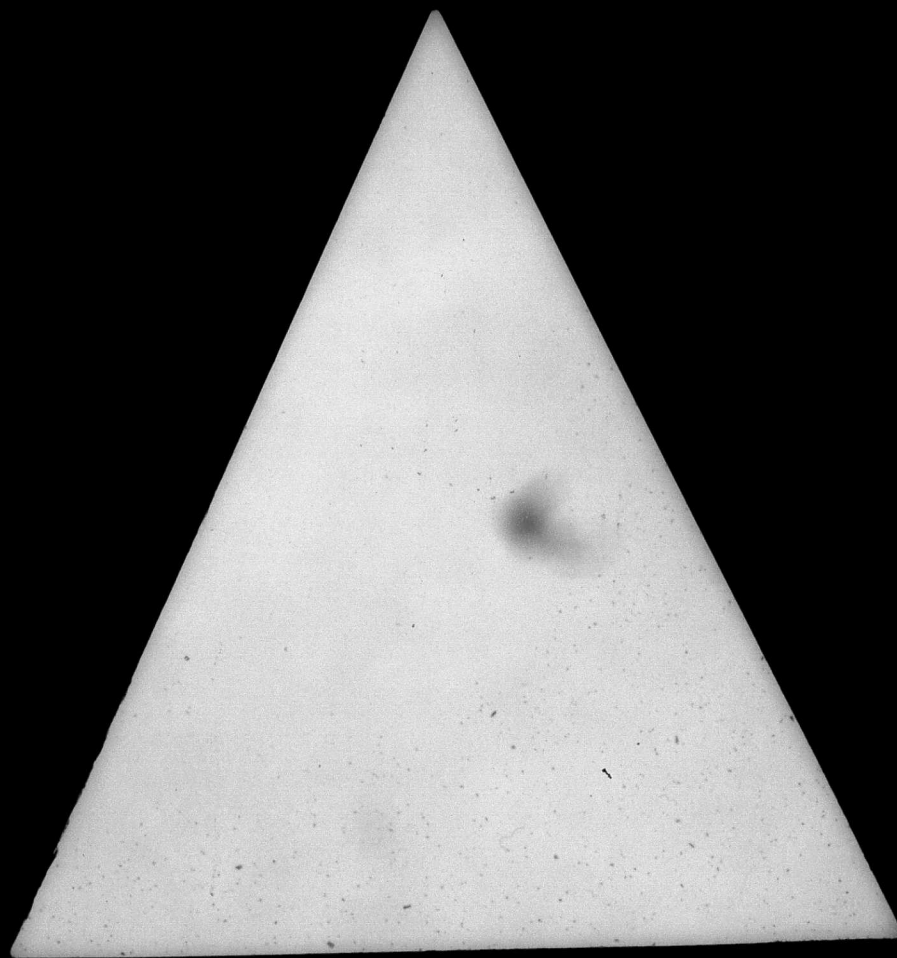
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Captured

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. W. F. A. Dickerson, A. M. Holcombe - same command -- No data.
lw



POWER OF ATTORNEY.

STATE OF GEORGIA, }
De Kalb COUNTY. }Know all Men by these Presents, That I, Rebecca Arvezoniaof De Kalb County,County, in said State, do hereby appoint McNabb - Green my true and lawful attorney in fact, for

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

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

day of Jan 1895Rebecca Arvezonia
March

Executed in the presence of us:

M. D. Rugin

DIRECTIONS.

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

Rebecca Arvezonia
Appointed - McNabb & Green
Richd John 30 Jan 1895
etc. 1895

No. 2000.

Widows' Pension.

for year ending February 15th, 1893,

— PAID TO —

Mrs. Rebecca Arvezonia
OF —

COUNTY.

M. D. Rugin

Warrant Issued

30 Jan 1895

AND HANDED TO

M. M. Ragsdale

POWER OF ATTORNEY.

STATE OF GEORGIA, }
De Kalb COUNTY. }Know all Men by these Presents, That I, *Mrs. Virginia Ragin*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *21st*day of *Nov* 189*5*

Executed in the presence of us:

John H. Ragin

DIRECTIONS.

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

210.2000.

Widows' Pension.

for year ending February 15th, 1893.

PAID TO —

Mrs. Virginia Ragin

OF —

De Kalb COUNTY.

Warrant Issued

30 day

AND HANDED TO

W. M. Day

1893

CLERK OF SUPERIOR COURT, ATLANTA.

Affidavit to be Made by the Widow.

STATE OF GEORGIA, }

COUNTY OF *De Kalb*

In person came before me, the undersigned Ordinary

in and for the County of *De Kalb*

Mrs. *Virginia Ragin*, who being sworn according to law, says under oath that she is the widow of *William D. Ragin*, who was a soldier in the service of the Confederate States, and served as a member of Company *C*, of the *100th* Regiment of *Georgia* Volunteers; that he enlisted in said

service on or about the _____ day of *August* 186*1*, and was in the*Confederate* Army up to _____ day of *October* 186*4*That while in the Army, he was on the _____ day of *October* 186*4*, (See Note No. 1)*he had been wounded in the right hand at**the battle of the Wilderness, and was detained**after his recovery as an invaliding officer**while in the discharge of his duties as such**was shot on the morning he was such he had**some reason of some men like were taken**to be laying out in the woods near Lithonia**seeing them when a man named William Ragin**who had been heard to say that in Ragin was**come about Lithonia he would get him**On the morning he was shot he was about Lithonia**some one shot him from behind and with after he was shot**and carried to Mr. Phillips near by he said he saw his men been**looking at him and one of them was William Ragin. He did not**next day he was shot*

Deponent further swears that she was the wife of said deceased soldier during his term of service in

the Army, and that she has never married since his death; that she became his wife on the _____th

day of *Feb* 186*1*, and that she has resided in Georgia continuously since the*19th* day of *Dec* 186*5*; that Georgia is her home, and was such

on the 23d day of December, 1890, and since said date she has not lived in any other state or locality.

Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of

the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February

15th, 1893, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the _____

21st day of *Jan* 189*5**John H. Ragin*

Ordinary.

Post-Office *East Atlanta*

NOTE 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is known positively to have resulted from the service of the soldier in the Army and not from any other cause.

Affidavit for Three Witnesses.

Form No. 2.

State of Georgia,

County of *DeKalb*

In person came before me, the undersigned Ordinary

in and for said County, witnesses

and

(each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. *Frederica Reagin*, of the County of *DeKalb*

State of Georgia, is the widow of *William D. Reagin*, who was a soldier in Company *C* of the *60th* Regiment of *La* Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of *Aug* 1861. That while in said service, or by reason of said service in the Army, he lost his life as follows:

He had been wounded in the right hand at the battle of the Wilderness. He was detained after he was able as an enrolling officer. While in the discharge of his duties as such enrolling officer he was shot from ambush near the town of Pittsboro on the 19th October 1864 and died from the wound on the next day. He was at the time on the look out for men who were known to be laying out of service. Among them was a man named William Kelley and he had threatened to take Reagin's life if he ever came in his way. He was shot near said Kelley's home.

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

Sworn to and subscribed before me, this, the

24th day of *Jan* 1895

W. H. Harrison
Ordinary.

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

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

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

Form No. 3.

State of Georgia,

County of *DeKalb*

I, *W. H. Harrison*, Ordinary

in and for said County of *DeKalb*

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

24th day of *Jan* 1895.

SEAL

W. H. Harrison

Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

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

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

By order of the Governor.

W. H. HARRISON,

Sec. Ex. Department.

STATE OF GEORGIA, County of De Kalb
I, W. M. Ragsdale Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
Arugenia Ragin the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived
out of the State since that date. That she is the widow of W. D. Ragin
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 24th day of Feb 1896.
{ SEAL } W. M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County.
I, _____ hereby authorize _____
of _____ to receive and receipt for the pension paid hereon and request
that he remit same to _____ at _____
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of _____ 1896.
[I. S.]

Executed in the presence of

STATE OF GEORGIA, County of De Kalb
I, W. M. Ragsdale Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
Arugenia Ragin the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not
lived out of the State since that date. That she is the widow of W. D. Ragin
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
the 3d day of Feb 1897.
{ SEAL } W. M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County.
I, _____ hereby authorize _____
of _____ to receive and receipt for the pension paid hereon and request
that he remit same to _____ at _____
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of _____ 1897.
[I. S.]

Executed in the presence of

Widow of Arugenia Ragin
OF De Kalb County.
for year ending February 15th, 1896.
PAID TO
W. M. Ragsdale
WARRANT ISSUED
24
AND HANDED TO
Adair
1896.
Geo. W. Harrison, State Printer.

FOR THOSE HERETOFORE PAID.
1896.
No. 3772
WIDOW'S PENSION,

Arugenia Ragin
De Kalb

Widow of Arugenia Ragin
OF De Kalb County.
for year ending February 15th, 1897.
PAID TO
W. M. Ragsdale
WARRANT ISSUED
24
AND HANDED TO
Adair
1897.
RICHARD JOHNSON,
Commissioner of Pensions.
1897.
No. 2462
WIDOW'S PENSION,

Arugenia Ragin
De Kalb County

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

Aracenia Reagin

who being sworn, says on oath, that she is a bona fide resident of said county of *De Kalb* State of Georgia, and that she has RESIDED in said State continuously ever since *Dec 19th* 18*35* That she is the Widow of *William J Reagin* who was a Soldier in Company *C* of the *Cobbs* Regiment of *La* Volunteers, that he enlisted in said regiment on or about the month of *Aug* 186*1* and served in the Army up to *Oct* 186*4* That he lost his life on the *19th* day of *Oct* 186*4* (State here full particulars of the husband's death, when, where and from what cause.)

He was detailed as an enrolling officer and was shot by some deserter while in the discharge of his duty.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18*57*, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of *De Kalb* County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this *24* day of *Feb* 1896.
Wm J. Reagin Ordinary.

Post-office

East Atlanta

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

Aracenia Reagin

who being sworn, says on oath, that she is a bona fide resident of said county of *De Kalb* State of Georgia, and that she has RESIDED in said State continuously ever since *as her life* 18 That she is the Widow of *Wm J Reagin* who was a Soldier in Company *C* of the *Cobbs* Regiment of *La* Volunteers, that he enlisted in said regiment on or about the month of *Aug* 186*1* and served in the Army up to *Oct* 186*4* That he lost his life on the *19* day of *Oct* 186*4* (State here full particulars of the husband's death, when, where and from what cause.)

He was shot while in service as an enrolling officer

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18*57*, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of *De Kalb* County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this *3d* day of *Feb* 1897.
Wm J. Reagin Ordinary.

Post-office

Aracenia Reagin

State of Georgia, _____ County.

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

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

[L. S.]

Executed in the presence of _____

Reagin, Arzena
De Kalb County
 For Those Heretofore Paid.

1898.

NO. 3330

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Arzena Reagin

OF

De Kalb County,Widow of *Wm. G. Reagin*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

277 1898.

AND HANDED TO

apch

GEO. W. HARRISON, STATE PRINTER, ATLANTA

State of Georgia, _____ County. }

I, _____ hereby authorize _____
 of _____

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

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

[L. S.]

Executed in presence of _____

Reagin, Arzena
De Kalb Co
 For Those Heretofore Paid.

1899.

NO. 2481

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. Arzena Reagin

OF

De Kalb CountyWidow of *Wm. G. Reagin*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

277 1899.

AND HANDED TO

apch

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,
County of *De Kalh*

Personally Comes Mrs.

Arvengia Reagin

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

De Kalh

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

continuously ever since *Dec 14th* 18 *35* That she is the Widow of

William D. Reagin who was a Soldier in Company

C of the *Cobb's Legion* Regiment of *Ga*

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

186 *1* and served in the Army up to 186 *4* That he lost his

life on the *19* day of *Oct* 186 *4* (State here

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

Was shot while doing duty as an enrolling officer near Lithonia, Ga.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 *57*.

I have been allowed a pension as a resident of *De Kalh* County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this

7th day of *Feb* 1898.

W M Ragdale Ordinary.

A. Reagin

Post-Office.

State of Georgia,

De Kalh County.

I *W M Ragdale*

Ordinary of said County, certify that I am well acquainted

with Mrs. *Arvengia Reagin* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the day of 18

Given under my official signature and seal this the *7th* day of *Feb* 1898.

