

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, 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 _____, 1899.

[L. s.]

Executed in the presence of us:

DIRECTIONS.

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



Reeder, Isabella J.
De Kalb County
1891.
H16

No. 2236

Widows' Pension

PAID TO

Mrs. Isabella J. Reeder
OF
De Kalb COUNTY.

\$100.00.

Warrant Issued

E. J. C.
AND HANDED TO
196

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



Gen. W. Harrison, State Printer, Atlanta

Warrant Issued

AND HANDED TO

\$100.00.

of DeKalb County.

Isabella J. Reeder

PAID TO

Widows' Pension

210.2936

1891.

Reeder, Isabella J. DeKalb County

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,

In person came before me, the undersigned Ordinary

County of DeKalb

in and for the County of DeKalb

Mrs. Isabella J. Reeder, who being sworn according to law, says under oath that she is the widow of Nathaniel Reeder, who was a soldier in

the service of the Confederate States, and served as a member of Company H

16th Regiment of Georgia

Volunteers; that he enlisted in said

service on or about the 11 day of Aug 1861, and was in the

Confederate Army up to Sept 1862 That while in the

Army, he was on the 14th day of Sept 1862 (See Note No. 1)

Wounded at the battle of Crumpton Gap, Md. He was captured and carried to a Federal hospital where he died from the effects of the wounds received in battle on the 28th day of Sept 1862 at Blair Deterville, Md.

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 11th

day of April 1860, and that she has resided in Georgia continuously since the

18th day of Sept 1860; 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

14th day of April 1891.

W. M. Hogsden

Ordinary.

A. J. Reeder
Post-Office, Easton, Ga.

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

Affidavit for Three Witnesses.

State of Georgia,

County of *DeKalb*

In person came before me, the undersigned Ordinary

in and for said County, witnesses

and

W. K. Mitchell, Geo. H. Jones, J. M. Liddell
 (each known to said Attesting Officer as truthful,
 reliable and reputable citizens), who severally say under oath that from their own personal knowledge,
 Mrs. *Isabella Huder*, of the County of *DeKalb*
 State of Georgia, is the widow of *Nathaniel Huder*, who was a soldier in
 Company *H* of the *16* Regiment of *50* Volunteers.
 That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or
 about the *11th* day of *August* 1861. That while in said service, or by
 reason of said service in the Army, he lost his life as follows:

*He was wounded in battle on
 the 14th of September 1862 at
 Camp's Gap, Md. and was
 captured and died about the
 23rd of same month at
 Burkettville, Md.*

Our opportunity for knowing the facts stated in reference to death of applicant's husband were

*we were with him in
 same fight*

We further swear that Mrs. *Isabella Huder* 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

25th day of *April* 1891.

W. L. Loomis
 Ordinary.

*W. K. Mitchell
 Geo. H. Jones
 J. M. Liddell*

NOTE. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

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

State of Georgia,

County of *Fulton*I, *W. L. Loomis* Ordinaryin and for said County of *Fulton*

State of Georgia, hereby certify that I am acquainted with Mrs. *Isabella Huder*
 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, 1850, 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

25th day of *April* 1891.

SEAL

W. L. Loomis
 Ordinary.

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.

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, I, W. M. Rossdale, Clerk of the Court of De Kalb County, do hereby certify that I am acquainted with Mrs. Isabella Huder 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, 1850, 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.

STATE OF GEORGIA, County of

I, *Ordinary* in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
the applicant for a pension in this case, and
know, from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), that she resides in this County, and that she resided in the State of Georgia on
December 23, 1850, and has not lived out of the State since that date. That she is the
widow of 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 day of 1894.

SEAL

Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, *De Kalb* County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *27th*
day of *Jan* 1894.

Executed in the presence of us:

Wm. R. Kelly
Wm. R. Kelly

DIRECTIONS.

Send amount by
me at , and oblige to

[L. S.]

Reader, J. P. (over)
De Kalb County
FOR THOSE HERETOFORE PAID.
1894.
No. *1072*
WIDOWS' PENSION,
for year ending February 15th, 1894.
—PAID TO—
Mrs. Isabeliad Reader
—OF—
De Kalb COUNTY.
WARRANT ISSUED
27
AND HANDED TO
J. P. Reader
1894.
Clerk of Superior Court, Fulton County, Georgia.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of *De Kalb*

Personally comes Mrs.

L. J. Reeder

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

De Kalb

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

continuously ever since

May

1891. That she is the Widow of

Nathaniel Reeder

who was a Soldier in Company

A of the *16th*

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

Sept

1862 That he lost his

life on the

23rd

day of

Sept

1862

(State here

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

*He was wounded at Krappton Gap
and was carried to Hagerstown where
he died in a hospital of the wound
on the 23rd of Sept 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, 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

29th

day of

Dec

1894.

Ordinary.

Post-office

L. J. Reeder

STATE OF GEORGIA, County of De Kalb

I, Wm. Rogers Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. J. P. Reeder 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 Nathaniel Reeder 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 31st day of Jan 1893.

Wm. Rogers Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. J. P. Reeder

County, in said State, do hereby appoint J. P. Reeder 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 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 31st day of Jan 1893.

Executed in the presence of us:

DIRECTIONS.

Send amount by _____ to _____ me at _____, and oblige _____

210. 1631
1893.
Widow's Pension,
for year ending February 15th, 1893,
PAID TO—
Mrs. J. P. Reeder
—OF—
De Kalb County.
Warrant Issued
1893
AND HANDED TO
Mrs. J. P. Reeder
Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA, County of De Kalb

I, Wm. Rogers Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. J. P. Reeder 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 Nathaniel Reeder 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 21st day of Jan 1895.

Wm. Rogers Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County.

KNOW ALL MEN BY THESE PRESENTS, That I, _____

County in said State, do hereby appoint _____ of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 _____ 1895.

Executed in the presence of us:

DIRECTIONS.

Send amount by _____ to _____ me at _____, and oblige _____

FOR THOSE HERETOFORE PAID.
1895.
No. 984
WIDOW'S PENSION,
for year ending February 15th, 1895.
PAID TO—
Mrs. J. P. Reeder
—OF—
De Kalb County.
widow of Nathaniel Reeder
WARRANT ISSUED
Jan 28 1895.
AND HANDED TO
J. P. Reeder
Geo. W. Harrison, State Printer.

STATE OF GEORGIA,

County of *De Kalb*

Personally comes Mrs.

S. J. Reeder

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

De Kalb

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

continuously ever since *May* 18*31*. That she is the Widow of*Nathaniel Reeder*

who was a Soldier in Company

H of the *16th* Regiment of *