W M Ragdale

Ordinary of *De Kalh* County.

Official Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalh*

Personally Comes Mrs.

Arvengia Reagin

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

De Kalh

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

continuously ever since *Dec 14th* 18 *35* That she is the Widow of

W D. Reagin who was a soldier in Company

C of the *Cobb's Legion* Regiment of

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

186 *1* and served in the Army up to *Oct* 186 *4* That he lost his

life on the *19* day of *Oct* 186 *4* (State here

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

Was shot and killed while serving as an enrolling officer

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 *57*.

I have been allowed a pension as a resident of *De Kalh* County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this

16 day of *Jan* 1899.

W M Ragdale Ordinary.

A. Reagin

Post-Office.

State of Georgia,

De Kalh County.

I *W M Ragdale*

Ordinary of said County, certify that I am well acquainted

with Mrs. *Arvengia Reagin* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the *19* day of *Dec* 18 *35*

Given under my official signature and seal this the *9* day of *Jan* 1899.

W M Ragdale

Ordinary of *De Kalh* County.

Official Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____

of _____

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

at _____

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

day of _____ 1900.

[L. S.]

Executed in presence of _____

Reagin, Aracenia
De Kalb County
To Those Heretofore Paid.

1900.

NO. 737

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

Mr. Aracenia Reagin

OF

De Kalb County,

Widow of *Wm. D. Reagin*

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

May 13 1900,

AND HANDED TO

Wm. D. Reagin

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____

of _____

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

at _____

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

day of _____ 1901.

[L. S.]

Executed in presence of _____

Reagin, Aracenia
De Kalb Co

To Those Heretofore Paid.

1901.

No. 372

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

Mr. Aracenia Reagin

De Kalb County.

Widow of *Wm. D. Reagin*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

May 31 1901,

AND HANDED TO

Wm. D. Reagin

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

Personally Comes Mrs.

Armenia Reagin

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

De Kalb State of Georgia, and that she has RESIDED in said State

continuously ever since Dec 19th 1835 That she is the Widow of

Wm D. Reagin who was a soldier in Company

C of the Cobb's Legion Regiment of Pa

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

1861 and served in the Army up to 1864 That he lost his

life on the 19 day of Oct 1864 (State here

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

Was shot while in the discharge of
his duty as an enrolling officer

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 1837.

I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this

18th day of Jan 1900.

Ordinary.

Post Office

H. Reagin

State of Georgia,

County.

Ordinary of said County, certify that I am well acquainted

with Mrs. Armenia Reagin, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the 19 day of Dec 1835

Given under my official signature and seal, this the 18th day of Jan 1900.

Official Seal.

Ordinary of

De Kalb

County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

Personally Comes Mrs.

Armenia Reagin

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

De Kalb State of Georgia, and that she has RESIDED in said State

continuously ever since Dec 19th 1835 That she is the Widow of

Wm D. Reagin who was a soldier in Company

C of the Cobb's Legion Regiment of Pa

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

1861 and served in the Army up to 1864 That he lost his

life on the 19 day of Oct 1864 (State here

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

Was enrolling officer and was
shot while on his duty

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1837.

I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this

9th day of Jan 1901.

Ordinary.

Post Office

Armenia Reagin

State of Georgia,

County.

Ordinary of said County, certify that I am well acquainted

with Mrs. Armenia Reagin, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the 19th day of Dec 1835,

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

Official Seal.

Ordinary of

De Kalb

County.

STATE OF GEORGIA,

County. }

I, _____, hereby authorize

of _____

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

at _____

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

day of _____ 1902.

[L. S.]

Executed in presence of _____

To Those Heretofore Paid.

1902.

No. 427

WIDOW'S PENSION,

For year ending Dec 31, 1902.

PAID TO

Mrs. A. P. P. P.

of De Kalb County,

Widow of

Co. _____ Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDED TO

J. W. L.

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

STATE OF GEORGIA,

County. }

I, _____, hereby authorize

of _____

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

at _____

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

day of _____ 1903.

[L. S.]

Executed in presence of _____

To Those Heretofore Paid.

1903.

No. 142

WIDOW'S PENSION,

For year ending Dec 31, 1903.

PAID TO

Mrs. A. P. P. P.

OF

De Kalb County,

Widow of _____

Co. _____ Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903.

AND HANDED TO

J. W. L.

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of *De Kalb*

PERSONALLY COMES MRS.

Arvarena Reagin

who, being sworn, says on oath, that she is a bona fide resident of said County of *De Kalb* State of Georgia, and that she has RESIDED in said State

continuously ever since *Dec 19th 1835*. That she is the Widow of

Wm D. Reagin

who was a soldier in Company

C of the *Cobb's Legion* Regiment of

Volunteers, that he enlisted in said regiment on or about the month of *Aug '61*

1861, and served in the Army up to *Oct* 1864. That he lost his

life on the *19* day of *Oct* 1864. (State here

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

Shot while in discharge of his duty in service and killed

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1857.

I have been paid a pension as a resident of *De Kalb* County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me,

this *17* day of *Jan* 1902.

Wm Ragsdale, Ordinary.

Post-Office

Arvarena X Reagin

mark

State of Georgia,

De Kalb County.

Wm Ragsdale

Ordinary of said County, certify that I am well acquainted with Mrs. *Arvarena Reagin*, who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the *19*

day of *Dec* 1835.

Given under my official signature and seal, this the *17* day of *Jan* 1902.

Official Seal.

Wm Ragsdale

Ordinary of *De Kalb* County.

NOTE.—All blank spaces must be filled.

Voucher and affidavit must bear date after January 1st, 1902.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

PERSONALLY COMES MRS.

Arvarena Reagin

who, being sworn says on oath, that she is a bona fide resident of said County of *De Kalb* State of Georgia, and that she has RESIDED in said State

continuously ever since *Dec 19th 1835*. That she is the Widow of

Wm D. Reagin

who was a soldier in Company

C of the *Cobb's Legion* Regiment of *Ga.*

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

1861, and served in the Army up to *Oct* 1864. That he lost his

life on the *19* day of *Oct* 1864. (State here

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

Shot while on duty as an enrolling officer

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1857.

I have been paid a pension as a resident of *De Kalb* County for the year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me,

this *17* day of *Jan* 1903.

Wm Ragsdale, Ordinary.

Post-Office *Lithonia, Ga.*

Arvarena X Reagin

mark

State of Georgia,

De Kalb County.

Wm Ragsdale

Ordinary of said County, certify that I am well acquainted with Mrs. *Arvarena Reagin*, who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the *19*

day of *Dec* 1835.

Given under my official signature and seal, this the *17* day of *Jan* 1903.

Official Seal.

Wm Ragsdale

Ordinary of *De Kalb* County.

NOTE.—All blank spaces must be filled.

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

STATE OF GEORGIA,

Dekalb COUNTY. }

I, _____ hereby authorize

of Dekalb County

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

at _____

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

day of _____ 1904.

[L. S.]

Executed in presence of

James B. George
Ordinary

STATE OF GEORGIA,

COUNTY. }

I, _____ hereby authorize

of _____

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

at _____

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

day of _____ 1905.

[L. S.]

Executed in presence of

Reagin, Ave Zenia
Dekalb County

TO THOSE HERETOFORE PAID.

1904.No. 212**WIDOW'S PENSION**

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Urezenia ReaginDekalb County,Widow of Wm. S. ReaginCo. C Regiment 60th

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

125 1904,

AND HANDED TO

cpa

Geo. W. Harrison, State Printer, Atlanta.

Reagin, Ave Zenia
Dekalb County

To Those Heretofore Paid.

1905.No. 195**WIDOW'S PENSION,**

For year ending Dec. 31, 1905.

PAID TO

Mrs. Urezenia Reagin

OF

Dekalb County,Widow of Wm. S. ReaginCo. C Regiment 60th

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

123 1905.

AND HANDED TO

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1.

STATE OF GEORGIA,

County of DeKalb

PERSONALLY COMES MRS.

Arzenia Reagin

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

DeKalb

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

continuously ever since Dec 19, 1835

That she is the Widow of

Wm. S. Reagin

who was a soldier in Company

C of the

Cobb's

Regiment of

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

1861, and served in the Army up to 1861 That he lost his

life on the 19 day of Oct 1864 (State here

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

Shot as enrolling officer

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1851

I have been paid a pension as a resident of DeKalb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me,

this 19 day of Jan
James R. George Ordinary.

Post Office.

Arzenia Reagin
mak

State of Georgia,

DeKalb

County.

I, James R. George

Ordinary of said County, certify that I am well

acquainted with Mrs. Arzenia Reagin who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 19

day of Dec 1835

Given under my official signature and seal, this the 19 day of Jan 1904.



James R. George
Ordinary of DeKalb County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of DeKalb

PERSONALLY COMES MRS.

Arzenia Reagin

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

DeKalb

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

continuously ever since Dec 19, 1835 That she is the Widow of

Wm. S. Reagin

who was a soldier in Company

C of the

Cobb's

Regiment of

C

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

(1861), and served in the Army up to 1861 That he lost his

life on the 19 day of Oct 1864 (State here

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

Killed as enrolling officer Oct 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1851

I have been paid a pension as a resident of DeKalb County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me,

this 19 day of Jan 1905.
James R. George Ordinary.

Post Office.

Arzenia Reagin
mak

State of Georgia,

DeKalb

County.

I, James R. George

Ordinary of said County, certify that I am well

acquainted with Mrs. Arzenia Reagin Who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of Dec 1835

Given under my official signature and seal, this the 19 day of Jan 1905.



James R. George
Ordinary of DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____, hereby authorize

of _____

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

at _____

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

day of _____ 1906.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKALB.

COUNTY.

I, Arvezia Reagin, hereby authorize

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

Arvezia Reagin at Dickinson Ga

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

day of James R George 1907.

Executed in presence of

James R George

Arvezia Reagin

Arvezia Reagin
De Kalb Co

To Those Heretofore Paid.

1906.

No. 247

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs Arvezia Reagin

OF

De Kalb County,

Widow of W. D. Reagin
Co. C Regiment 6th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

433 1906,

AND HANDED TO

Arvezia Reagin

The Pension System and Publication Co., 606 N. Main St., Atlanta, Ga.

Reagin, Arvezia
De Kalb County
To Those Heretofore Paid.

1907.

No. 213

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs Arvezia Reagin

OF

DeKALB. County,

Widow of W. D. Reagin
Co. C Regiment 6th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

121 1907,

AND HANDED TO

Arvezia Reagin

The Pension System and Publication Co., 606 N. Main St., Atlanta, Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

PERSONALLY COMES MRS.

Arrezenia Reagin

who, being sworn, says on oath that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State

continuously ever since Dec 19, 1835 That she is the Widow of

W. D. Reagin who was a soldier in Company

C of the 60th Legion Regiment of

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

1866, and served in the Army up to 1866 That he lost his

life on the day of Oct 1866 (State here

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

Killed as enrolling officer

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1866

I have been paid a pension as a resident of De Kalb County, for the year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me

this 22 day of January 1906.

James R. George, Ordinary.

Arrezenia Reagin

Post Office East Atlanta Ga

State of Georgia,

De Kalb County.

James R. George

Ordinary of said County, certify that I am well

acquainted with Mrs. Arrezenia Reagin, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of 18

Given under my official signature and seal, this the 22 day of January 1906.

James R. George

Ordinary of De Kalb County.

NOTE.—All blank spaces must be filled.

Voucher and Affidavits must bear date after January 1st, 1906.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of DeKALB

PERSONALLY COMES MRS.

Arrezenia Reagin

who, being sworn says on oath, that she is a bona fide resident of said County of DeKALB State of Georgia, and that she has RESIDED in said State

continuously ever since Dec 19, 1835 That she is the Widow of

W. D. Reagin who was a soldier in Company

C of the 60th Legion Regiment of

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

1866, and served in the Army up to 1866 That he lost his

life on the day of 1866 (State here

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

Killed as enrolling officer, Oct. 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1866

I have been paid a pension as a resident of DeKALB County, for the year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me

this 18 day of January 1907.

James R. George, Ordinary.

Arrezenia Reagin

Post Office Decatur Ga

State of Georgia,

DeKALB County.

James R. George

Ordinary of said County, certify that I am well

acquainted with Mrs. Arrezenia Reagin, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of 18

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

James R. George

Ordinary of DeKALB County.

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1907.

State of Georgia,
De Kalb County, Before me came
John H. Whitley who upon oath
says that he was living near
Lithonia in De Kalb County Georgia
in the year 1864. that he was
then living with his father.
That he was acquainted with
Wm D. Reagin and knew him in
the capacity of an enrolling
officer. Had seen him at Lithonia
acting in this capacity. That on
the day or the day before said
Wm D. Reagin was shot he heard
one William Kelley who had
been a soldier in service but
was then about home, say
that if enrolling officer Wm D.
Reagin ever come above
Lithonia he would kill him.
That on the evening said
Reagin was shot, which happened
about four hundred yards from
said Kelley's house, after he was
shot he was carried to my
father's house, I haven't heard
him (Reagin) say just after
being shot that William Kelley
was the man who shot him.
Sworn to and Subscribed } I J. H. Whitley
before me July 7th 1894 }
J. M. R. Hale }
Ordinary. }

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____ hereby authorize

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

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

Executed in presence of

[L. S.]

Reagin, H.C.
De Kalb Co.

No. _____

INDIGENT PENSION,
1902.

Name Reagin H.C.

County De Kalb

Co. Cobb's Legion 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.

8/15-1902
Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

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

at _____ day of _____ 1902.

Executed in presence of _____

[L. S.]

INDIGENT PENSION,

1902.

Name Reagin H.C.County DekalbCo. Cobb's Legion

Approved _____ 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,

County.

to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) H.C. Reagin State of Georgia Dekalb Co Lithonia
2. How long and since when have you been a resident of this State? 63 years all of my life
3. When and where were you born? Dekalb County 19th June 1839
4. When and where and in what company and regiment did you enlist or serve? in Cobb's Legion Company (6)
5. How long did you remain in such company and regiment? from the first of August 1861 to the Surrender.
6. When and where was your company and regiment surrendered and discharged? Appomattox court house Va
7. Were you present with your company and regiment when it was surrendered? I was
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was with my Command
9. How much can you earn (gross) per annum by your own exertions or labor? \$30.00
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension? viz.: first, "age and poverty"; second, "infirmity and poverty," or third, "blindness and poverty"? Infirmity and Poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? Since the 25th of June 1901
13. What property, real or personal, or income, do you possess, and its gross value? I have nothing
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, by sale or gift, have you made of same? I owned 37 acres of land during those years was a mortgage on said land and was sold to pay my debts in Jan 1901
15. In what County did you reside during those years, and what property did you then return for taxation? I lived in Dekalb Co Real and Personal \$500.00
16. How were you supported during the years 1899, 1900 and 1901? by my own labor and my children's labor
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? about \$300 I earned about \$30.00
18. What was your employment during 1898, 1899 and 1901? What pay did you receive in each year? Farming about \$30.00
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have a family wife daughter 2 sons Elizabeth Reagin Ben Rhodes Reagin Geo Reagin James Reagin
20. Are you receiving any pension? If so, what amount and for what disability? I receive no Pension
21. Have you ever made an application for pension before? I have not
22. How many applications have you ever made and under what class? not any

Sworn to and subscribed before me this the _____

_____ 1902.

H.C. Reagin

Applicant.

of Dekalb County.

Every Question MUST be Answered.

STATE OF GEORGIA,

De Kalb COUNTY.

of said State and County, having been presented as a witness in support of the application of H.C. Reagan 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? County Lithonia Ga
2. Are you acquainted with J.L. Argo the applicant; if so, how long have you known him? all of his life
3. Where does he reside, and how long and since when has he been a resident of this State? I resides in DeKalb Co Ga
4. When, where and in what company and regiment did he enlist, and how do you know? he enlisted in Cobb's Legion Company & in Samt
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? from first of August 1861 to 1865
7. When and where was his command surrendered? after matter court House
8. Were you present when it surrendered? I was not
9. Was applicant present? he was
10. If he was not present, where was he? he was present
- When did he leave his command? not at all For what cause? no cause he was there
- By what authority he left? he did not leave How do you know all of this? by my own personal knowledge
11. What property, effects or income has the applicant? (Give your means of knowledge?) he has nothing as I know of
12. What property, effects or income did the applicant possess in 1898, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, did he make of same? I know of nothing he had or my own knowledge
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? nothing of my own knowledge
14. What is the applicant's occupation and physical condition? he farms his Physical Condition is bad
15. Is the applicant unable to support himself by labor of any sort, if so, why? he is not able to make a support Physical not able
16. How was he supported during the years 1898, 1899, 1900 and 1901? by his labor and his children's labor
17. What portion of his support for these four years was derived from his own labor or income? about 1/3 per year
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? his Physical condition is very bad in June 1901 was struck by lightning also disabled him
19. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the 15 day of July 1902. W.M. Ragsdale Ordinary. J.L. Argo Witness.

STATE OF GEORGIA,

De Kalb COUNTY.

Personally came before me D.H. Ramsay and Wm. S. Curran, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

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

Long time back to June 30 from which he has never fully recovered affecting left side. Muscles contractions more vigorous. Business broken down. Lumbago. Ruminating time in bed. Very much labor to be made.

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

Sworn to and subscribed before me, this the 15 day of July 1902.

W.M. Ragsdale Ordinary.

D.H. Ramsay, M.D.

Wm. S. Curran

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

De Kalb COUNTY.

I, W.M. Ragsdale Ordinary in and for said County, hereby certify that the applicant H.C. Reagan resides in said County, and has been a bona fide resident of this State since the 14 day of June 1885 and that the witnesses, viz.: J.L. Argo.

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

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

I further certify that the tax digest of De Kalb County show that applicant returned for taxation in his name in 1899 none Dollars of property, and in 1900 none Dollars of property.

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

Witness my hand and seal of office, this 1 day of Aug 1902.

W.M. Ragsdale Ordinary.

of De Kalb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County. }

I, H. B. Reagin hereby authorize H. B. Reagin of DeKalb County to receive and receipt for the pension allowed and request that he remit same to Me at _____ by _____

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

Executed in presence of

H. J. Williams
A. W. Howard, A.P. G. B. A.P.

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ County. }

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

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

[L. S.]

Executed in presence of

Regain, H. C.
DeKalb Co

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 561

INDIGENT

**SOLDIER'S PENSION
1903.**

Name Regain H. C.
County DeKalb
Co. C Regiment Cobbles

WARRANT ISSUED

123 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

BB White

Geo. Harrison, State Printer, Atlanta.

no data

23d

Regain, H. C.
DeKalb County

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 519

INDIGENT

**SOLDIER'S PENSION
1904.**

Name H. C. Reagin
County DeKalb
Co. C Regiment Cobbles
Regiment

WARRANT ISSUED

125 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

BB

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears H.C. Reagin of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 19 day of June 1839; that he is 64 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 3/4 in Company C, of 64th Regiment of La. Inf.; that his physical condition is as follows: Age and Infirmary and nervous debility caused from stroke of lightning

that his property consists of the following items: None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of De Kalb County been allowed a pension for the year 1 first time

Sworn to and subscribed before me, this the 10th day of Jan 1903. H.C. Reagin Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

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

W.M. Ragsdale Ordinary De Kalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears H.C. Reagin of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 19 day of June 1839; that he is 64 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 3/4 years in Company C, of 64th Regiment of La. Inf.; that his physical condition is as follows: Age and Infirmary caused by nervous debility from lightning

that his property consists of the following items:

None

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

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

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

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 13th day of January 1904.

James R. George Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY. }

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[L. S.]

Executed in the presence of _____

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 6024

INDIGENT

SOLDIER'S PENSION

1905.

Name H. C. Reagin
County DeKalb
Co. C Regiment _____

WARRANT ISSUED

1/23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

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

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY. }

I, _____ hereby authorize

of _____

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

at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1906.

[L. S.]

Executed in the presence of _____

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 547

INDIGENT

SOLDIER'S PENSION

1906.

Name H. C. Reagin
County DeKalb
Co. C Regiment _____

WARRANT ISSUED

1/22 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

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

STATE OF GEORGIA,

DeKalb County.

Personally appears H. C. Reagin of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company C, of _____ th Regiment of Cable Legion Re Vols; that his physical condition is as follows: Infirmitly poverty & age

that his property consists of the following items:

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

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

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

Ordinary.

STATE OF GEORGIA,

DeKalb County.

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

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

Ordinary DeKalb County.

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

State of Georgia,

DeKalb County.

Personally appears H. C. Reagin of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of June 1835; that he is 60 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company C, of _____ th Regiment of Cable Legion Re Vols; that his physical condition is as follows: Infirmitly poverty & age

that his property consists of the following items:

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

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

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

Ordinary.

State of Georgia,

DeKalb County.

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

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

Ordinary DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKALB COUNTY.

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

WITNESS my hand and seal, this _____ day of _____ 1907.

[L. S.]

Executed in presence of _____

Reagin, H. C.
DeKalb Co.

Cons. Section 1254.

(FOR THOSE ALREADY ENROLLED)

No. *72*

INDIGENT

**SOLDIER'S PENSION
1907.**

Name *H. C. Reagin*

County *D*

Co. *C*

Regiment *10th Regt.*

WARRANT ISSUED

1/21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]
JOHN W. LINDSEY, STATE OFFICE, ATLANTA.

22-10-10

State of Georgia,

DeKALB. County.

Personally appears H. C. Reagin of DeKALB

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 19 day of Janu 1899; that he is 67 years old and by occupation a Commissioner, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 6 months in Company C, of 10th Regiment of Georgia; that his physical condition is as follows: Infirmity, poverty and age

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the

10 day of Janu 1907.

H. C. Reagin
Ordinary.

State of Georgia,

DeKALB. County.

I, James R. George Ordinary of said County,

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

Given under my official signature and seal this 10th day of Janu 1907.

James R. George
Ordinary DeKALB County.



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

M. H. C. Reagan, Est.

LITHONIA, GA. Dec 7th 1925

TELEPHONE 5

BOUGHT OF

J. C. Johnson & Sons

WHOLESALE AND RETAILERS OF

Dry Goods, Clothing, Shoes, Hardware, Furniture and Groceries

COTTON BUYERS

UNDERTAKERS

	Funeral Expenses for H.C. Reagan				
	Casket + box and trimming and Heaper Hire	75 00			
	1 Suit clothes shirt + socks	25 00			
		100 00			
Seven to Subscribed before					
M. F. by 22nd 1926					
G. H. Wilson Clerk et al. Ministry					
J. C. Johnson's Son					
By 13th Johnson					

Reagan, H. C.

For DeKalb County

1925/926

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

For V. L. Morgan Ordinary
For H. C. Reagan
Date of Death Dec 7th 1925
Amount \$ 100 ok

Approved and ordered paid

John W. Clark 1925
July 13th 26 N. E. HADAMS,
Commissioner of Pensions.
Received of V. L. Morgan Ord.
check for \$100. H. C. Reagan.
8/4/26. J. C. Johnson's Son

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.

NAME Reagin, H. C. YEAR 1902 COUNTY DeKalb

WHEN AND WHERE BORN? June 19, 1839 - DeKalb County, Georgia

ENLISTED WHEN AND WHERE? Decatur, Georgia - August 1, 1861

RANK.

COMPANY AND REGIMENT? Company C, Cobb's Legion

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? At close of war - Appomattox Court House, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J. L. Argo - same command -- No data.

1w

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. C. Johnson

of said County, who, after being sworn, on oath

says that he knew H. C. Reagin of said County, and that said Pensioner

was on the Pension Roll of said County at the time of death, which occurred in DeKalb

County, in this State, on the 7 day of Dec, 1925, and that

a Pension of One Hundred (\$100.00) Dollars was due pensioner and

unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving,

and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$

per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

this 22 day of July, 1926

V. L. Morgan, Ordinary

DeKalb County

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. L. Morgan, Ordinary of said County, do certify

that I personally know J. C. Johnson, 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 H. C. Reagin while in life and that this

was the same person whose name appears on the Pension Roll of DeKalb County, and

was paid a Pension of One Hundred & Forty (\$140.00) Dollars

in said County for 1925, and I now believe said pensioner to be dead; and that the instructions at the foot

of this voucher have been carefully observed in making up this voucher and the bills which are attached

hereto.

Given under my hand and official seal, this 22 day of July, 1926

(Seal or Ordinary) V. L. Morgan, Ordinary

DeKalb County

INSTRUCTIONS:

1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and did not leave sufficient property to pay such expenses. THE WIDOW OF A SOLDIER, IF SHE IS LIVING, HAS PRIOR CLAIM OVER THESE EXPENSES, AND MUST MAKE APPLICATION ON YELLOW BLANK.

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

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

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

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

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

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

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

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

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

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

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted.

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

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

Reagin, H. J.
De Hall Co

No 1657

APPLICATION FOR ALLOWANCE

FOR

Pay to Order of
Applicant, H J Reagin

County De Kalb

Amount \$0

Date of Warrant Mch 27

Entered on record Mch 27 1887

W H
SECRETARY EXECUTIVE DEPARTMENT.

G. Johnson

Returned for a
fuller statement
by physicians -
& for a full
proof by applicant

W H Hearn
Clerk

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted.

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

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

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

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

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

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

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

DeKalb County.

PERSONALLY appears H. T. Reagan of DeKalb county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the 13 day of

January, 1861; that he enlisted in the military service of the Confederate States (or of the State of Va) during the war between the States, and served as a Private in Company C, of 60th Regiment of Va Volunteers Marford's Brigade; that whilst engaged in such military service, at the battle of Chancellorsville in the State of Va, on the 3 day of May, 1863, he was

wounded as follows: With a gun shot wound in the right forearm, causing an extraction of three inches of the bone.
Amendment: Whereby said arm is rendered useless to such an extent that I am unable to use it in manual labor.

Sworn to and subscribed before me this 16 day of March 1889 H. T. Reagan

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

Sworn to and subscribed before me, this 16 day of March, 1889
David Beagle J.P.

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

DeKalb County.

PERSONALLY came before me J. L. Argo of the county of DeKalb State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company C, of 60th Regiment of Va Volunteers, and that deponent knows H. T. Reagan, 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 H. T. Reagan as stated by him in said affidavit. Deponent further states that said

H. T. Reagan is a bona fide citizen of this State and resides in DeKalb county.

David Beagle J.P. J. L. Argo Justice of the Peace

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

Reagan H. T.
DeKalb Co

No. 16572

APPLICATION FOR ALLOWANCE

FOR

Reagan H. T.

DeKalb

Amount

Date of Warrant

Engaged on record

March 27 1889

AM

SECRETARY EXECUTIVE DEPARTMENT.

G. L. Johnson

Returned for a

fuller statement

by physicians -

for a full

proof by applicant

W. H. Hester

Chas.

STATE OF GEORGIA,

County. }

PERSONALLY came

citizens of _____ county, in said State,
who, being duly sworn, say that they are acquainted with _____

and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in _____ county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

day of _____ 1889

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

STATE OF GEORGIA,

De Kalb County. }

PERSONALLY comes before me Wm. Ragsdale Ordinary of said county,

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

examination say that the applicant has been injured as follows: By gunshot wound of right fore arm fracturing both bones and uniting union of three inches of the radius just above the wrist joint which render the said arm practically useless, whereby the said Reagin has been rendered practically incompetent to perform the ordinary manual avocations of life

Sworn to and subscribed before me, this

18th day of March 1889

Wm. Ragsdale

ORDINARY.

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

Amended. From the above described wounds from the loss of three inches of bone the said arm is so much weakened he can do no manual labor, also the muscle of radial side of the arm are so much pulled the hand are soiled which is a traction dislocate the wrist with the same result. If such a wound was of the leg he could not walk. Will not a cruel sworn in presence of Wm. Ragsdale Ordinary, Mar 23/89 A. S. Mayson M.D.

STATE OF GEORGIA,

De Kalb County. }

I, Wm. Ragsdale Ordinary of said county, do certify that I am well acquainted with H. T. Reagin the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this 18th day of March 1889

Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County. }

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

In witness whereof I have hereunto set my hand and seal, this 18th day of March 1889

Executed in the presence of us:

Joe R. George
H. T. Reagin

H. T. Reagin (L. S.)

STATE OF GEORGIA,

De Kalb County.

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

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

Given under my official signature and seal, this *6th* day of *Feb* 189*2*

W. M. Ragsdale

Ordinary *De Kalb*

County.

STATE OF GEORGIA,

De Kalb County.

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

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

Given under my official signature and seal, this *11th* day of *Feb* 189*1*.

W. M. Ragsdale

Ordinary *De Kalb*

County.

Reagin, H. J.
De Kalb Co.

1890.

Reagin, H. J.

No. *1016*

APPLICATION FOR ALLOWANCE.

FOR YEAR ENDING OCTOBER 31, 1890.

FOR

Arm disabled

Applicant, *H. J. Reagin*

County, *De Kalb*

Amount, *50*

Date of warrant, *July 12*

Entered on record

July 12 189*0*

W. M. Ragsdale

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Applicant

Reagin, H. J.
De Kalb Co.
Reagin, H. J.
1891

1891, July 12

No. *1016*

Application for Allowance

FOR YEAR ENDING OCTOBER 31, 1891.

FOR

Arm disabled

Applicant, *H. J. Reagin*

County, *De Kalb*

Amount, *50*

Date of Warrant, *July 12*

Entered on record

July 12 189*1*

W. M. Ragsdale

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Applicant

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears *H. J. Reagin* of *De Kalb* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *13th* day of

Jan 1841; that he enlisted in the military service of the Confederate States (or of the State of *Geo*) during the war between the States, and served as a *Private* in Company *C*, of *Colt's* Regiment of *Legion* Volunteers' Brigade; that whilst engaged in such military service, at the battle of *Chancellorsville* in the State of *Va* on the *30th* day of *May* 1863, he was wounded as follows:

Gun shot wound in the right fore arm, causing a dislocation of three inches of the radial bone, contracting and dislocating the wrist joint, which renders the arm substantially and essentially useless.

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

Sworn to and subscribed before me, this the *6th* day of *Feb* 1890, *H. J. Reagin* *Ordinary*.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, *H. J. Reagin* of *De Kalb* county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *6th* day of *Feb* 1890, *H. J. Reagin* [L. S.]

Executed in the presence of us:

W. H. George
Kerr Reagin

DIRECTION.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears *H. J. Reagin* of *De Kalb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *13th* day of

Jan 1841; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *C*, of *Colt's* Regiment of *Geo* Volunteers' Brigade; that whilst engaged in such military service at the battle of *Chancellorsville* in the State of *Va* on the *30th* day of *May* 1863, he was wounded as follows:

Shot with a minnie ball in right arm fracturing the bone causing necessity of amputation a part of the bone which renders the arm permanently disabled

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

Sworn to and subscribed before me, this, the *11th* day of *Feb* 1891, *H. J. Reagin* *Ordinary*.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ County.

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

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1891. [L. S.]

Executed in the presence of us:

DIRECTION.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all Men by these Presents, That I

of County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us:

the statements made by him in the foregoing affidavit are true and correct to the best of my knowledge and belief, and I am duly qualified to administer the oaths of office.

DIRECTION.

Send money to me as follows, by

to P. O. County, Georgia.

Detail Co
Reagin, H. J.
1893.

No. *821*
Application for Allowance

For the Year Ending October 1893.

Applicant, *H. J. Reagin*

County, *Spalding*

Amount, *50*

Date of Warrant, *3/20*

Entered on record, *1/20*

1893.

Secretary

WARRANT HANDED TO

applicant

Geo. W. Harrison, State Printer, Albany.

STATE OF GEORGIA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, }

De Kalb County, }

PERSONALLY appears *H. J. Reagin* of *De Kalb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *13* day of *Jan* 1841; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *C*, of *Coastal* Regiment of *Ga* Volunteers *Major*'s Brigade; that whilst engaged in such military service at the battle of *Chaparralsville* in the State of *Ga*, on the *24th* day of *May* 1863, he was wounded as follows: *Shot with a minnie ball through the right arm, causing laceration to the muscle permanently injuring said arm and rendering the same substantially and permanently useless.*

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

Sworn to and subscribed before me, this, the *20th* day of *March* 1893. } *H. J. Reagin*

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

STATE OF GEORGIA, }

De Kalb County, }

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

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

Given under my official signature and seal, this *20th* day of *March* 1893.

M. J. Reagin Ordinary *De Kalb* County.

STATE OF GEORGIA, }

COMMISSIONER OF ALIEN AFFAIRS

STATE OF GEORGIA.

De Kalb County.

I, *W. M. Repsda* Ordinary of said county,

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

Given under my official signature and seal, this *7th* day of *March* 1892.

Ordinary *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

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

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

[L. S.]

Executed in the presence of us _____

DIRECTIONS.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

De Kalb Co
Reagan, H. T.
No. 1367

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name *H. T. Reagan*

County *De Kalb*

Disability *Dr. Am*

Amount, \$ *50*

Entered on record *Met 7*

1892.

W. H. HARRISON,

Secretary of Executive Department.

No. 1367

AGENT.

Applicant

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

De Kalb Co.
Reagan, H. T.
(For Those Already Enrolled.)

No. *847*

Soldier's Pension.

1894.

Name *Reagan, H. T.*

County *De Kalb*

Disability *Wound in arm*

Amount, \$ *50.00*

2/13

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA, }

De Kalb County. }

PERSONALLY appears

H. J. Reagan

of _____ 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 *13* day of *January* 18*41*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *C*, of _____ th Regiment of *Confederate* Volunteers _____'s Brigade; that whilst engaged in such military service at the battle of *Chanamersville* in the State of *Ga*, on the *27th* day of *May* 186*3*, he was wounded as follows: *Shots*

shot entered in the right arm which fractured the bone causing a loss of three inches of the bone, rendering the arm substantially and essentially useless.

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

Fifty Dollars for *Invalid Arm*

Sworn to and subscribed before me this the _____ day of _____ 1892.

H. J. Reagan

M. M. Ragsdale Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, }

De Kalb County. }

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

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

[L. S.]

Executed in the presence of us: _____

DIRECTION.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County. }

PERSONALLY appears

H. J. Reagan of *De Kalb*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *Jan* 1841; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *C*, of _____ th Regiment of *Ga* Volunteers _____'s Brigade; that whilst engaged in such military service at the battle of *Chanamersville* in the State of *Ga*, on the *27th* day of *May* 1863, he was wounded as follows: *Shot*

shot with a musket ball through the right arm fracturing bone cutting tendons and major arteries and joints rendering the arm substantially and essentially useless.

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

Sworn to and subscribed before me, this, the _____ day of _____ 1894.

H. J. Reagan

M. M. Ragsdale Ordinary.

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

STATE OF GEORGIA, }

De Kalb County. }

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

M. M. Ragsdale

Ordinary, *De Kalb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

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

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

Executed in presence of us

[L. S.]

DIRECTIONS.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

Reagins H. Jr.
De Kalb Co.

(For Those Already Enrolled.)

No.

258

SOLDIER'S PENSION.

1895.

Name

H. J. Reagin

County

De Kalb

Disability

Arm Wound

Amount, \$

57.00

1895.

3/4

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

aff

Gen. W. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1896.

Executed in presence of us

[L. S.]

Reagins H. Jr.
De Kalb Co.
(For Those Already Enrolled.)

No.

414

SOLDIER'S PENSION.

1896.

Name

H. J. Reagin

County

De Kalb

Disability

Arm Wound

Amount, \$

57.00

1896

5/24

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

aff

Gen. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb

County.

Personally appears *H. J. Reagin* of *De Kalb*

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

day of *Jan* 18*41*; 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 *C*, of *Volunteer*

of *Ga* Volunteers, *Hofford*'s Brigade; that whilst engaged in

such military service at the battle of *Chancellorsville*, in the State

of *Va* on the *23* day of *May* 186*3*, he was

wounded as follows: *Shot with a minnie ball through*

the right arm fracturing bone and cutting

muscle causing it to grow to flesh and

rendering the arm substantially and

essentially useless

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

Fifty dollars, for the year 189*4*.

Sworn to and subscribed before me, this, the

1st day of *March* 1895.

Wm. Rogers, Ordinary.

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

STATE OF GEORGIA,

De Kalb

County.

I, *M. M. Rogers*, Ordinary of said County,

do certify that I am well acquainted with *H. J. Reagin* the

applicant in the foregoing affidavit, and am well satisfied that the statements made by him

in his said affidavit are true, and I know he is the individual he represents himself to be

and that he resides in this County.

Given under my official signature and seal, this *1st*

day of *March* 1895.



M. M. Rogers

Ordinary *De Kalb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb

County.

Personally appears *H. J. Reagin* of *De Kalb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen

and resident of said State, and has resided therein continuously ever since the *13*

day of *Jan* 18*41*; that he enlisted in the military service of the Con-

federate States (or of the State of *Ga*) during the war between the

States, and served as a *Private* in Company *C*, of *Volunteer*

of *Ga* Volunteers, *Hofford*'s Brigade; that whilst engaged in

such military service in the State of *Va*, on the *23* day

of *May* 186*3*, he was wounded, injured or diseased as follows:

Was shot with a minnie ball through

the right hand at the battle of Chancellorsville

fracturing bone causing loss of four

inches of forearm bone, rendering

same substantially and essentially

useless

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

De Kalb county been allowed a pension of *Fifty*

dollars, for the year 189*5*.

Sworn to and subscribed before me, this, the

24th day of *Feb* 1896.

Wm. Rogers, Ordinary.

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

STATE OF GEORGIA,

De Kalb

County.

I, *M. M. Rogers*, Ordinary of said County,

do certify that I am well acquainted with *H. J. Reagin* the

applicant in the foregoing affidavit, and am well satisfied that the statements made by him

in his said affidavit are true, and I know he is the individual he represents himself to be

and that he resides in this County.

Given under my official signature and seal, this *24th*

day of *Feb* 1896.



Wm. Rogers

Ordinary *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1897.

[L. S.]

Executed in presence of _____

INVALID

SOLDIER'S PENSION.

1897.

Name *H. T. Reagin*

County *De Kalb*

Disability *Arm*

Amount, \$ *50.00*

2/23 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appet

SEC. W. HARRISON, STATE PRINTER, AT N.Y.A.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1898.

[L. S.]

Executed in presence of _____

INVALID

SOLDIER'S PENSION.

1898.

Name *H. T. Reagin*

County *De Kalb*

Disability *Arm*

Amount, \$ *50.00*

2/23 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appet

SEC. W. HARRISON, STATE PRINTER, AT N.Y.A.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County,

Personally appears H. J. Reagin of De Kalb

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 13th day of Jan 1841; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 4th Regiment of Ga Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Ga, on the 2d day of May 1863, he was wounded, injured or diseased of follows:

has been with minnie ball, in the right fore arm, causing the arm to be substantially and essentially useless

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

Sworn to and subscribed before me, this, the

15th day of Feb

1897. POST OFFICE

H. J. Reagin

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

STATE OF GEORGIA,

De Kalb County,

I, M. M. Ragsdale, Ordinary of said County,

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

Given under my official signature and seal, this

15th day of Feb 1897.

M. M. Ragsdale

Ordinary De Kalb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County,

Personally appears H. J. Reagin of De Kalb

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 13 day of Jan 1841; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 4th Regiment of Ga Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Ga, on the 3d day of May 1863, he was wounded, injured or diseased as follows:

has been wounded at the battle of Chancellorsville in the right wrist and fore arm fracturing bones and disjuncting wrist rendering same substantially and essentially useless

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

Sworn to and subscribed before me, this, the

22 day of Feb

1898. POST OFFICE

H. J. Reagin

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

STATE OF GEORGIA,

De Kalb County,

I, M. M. Ragsdale, Ordinary of said County,

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

Given under my official signature and seal, this

22d day of Feb 1898.

M. M. Ragsdale

Ordinary De Kalb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1899.

[L. S.]

Executed in presence of _____

CODE SECTION 1260.

(For Those Already Enrolled.)

No. 3202

INVALID

SOLDIER'S PENSION.

1899.

Name *H. T. Reagin*

County *De Kalb*

Disability *Arm*

Amount, \$ *30.*

3/1

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appt

GEO. W. HARRISON, STATE PRINTER, ATLANTA

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1900.

[L. S.]

Executed in presence of _____

CODE SECTION 1260.

(For Those Already Enrolled.)

No. 3501

INVALID

SOLDIER'S PENSION.

1900.

Name *H. T. Reagin*

County *De Kalb*

Disability *Arm*

Amount, \$ *30.*

Warrant issued *July 12* 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

appt

GEO. W. HARRISON, STATE PRINTER, ATLANTA

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears H. T. Reagin of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 13 day of Jan 1841; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 1st Regiment of Volunteers, Va's Brigade; that whilst engaged in such military service in the State of Va, on the 3 day of May 1863, he was wounded, injured or diseased as follows:

Was shot with minnie ball in right fore arm fracturing bone and rendering arm substantially and essentially useless

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

Sworn to and subscribed before me, this, the 26 day of Feb 1899, } H. T. Reagin POST OFFICE

W. M. Ragsdale, Ordinary

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

STATE OF GEORGIA,

De Kalb County.

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with H. T. Reagin the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1899.



W. M. Ragsdale Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears H. T. Reagin of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the 13 day of Jan 1841; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 1st Regiment of Va Volunteers, Va's Brigade; that whilst engaged in such military service in the State of Va, on the 3 day of May 1863, he was wounded, injured or diseased as follows:

Shot in right forearm breaking bone and dislocating wrist joint rendering the arm substantially and essentially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of De Kalb County been allowed an invalid pension of Fifty Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 14 day of Jan 1900, } H. T. Reagin POST OFFICE

W. M. Ragsdale, Ordinary

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

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 14 day of Jan 1900.



W. M. Ragsdale Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1901.

[L. S.]

Executed in presence of _____

(For Those Already Enrolled.)

No. 6320

DISABLED

SOLDIER'S PENSION.

1901.

Name H.T. Reagin

County DeKalb

Disability Arm

Amount, \$ 50.

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

off

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1902.

[L. S.]

Executed in presence of _____

(For Those Already Enrolled.)

No. 441

DISABLED

SOLDIER'S PENSION

1902.

Name Reagin H.T.

County DeKalb

Co. C Regiment Cobb

Disability Arm

Amount, \$ 50.

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

off

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *H. J. Reagin* of *De Kalb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *13th* day of *Jan* 1841; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *C*, of *10th* Regiment of *10th Regim* Volunteers, *10th Regim*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *3rd* day of *May* 1863, he was wounded, injured or diseased as follows:

He was shot in the right fore arm at battle of Chancellorsville, rendering the arm substantially useless.

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

Sworn to and subscribed before me, this the

9 day of *Jan* 1901. Postoffice *Lithonia*
W. M. Ragsdale Ordinary

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

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this *9th*

day of *Jan* 1901.

Ordinary *De Kalb* County.



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *H. J. Reagin* of *De Kalb*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *13th* day of *Jan* 1841; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *C*, of *10th* Regiment of *10th Regim* Volunteers, *10th Regim*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *3rd* day of *May* 1863, he was wounded, injured or diseased as follows:

He was shot in the right arm fracturing bones and rendering same substantially useless.

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

Sworn to and subscribed before me, this the

15 day of *Jan* 1902. Postoffice *Lithonia*
W. M. Ragsdale Ordinary

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

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this *15th*

day of *Jan* 1902.

Ordinary *De Kalb* County.



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

Audited March 27 1889.

Wm. A. Mingo
COMPTROLLER-GENERAL.

De Kalb.

Maimed Soldiers.

Voucher No. 1657

Amount. \$ 50.

Paid to H. J. Reagin
For Right Arm
Disabled

Met 27 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

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

G. O. Johnson

De Kalb.

Maimed Soldiers.

Voucher No. 1016

Amount \$ 50.

Paid to H. J. Reagin
For Arm disabled

Met 12 1890

Included in warrant No.

issued to Treasurer.

1890

WARRANT CLERK.

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

G. O. Johnson for
Applicant

Reagin, H. J.
De Kalb.

1891.

Maimed Soldiers.

Voucher No. 683

Amount \$ 50

Paid to H. J. Reagin
For Arm disabled

Met 12 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

NAME, Regan, H.T.

YEAR 1889 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Private Co. C, Cobb's Legion Georgia Vols.
Lieutenant J.L. Argo.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Chancellorsville, Va. May 3rd. 1863 Shot in the right arm.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J.L. Argo Lieutenant. No data.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1657

Atlanta, Ga. March 27 1889

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

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

Right arm disabled
He is entitled to receive the sum of Twenty Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Twenty Dollars.
per above voucher, this 27 of March 1889.

H. T. Regan
per G. W. Johnson

No. 1016

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., July 12 1890.

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

Arm disabled
He is entitled to receive the sum of *Fifty 1001* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

W. H. Harrison
CLERK, EXECUTIVE DEPARTMENT.

\$ 50⁰⁰

RECEIVED OF STATE TREASURER, R. U. HARDEMAN

Fifty 1001 Dollars,
per above voucher, this *12* of *July* 1890.



W. Johnson

1891.

No. 683

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., July 15 1891.

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

Arm disabled
He is entitled to receive the sum of *Fifty 1001* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

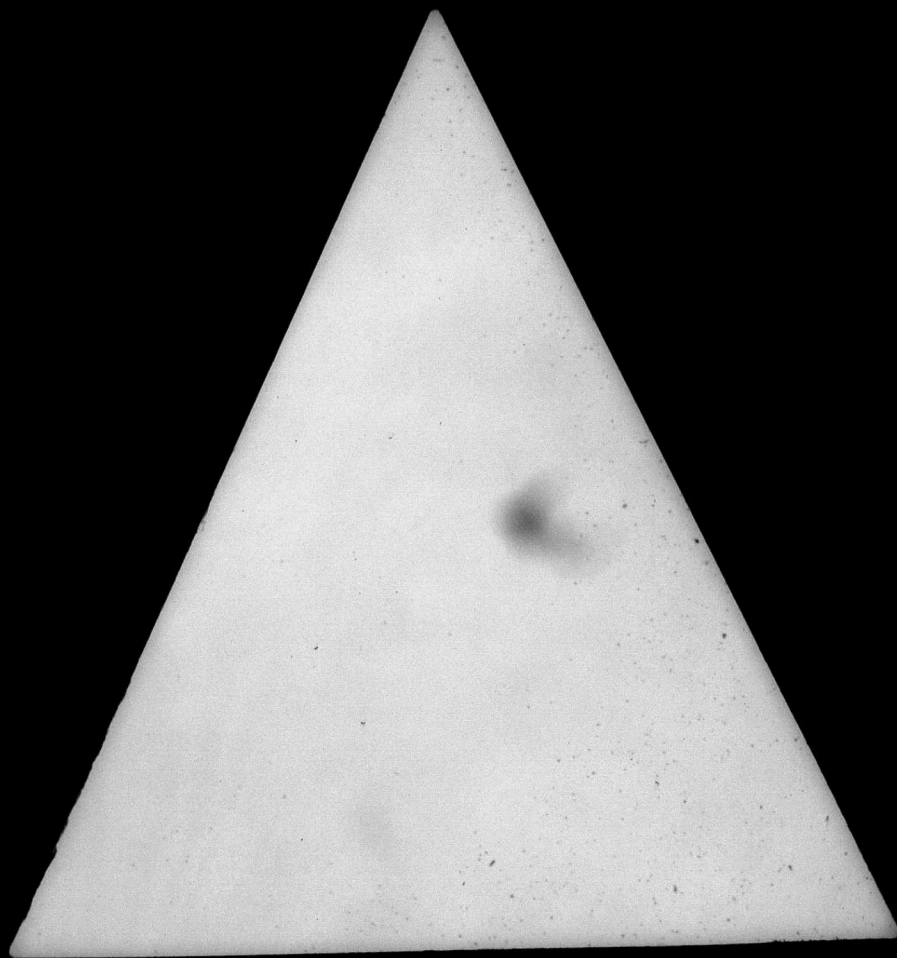
W. H. Harrison
Sec'y EXECUTIVE DEPARTMENT.

\$ 50⁰⁰

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

Fifty 1001 Dollars,
per above voucher, this *15* of *July* 1891.

N. J. Reagin



POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

of

herely authorize

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

at

Witness my hand and seal this

day of

by 1900.

Executed in presence of

(L. S.)

where the witness resides.

John W. Lindsey,
Com. of Pensions,

*Recorded in Co. 42 Ga. Registry
The 12th 1902 and was attached on the 14th of the year 1903
To Stephens Light at the home of my company
and with my consent the same was attached on the 14th 1903
Medanville (Ga.)*

*known to and subscribed
before me this 26th 1901*

Co. 42 Ga. Registry

*I certify that the above named Jim Sumner
is a resident citizen of DeKalb Co. and
his statement is worthy of full credit
I believe. John W. Lindsey in
DeKalb County*

Pension Office -6-26-1901.

The law provides that all witnesses whose affidavits are to be obtained out of this state must swear before a Judge of the Probate Court showing the character of the witness and must be certified to by the Judge under the seal of his court. That obtained in any other way can not be considered. The statement of Capt. Sumner written on application

tion is not sworn to as the law provides, nor is it known

*DeKalb Co.
Reagin, J. J.*

No.

INDIGENT PENSION,
1902
1900.

Name *J. J. Reagin*

County *DeKalb*
Co. 42 Ga

Approved 1902 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Hardison, State Printer, Atlanta.

*2/11-1901
1/31-1902
12/26-1901*

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____, hereby authorize

of _____

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

at _____ by _____

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

Executed in presence of _____ (L. S.)

where the witness resides,
J. W. Lindsey,
Com. of Penitentiaries,
L

*He is a resident of the State of Georgia, listed in Co F 42 Ga regiment
May 12th 1862 and was detached in the fall of the year 1863
to Stephens Co. Ga. and was discharged from my company
on May 1st 1865. He was re-enlisted in Co F 42 Ga regiment
on May 26th 1865.*

*Sworn to and subscribed
before me this 26th of
May 1900.*

*I certify that the above named J. W. Lindsey
is a resident citizen of Fulton Co. and
his statement is worthy of full credit
and belief. John R. Williamson
Ordinary
Fulton County*

Pension Office - 6-26-1901.

The law provides that all witnesses whose affidavits are to be obtained out of this state must swear before a Judge of the Probate Court showing the character of the witness and must be certified to by the Judge under the seal of his court. That obtained in any other way can not be considered. The statement is not sworn to as the law provides, nor is it known.

INDIGENT PENSION,
1900.

Name J. W. Reagin
County De Kalb
Co F - 42 Ga
Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Penitentiaries.

WARRANT HANDED TO
2/11-1901
1/13-1901
12/26-1901

STATE OF GEORGIA, for Applicant.

County.

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

1. What is your name and where do you reside? (Give State, County and post office)
J. W. Reagin in De Kalb Co. Ga. Athens, Ga.
2. How long and since when have you been a resident of this State? *Nov 5th 1837 - Sixty two years old*
3. When and where were you born? *Nov 5th 1837 in De Kalb Co. Ga.*
4. When and where and in what company and regiment did you enlist or serve? *May 1862 in Stephens Co. Ga. Co F 42d Georgia*
5. How long did you remain in such company and regiment? *Three years to May 1865*
6. For how long a period did you discharge regular military duty? *Three years*
7. When, where and under what circumstances were you discharged from service? *May 1865 at Meridian Miss as Surgeon*
8. What is your present occupation? *Stone Cutter*
9. How much can you earn (gross) per annum by your own exertions or labor? *\$25 or \$30*
10. What has been your occupation since 1865? *Farmer & Stone Cutter*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? *Infirmary & poverty*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
Infirmary caused from Rheumatism also defective eyesight so that I am unable to work at my trade to make a living
13. What property, effects or income do you possess, and its gross value?
None
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same?
None disposed of
15. In what County did you reside during those years, and what property did you then return for taxation?
In De Kalb
16. How were you supported during the years 1898 and 1899? *By my own labor and help of my children*
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *Year 1898 about one dollar*
18. What was your employment during 1898 and 1899? What pay did you receive in each year?
Stone Cutter did but little work
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *See wife and two children, live in a small house*
20. Are you receiving any pension? If so, what amount, and for what disability? *1/2*

Sworn to and subscribed before me this the 29 day of Dec 1900. J. W. Reagin Applicant.
Ordinary,
of De Kalb County.

Every Question MUST Be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

DeKalb COUNTY.

L. S. Granger, of said State and County, having been presented as a witness in support of the application of *J. J. Reagan* 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? *L. S. Granger DeKalb County.*
2. Are you acquainted with *J. J. Reagan*, the applicant; if so how long have you known him? *Yes. Forty Years.*
3. Where does he reside, and how long and since when has he been a resident of this State? *DeKalb County, all his life.*
4. When, where and in what company and regiment did he enlist, and how do you know? *In Major In New Orleans, Geo F and Co.*
5. Were you a member of the same company and regiment? *I was.*
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? *In close of war about three years.*

7. What property, effects or income has the applicant? (Give your means of knowledge.)

None. Am his neighbor and work with him.

8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? *None.*

Made no disposition of any.

9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? *None.*

10. What is the applicant's occupation and physical condition? *Stone Cutter as Constitution to go extent that he constantly complains.*

11. Is the applicant unable to support himself by labor of any sort, if so, why? *He is in account of disease.*

12. How was he supported during the years 1898 and 1899? *By the help of his children.*

13. What portion of his support for these two years was derived from his own labor or income? *For more than six months.*

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? *From old age and disease he is unable to make a living for himself or family.*

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

Sworn to and subscribed before me, this

the 29 day of Jan 1900.

L. S. Granger Witness.

M. M. Regedace Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

DeKalb COUNTY.

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

That he is suffering from Rheumatism and Fatty Degeneration of the Heart.

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

Sworn to and subscribed before me this the 29 day of Jan 1900.

D. R. Chupp, M.D.
Joe A. Farmer, M.D.
M. M. Regedace Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb COUNTY.

I, *W. M. Raplace*, Ordinary in and for said County, hereby certify that the applicant *J. J. Reagan* resides in said County, and has been a bona fide resident of this State since the day of 189 and that the witnesses, viz: *L. S. Granger* and *Joe A. Farmer* are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of *DeKalb* County show that applicant returned for taxation in his name in 1898 *None* Dollars of property, and in 1899 *None* Dollars of property.

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

Witness my hand and seal of office, this 30 day of Jan 1900.

W. M. Raplace Ordinary,
of *DeKalb* County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I,

hereby authorize

of

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

at

by

Witness my hand and seal, this day of 1903.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I,

hereby authorize

of

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

at

by

Witness my hand and seal, this day of 1904.

[L. S.]

Executed in presence of

CODE SECTION 1354.

(FOR THOSE ALREADY ENROLLED.)

No. 376

INDIGENT

**SOLDIER'S PENSION
1903.**

Name Reagin J.J.

County De Kalb

Co. F Regiment 42d

WARRANT ISSUED

1/23 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

aff

Geo. Harrison, State Printer, Atlanta.

no data

23d

CODE SECTION 1354.

(FOR THOSE ALREADY ENROLLED.)

No. 573

INDIGENT

**SOLDIER'S PENSION
1904.**

Name J.J. Reagin

County De Kalb

Co. F Regiment 42d

WARRANT ISSUED

1/25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

aff

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.)

Personally appears *J. J. Reagin* of *De Kalb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *5* day of *Nov* 18*37*; that he is *65* years old and by occupation a *Mechanic*, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 Years* in Company *F*, of *42d* Regiment of *La Vol*; that his physical condition is as follows: *Age and Infirmary caused from heart disease*

that his property consists of the following items: *None*

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of *De Kalb* county been allowed a pension for the year 1 *First Payment*.

Sworn to and subscribed before me, this the *9* day of *Jan* 1903.

W M Ragsdale

Ordinary.

J. J. Reagin

STATE OF GEORGIA,

De Kalb County.)

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

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

W M Ragsdale

Ordinary.

De Kalb County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.)

Personally appears *J. J. Reagin* of *De Kalb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *5* day of *November* 18*37*; that he is *66* years old and by occupation a *Mechanic*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 yrs* in Company *A*, of *42th* Regiment of *La Vol*; that his physical condition is as follows:

Palpitation of the heart and age
Infirmary & disease

that his property consists of the following items: *None*

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of _____ County been allowed a pension for the year 1 _____

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

James R. George

Ordinary.

STATE OF GEORGIA,

De Kalb County.)

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

Given under my official signature and seal, this *13* day of *January* 1904.

James R. George

Ordinary.

De Kalb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY. }

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

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

[L. S.]

Executed in the presence of _____

Reagin, J. J.
De Kalb County

CODE SECTION 1234.

(FOR THOSE ALREADY ENROLLED.)

No. *143*

INDIGENT
SOLDIER'S PENSION
1905.

Name *J. J. Reagin*
County *De Kalb*
Co. *1* Regiment *42-53*

WARRANT ISSUED

1/23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

no date

Reagin, J. J.
De Kalb Co.

CODE SECTION 1234.

(FOR THOSE ALREADY ENROLLED.)

No. *144*

INDIGENT
SOLDIER'S PENSION
1906.

Name *J. J. Reagin*
County *De Kalb*
Co. *1* Regiment *42-53*

WARRANT ISSUED

1/23 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

CHP
THE PRINTER & PUBLISHER, AND PUBLISHED BY GEO. W. HARRISON, MGR.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY. }

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

WITNESS my hand and seal, this _____ day of _____ 1906.

[L. S.]

Executed in the presence of _____

STATE OF GEORGIA,

De Kalb County.

Personally appears J. J. Reagin of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company 1st, of 4th Regiment of Georgia Sols; that his physical condition is as follows: Infirmity & Poverty

that his property consists of the following items:

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

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

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

James R. George Ordinary.

STATE OF GEORGIA,

De Kalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with J. J. Reagin the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this _____ day of _____ 1905.

James R. George Ordinary De Kalb County.



NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1905.

State of Georgia,

De Kalb County.

Personally appears J. J. Reagin of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 5 day of Nov 1874; that he is 68 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company 1, of 4th Regiment of Georgia Sols; that his physical condition is as follows: Infirmity & Poverty

that his property consists of the following items:

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore, as a resident of De Kalb County, been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the _____ day of _____ 1905.

James R. George Ordinary.

State of Georgia,

De Kalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with J. J. Reagin the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this _____ day of _____ 1905.

James R. George Ordinary De Kalb County.



NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb

COUNTY.

I, _____, hereby authorize

of _____

to receive and receipt for the pension allowed, and request that he remit same to

at _____

by _____

WITNESS my hand and seal, this _____ day of _____, 1907.

[L. S.]

Executed in presence of _____

*Reagin, J. J.
DeKalb Co.*

Code Section 1254.
(FOR THOSE ALREADY ENROLLED)

No. *791*

INDIGENT SOLDIER'S PENSION 1907.

Name

J. J. Reagin

County

DeKalb

Co.

A Regiment *2nd Regt.*

WARRANT ISSUED

1/21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

C. H.

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

no fee

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

DeKalb County.

Personally appears J. J. Reagin of DeKalb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company _____ of 42nd Regiment Va of _____; that his physical condition is as follows: *Infirmity and poverty*

that his property consists of the following items:

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of _____ County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the _____ day of _____ 1907. *J. J. Reagin* Ordinary.

State of Georgia,

DeKalb County.

I, *James R. George* Ordinary of said County,

do certify that I am well acquainted with *J. J. Reagin* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this _____ day of _____ 1907.

James R. George Ordinary _____ County.



NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1907.

State of Maryland }
Balt'o. City. } S.S.

I hereby certify that on this 3rd day
of Feb. 1901, before me the subscriber,
a Notary Public in and for the city
and State aforesaid personally
appeared William L. Ritter. To
me personally known, and made
affirmation under oath that the
matters and facts set forth in the
annexed Certificate are true to the best
of his knowledge and belief.
Witness my hand and Notary's seal
this 3rd day of Feb. 1901 -

Clarence W. Perkins
Notary Public.

BALTIMORE, MD.

February 5 1901

I hereby certify that J. F. Heagin, a private
in Company "D" 44th Georgia Regiment of
Infantry, was detailed by order of Major General
C. L. Stevenson, Commanding Division in the Army
of Tennessee, some time during the Month of
November 1863, to serve as a driver in Howard's
battery of Light Artillery, afterwards Ritter's
battery, and continued in that capacity in the
said battery to the 10th day of May 1865,
when he was paroled as a prisoner of war,
at Meridian, Mississippi.

Wm L. Ritter, Captain
Commanding Battery of Light Art. C.S.A.
at the close of the War between the States.

WILLIAM L. RITTER,
841 N. CARROLLTON AVENUE,
BALTIMORE, MD.

NAME Reagin, J. J.

YEAR 1902 COUNTY DeKalb

WHEN AND WHERE BORN? November 5, 1837 - DeKalb County, Georgia

ENLISTED WHEN AND WHERE? May 1862 - Newton County, Georgia

RANK.

COMPANY AND REGIMENT? Company F, 42nd Georgia
(Witness states a plicant was detailed during November 1863 to serve as
driver in Rowan's Battery Light Artillery afterwards Ritter's Battery)

NAME OF CAPTAIN AND COLONEL? Captain William L Ritter - Ritter's Battery
Captain J. M. Summers - Co. F, 42nd Ga. Regt.

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Discharged May 1865 - Meridian, Mississippi.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. L. S. Grainger - same command -- No data.

lw

George Savage, }
H. Lee Griffith, } Judges.
M. J. Block.

The Orphans' Court
of
Baltimore City.

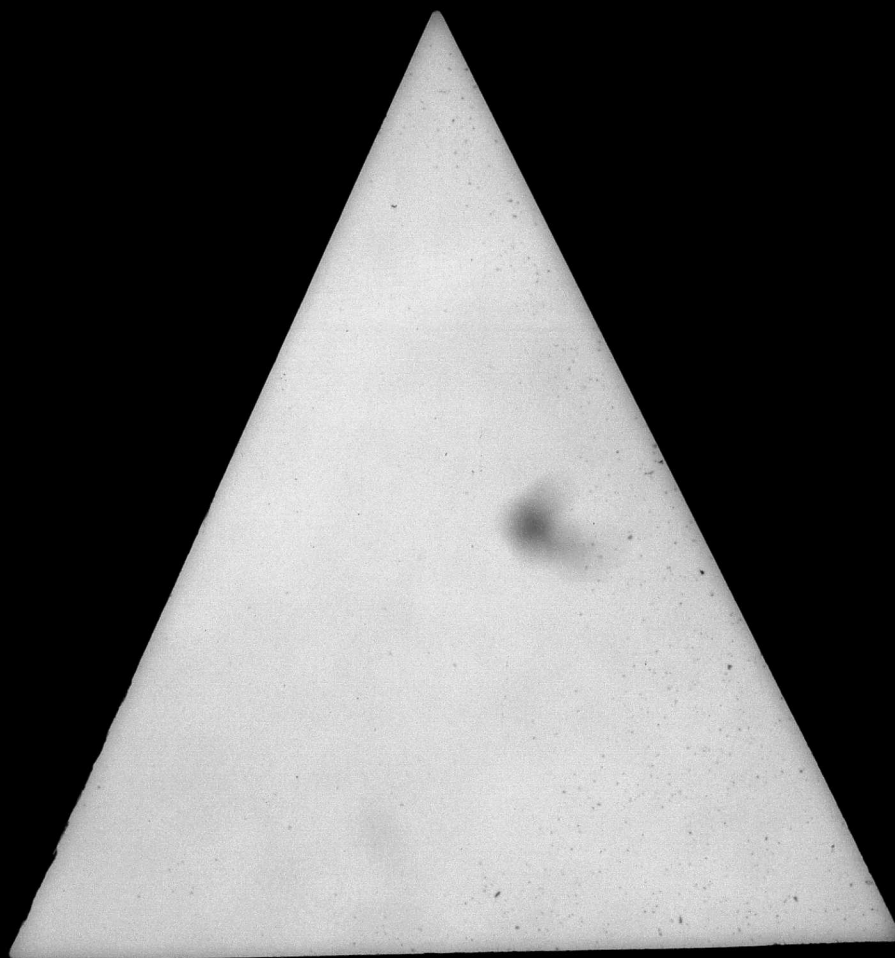
Dec. 23/1901.

To Whom It May Con-
cern

Hereby certify that
I know Capt. W. L.
Ritter personally well,
that I am familiar with
his handwriting and signa-
ture; and I take pleasure
in certifying to the Court.

retros of his signature
to the certificate dated Feb. 5.
1901, in behalf of J. J.
Reagin. Capt. Potter has
returned saying that
Reagin was a brave and
faithful soldier.

J. O. Mingo.
Chief Judge



No.

**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.

Name _____

Widow of

Company.

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

6/14-19N

STATE OF GEORGIA,

DeKalb County.

Personally before me comes Littie A. Reagin of said County, who, after being duly sworn, on oath says, that she is the widow of J. P. Reagin to whom in the County of DeKalb State of GA she was married on the 20th day of Dec 1896 and that she remained his wife, and resided with him to the date of his death in July 25 1914 and that she has not since his death remarried. At the time of his death he was a resident of DeKalb County, in GA said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$60.00 in DeKalb County for 1914 per annum, on account of being a soldier in Company GA-42 Georgia Regiment GA (Volunteers of State Militia).

At the death of J. P. Reagin he was in the use and possession of the following property Nothing of the cash value of \$ Nothing

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.)

one Acres land and house on same \$ 100.00
none Horses and Mules in the County \$ —
— Hogs, Cows, etc. \$ —
— Total Cash value of all property \$ —

That she is now a bona fide resident citizen of said County of DeKalb and she has so continuously resided since 27 day of Dec 1892

Sworn to and subscribed before me, this the 20 day of April 1915 } Littie A. Reagin
James C. George Ordinary, male
of DeKalb County.

Affidavit of Witnesses to Prove Marriage and to Whom--Date of Death of Husband.

STATE OF GEORGIA,

DeKalb County.

Personally before me come H. C. Reagin 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. Littie A. Reagin who made the foregoing affidavit, is the lawful widow of J. P. Reagin who died in DeKalb County in said State of GA on 25 day of July 1914 and that she has not since remarried. That she became the wife of J. P. Reagin on the 20 day of Dec 1896 and that she and J. P. Reagin resided together as man and wife continuously since 20 day of July 1896 and that the J. P. Reagin was the same man who was on the pension roll of said State DeKalb County when he died.

Sworn to and subscribed before me, this the 26 day of April 1915 } H. C. Reagin
James C. George Ordinary,
of DeKalb County.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910.

County DeKalbName Mrs. Littie A. ReaginWidow of J. P. ReaginCompany GA-42 Georgia

Approved

J. W. LINDSEY,

Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

State of Georgia,
DeKalb County.

To any Minister of the Gospel, Judge, Justice of the
Inferior Court of Justice of the Peace:

You are hereby authorized to join James J. Reagin & Miss Indiana
New in the Holy State of Matrimony, according to the Constitution
and Laws of this State and for so doing this shall be your suffi-
cient license.

Given under my hand and seal this 24th day of Decm 1856.

(Seal)

Alex Johnson, Ordinary

No Certificate.

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
is a true, correct and complete copy of marriage license issued to
James J. Reagin and Miss Indianan New, and is a complete transcript
of the record in Book B. Record of Marriages in and for said county.
on Page 32.

In Testimony Whereof, I have hereto set my hand and affixed the seal of
said Court of Ordinary at Decatur, Georgia, this June 14th, 1915.

James R. George
Ordinary.

STATE OF GEORGIA,

DeKalb County.

Personally before me come H. C. Reagin & H. J. Williams who after being sworn on
oath says, that they are freeholders of said County, and that they know Lillian A. Reagin of
said County and knew her said husband J. J. Reagin at his death on the 25
day of July 191 X that she and he were in the use, possession and control of the following
property at his death to wit: Nothing

of the value of \$ Nothing That she is now in the use, possession and control of the following
property to wit: One acre of land and a house on same

of the value of \$ 100

Sworn to and subscribed before me, this the

27 day of July 191 5

James R. George Ordinary

of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb County.

I, James R. George Ordinary of said County, do certify, that, I
know Mrs. Lillian A. Reagin the applicant for this pension and that she is the person
she represents herself to be, and that she is a bona fide continuing resident of said County and was on the
191 5

That I also know H. C. Reagin & H. J. Williams witness as to marriage and I also know
H. J. Williams who I know to be a resident free holder of said County
that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are
truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of DeKalb County shows that nothing returned property to the
amount of 100 for 1908 \$ 100 for 1909 \$ 100 for 1910 \$ 100

Sworn under my hand and official seal of office this 27 day of July 191 5

(SEAL.)

James R. George Ordinary.
DeKalb County.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence
you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by
general reputation.

Reagin, L. A. (Mrs.)
DeKalb Co. 3030
1921

**Application for Pension Due
Deceased Pensioner**

Under Act 1904

(To pay expenses of last illness or funeral)

V. S. Morgan Ordinary
For Mrs. Little A. Reagin
of DeKalb County
of Co. Regiment
Died March 28, 1930
Amount \$ 100.00.

Approved and ordered paid. *of*

Oct. 18, 1930 R. deT. Lawrd 285
Commissioner of Pensions

Received of V. S. Morgan
Ordinary, One Hundred Dollars
funeral expenses Mrs. Little A. Reagin
D. H. St. John

Ordinary: Fill out above in full and send
this blank to Pension Office for approval be-
fore you pay out the money.

Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904

To Be Paid to the Ordinary for Funeral Expenses and Expenses of Last Illness

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes J. H. St. John of said County, who, after being sworn, on oath says that he knew Mrs. Little A. Reagin of said County, and that she was on the Widow's Pension Roll DeKalb County at the time of his death, which occurred in DeKalb County, in this State, on the 28 day of March 1930, and that a Pension of Fifty (\$50.00) Dollars was due her and unpaid at the time of her 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 6 day of October 1930 V. S. Morgan Ordinary. DeKalb County.

AFFIDAVIT 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 he is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Mrs. Little A. Reagin while in life; that he was the same person whose name appears on the Widow's Pension Roll of DeKalb County, and was paid a Pension of Two Hundred (\$200.00) Dollars in said County for 1929, and I now believe him to be dead.

Given under my hand and official seal, this 6 day of October, 1930.

(SEAL)

V. S. Morgan Ordinary. DeKalb County.

NOTE—For use in all cases where pensioner died after Jan. 1st, had not been out of State longer than twelve months and died without owning sufficient property to pay such expenses. Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the account in itemized form, giving value for each item and for what. Running accounts, other than those connected with last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ordinary, in the following form:

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of

who died without owning sufficient property to pay this bill."

Parties who pay such bills must see to it that they are itemized and sworn to as above directed before presenting them for payment by the State.

The Ordinary must see that an affidavit has been made on the face or back of each bill submitted for payment, and must then attach such bills to this voucher and send to the Pension Office so that his account may be given credit for the money thus paid out. If you have any doubt about a claim, write to this Office for instructions. Do not pay out any money in these cases until the completed voucher—this blank and the bills attached hereto have first been sent to the Pension Office and approved and sent back to you as your authority to pay out the money.

J. H. ST. JOHN

WM. A. ST. JOHN

LITHONIA, GA Sept 30 1930

Mrs. Little Reagin

J. H. St. John & Son

Funeral Directors and Licensed Embalmers

DAY PHONE 104-J

NIGHT PHONE 104-W

March 29 Co Casket	130 00
" " Hearse & Service	15 00
	\$145 00

The above and foregoing account is rendered for the funeral expenses of Mrs. Little Reagin who died without sufficient property to pay for her funeral.

Witnessed Signed J. H. St. John

V. S. Morgan atty

1926
~~Redwine, Lyman~~
~~De Kalb Co~~
Approved for 32r
**CONFEDERATE
SOLDIER'S APPLICATION**

Under Act of 1910—As Amended by Act of
1919, and Constitutional Amendment
of 1920.

County De Kalb
Name Lyman A. Redwine
Company 15
Regiment 11th Ga. Cal.
Approved John W. Clark
7 June 26

Evidence of Army Service
Not Sufficient

~~C. D. V. ...~~
Commissioner of Pensions.

4-19-26-E-

Ordinary's Certificate

STATE OF GEORGIA,

De Kalb COUNTY.

I, U. O. Morgan Ordinary of said County, certify that I know
Lyman A. Redwine the applicant for pension; that he is the person
he represents himself to be, and that he has been, continuously, a bona fide resident citizen of said
State since January 1st, 1920; that I also know no other, the witness, who
swears to the service; that both of them are now residents of said County and were duly sworn by
me before signing the foregoing affidavits, and they are truthful and trustworthy and their
statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 19 day of April 19 26
(SEAL OF ORDINARY) of De Kalb County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence
you give shall be the whole truth. So help you God."
2. All affidavits must be made in the presence of the Ordinary of the County in which the applicant or witness resides and
must be certified by such Ordinary.
3. All affidavits must be made in the presence of the Ordinary of the County in which the applicant or witness resides and
must be certified by such Ordinary.
4. Fill out the back of the application carefully.

APPLICATION FOR PENSION BY A SOLDIER

Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendment of 1920.

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DeKalb, Ga.

COUNTY.

Personally appears before me, *Lyman A. Redwine* 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 County and Post Office)
Lyman A. Redwine 21 Blair Cliff Court
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia?
all my life
3. Did you enlist in the Army of the Confederate States, or in the organized militia, of this State from 1861 to 1865?
Yes
4. When and where, and in what Company and Regiment did you enlist? (State the arm and class of service, and give name of Colonel and Captain.)
At home Ga. Co. B. 11 Ga. 1st Heavy Regt.
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge.)
to 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service?
Kings Mountain Ga. at close of war
7. Were you personally present with your Command when it was surrendered or discharged?
Yes
8. If you were not actually present, state specifically and clearly where you were

- a. Where was your Command when you left it?
- b. When did you leave the Command?
- c. For what cause did you leave?
- d. By whose authority did you leave?
- e. For how long was your leave of absence granted? In what way?

- f. Why did you not return to your Command after leave expired?
- g. In what way were you prevented?
- h. What effort did you make to return?
- i. Were you captured by the enemy at any time?
- j. If so, when, and where? In what prison were you held and when were you released?

9. Are you drawing a pension of any amount from this State or the United States?
No
10. Have you ever applied for the Georgia Pension and had it refused? If so, for what cause was it not allowed?
No

Sworn to and subscribed before me, this the

19 day of *April*, 192*6*.
U. S. Morgan Ordinary
of *DeKalb*, County

(SEAL OF ORDINARY.)

Lyman A. Redwine
Applicant.

CONFEDERATE SOLDIER'S APPLICATION

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendment of 1920.

County: *DeKalb*
Name: *Lyman A. Redwine*
Company: *11*
Regiment: *11*
Approved: *John W. Clarend*
7 June 26

Evidence of Army Service
Not Available

Commissioner of Pensions.

4-19-26-E

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, *U. S. Morgan*, Ordinary of said County, certify that I know *Lyman A. Redwine* the applicant for pension; that he is the person he represents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know *no witnesses*, the witness, who swears to the service; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this *19* day of *April* 192*6*

U. S. Morgan Ordinary
of *DeKalb* County

(SEAL OF ORDINARY.)

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
4. Fill out the back of the application carefully.

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know Mrs. Amelia V. Redwine, the applicant, and that she is the lawful widow of Lyman A. Redwine, who was on the Pension Roll of said DeKalb County, and was paid a Pension from DeKalb County for 192 7, and at the time of his death on the 13th day of September 192 7, there was due to him and unpaid his Pension of Fifty Dollars from the State of Georgia, and I know _____, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 20th of September, 1927

(Seal of Ordinary)

V. S. Morgan, Ordinary
DeKalb, County

Redwine, Lyman A.

DeKalb, County
1927

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow or Dependent Children)

BY

Mrs. Amelia V. Redwine
Widow of Lyman A. Redwine
Date of Marriage Sept 14, 1921
Date of Death Sept 13, 1927

Approved and ordered paid.

John W. Clark, 1927
Nov. 27

Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Department for approval before you pay out the money, and then return it with your pay-rolls for permanent filing in the Pension Department.

GEORGIA, _____ County.

I hereby authorize and constitute _____, of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 192 _____, through my deceased husband, _____, who was on the Pension Roll and paid from _____ County for 19 _____.

Witness my hand this _____ day of _____, 192 _____.

Attested before me:

(To Be Paid to His Widow or Dependent Children)
(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes Mrs. Amelia V. Redwine
of said County, who after being duly sworn, on oath says that she is the widow of Lyman A. Redwine, deceased, late resident of DeKalb County,
and that said Pensioner was on the Pension Roll of DeKalb County
and was paid a Pension of Fifty (\$ 50.00) Dollars
for the 3rd quarter of 1927
from said County for 1927., and that the said Pensioner died in DeKalb
County on the 13th day of September, 1927,
and at the time of his death a Pension of \$ 50.00 was due him from DeKalb County
and unpaid for 1925. Applicant further swears that she married the said Lyman A. Redwine
on the _____ day of _____, 18____, in Fulton County and
State of Georgia, and resided with him from the date of marriage to his death as his
lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be
paid to her.

Sworn to and subscribed before me this 20th day of September, 1927

V. D. Morgan Ordinary
DeKalb County
(Seal of Ordinary)

Mrs. Amelia V. Redwine

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, _____ County.

Personally before me comes _____, who
on oath says that he knew _____ while in life
and that he knows Mrs. _____, the
above applicant; and knows that _____
and _____ were in due form of law married in the County
of _____ the State of _____ on
the _____ day of _____, 18____, and that they were residing
together as husband and wife at the time of his death on the _____ day of
_____, 19____, and that she is his dependent widow.

Sworn to and subscribed before me this _____ day of _____, 1925.

_____, Ordinary
_____, County
(Seal of Ordinary)

INSTRUCTIONS:

- 1st. This form is for widows of Service and Disabled Soldier pensioners, who died after November 1st. If pensioner died after January 1st, leaving dependent children but no widow, their guardian may use this form in their behalf.
- 2nd. Proof of marriage must be made.
- 3rd. Do not use the enormously large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.
- 4th. The Ordinary should examine the blank after it is filed in, and see that everything is fully and correctly completed, and the seals affixed, and that back of application, when folded, is filed in.
- 5th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.
- 6th. Return this application with your final settlement to the Pension Department.
- 7th. The widow or person holding her proper power-of-attorney receipts for this pension by signing name, as widow, opposite the name of husband on the soldier pay roll.
- 8th. Only the one pension is covered by this application. Take another application, on the white blank, to admit widow to rolls in her own right. November 1st is the last filing date for the next year's rolls.

V. S. MORGAN
ORDINARY AND PROBATE JUDGE
DEKALB COUNTY
E. H. MASON, CLERK

DECATUR, GA. Sept 23 1927

Judge John W. Clarke,
Pension Commissioner,
Atlanta, Ga.

Dear Judge:

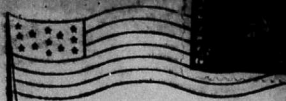
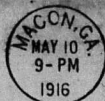
Enclosed please find application for pension due deceased soldier for widow of Lyman A Redwine who was on the roll and died September 13, 1927. Will appreciate if you can get her on the next roll for the last payment of the year.

With kindest regards, I am

Very truly yours,

V. S. Morgan
Ordinary.

ENCL.1
VSM-RP



MAJOR L. A. REDWINE, Treasurer
Camp A, Wheeler's Confederate Cavalry
92 South Pryor Street
ATLANTA, GA.
Care Dougherty-Little-Redwine Co.

J. R. LITTLE, Pres.

L. A. REDWINE, V. Pres.

H. D. CARTER, Secy. & Treas.

Dougherty-Little-Redwine Co.

92 AND 94 SOUTH PRYOR ST.

Wholesale Dry Goods and Notions

Atlanta, Ga. June 11, 1926.

State of Georgia,
Fulton County,

Personally appeared Dr. Arch Avery and Dr. T. D. Longino who make affidavit that they are personally acquainted with L. A. Redwine, and while they are not familiar with his services as a Confederate Veteran, they make affidavit that they know that L. A. Redwine was a member of Camp "A" Wheeler's Cavalry, which is in their opinion sufficient proof that he was actually in the service of the Confederate Army.

Arch. Avery Private 1st Reg. Cav.

T. D. Longino Private Co
92nd Reg.
Cavalry

Sworn to and subscribed before me this 14 day
of June 1926.

J. R. Little
J.P.



Georgia Soldier Roster Commission

303 State Capitol

COMMISSION:
CLIFFORD WALKER, Governor
JOHN W. CLARK, Commissioner of Pensions
CHARLES H. COX, Adjutant General

LILLIAN HENDERSON,
Acting Superintendent

ATLANTA, GA., May 27, 1926

The name Lyman A Redwine has not been found on the muster roll of Captain Moore's Battery Ga. Artillery, C.S.A., for (period not stated), Athens, July 15, 1864, (only roll on file). Nor has any record been found of his service, capture or parole as of that organization. Service in this battery was rendered in Athens and vicinity.

L. A. Redwine, Co. K, 11th Ga. Cavalry, C. S. A., enlisted Aug. 20, 1864, at Athens, Ga., mustered in Aug. 20, 1864, to serve in North Eastern part of Georgia.

Muster-in roll dated Aug. 20, 1864, (only roll on file) shows him a private.

Capture, parole or later record not found. Not found as Lyman A Redwine.

Age: 17. Height: 5 ft. 6 in. Complexion: fair. Eyes: dark.
Hair: light. Nativity: Ga. Occupation: Farmer.

Court of Ordinary Fulton County STATE OF GEORGIA

CERTIFIED COPY OF
MARRIAGE LICENSE
AND
CERTIFICATE OF MARRIAGE
OF

Mr. Lyman Alonzo Redwine

AND

Miss Amelia Virginia Rogers

Thos. H. Jeffries

Ordinary.

MARRIAGE LICENSE

State of Georgia--Fulton County

To any Minister of the Gospel, Judge of the Superior Court, Justice of the Peace, or other Person authorized to Solemnize,

You are hereby authorized and permitted to join in the honorable state of Matrimony Mr. Lyman Alonzo Redwine

and Miss Amelia Virginia Rogers

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.

RETURN THIS LICENSE, WITH YOUR CERTIFICATE THEREON TO MY OFFICE FOR RECORD

Given under my Hand and Seal this 14 day of Sept. 1921

Patrick H. Calhoun

cc Ordinary

L. S.

I hereby certify that Mr. Lyman Alonzo Redwine

and Miss Amelia Virginia Rogers

were joined together in the HOLY BANS OF MATRIMONY

on the 14 day of Sept. 1921, by me.

H. C. Hammond, M.G.

State of Georgia,
Fulton County.

ORDINARY'S OFFICE

S. B.

ATLANTA, GA., Sept. 23rd 1921

I, Claude C. Mason

Clerk Court of Ordinary of said County, hereby certify

that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

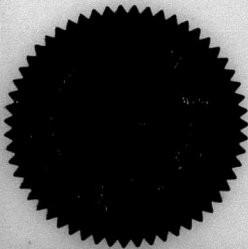
Mr. Lyman Alonzo Redwine

and Miss Amelia Virginia Rogers

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day and year aforesaid.

Claude C. Mason
Clerk, Court of Ordinary.



and

Miss Amelia Virginia Rogers

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.

RETURN THIS LICENSE, WITH YOUR CERTIFICATE THEREON TO MY OFFICE FOR RECORD

Given under my Hand and Seal this 14 day of Sept. 1921

Patrick H. Calhoun

L. S.

cc Ordinary

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and

Miss Amelia Virginia Rogers

were joined together in the HOLY BANS OF MATRIMONY

on the 14 day of Sept. 1921, by me.

H. C. Hammond, M.G.

State of Georgia,
Fulton County.

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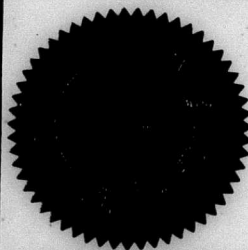
Mr. Lyman Alonzo Redwine

and Miss Amelia Virginia Rogers

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day
and year aforesaid.

Clerk, Court of Ordinary.



Given under my Hand and Seal this 14 day of Sept. 1921
Patrick H. Calhoun L. S.
cc Ordinary

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H. C. Hammond, M.G.

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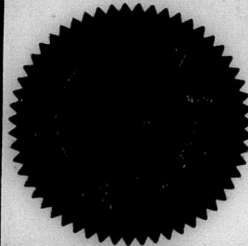
Mr. Lyman Alonzo Redwine

and Miss Amelia Virginia Rogers

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day
and year aforesaid.

Claude C. Mason
Clerk, Court of Ordinary.



DEKALB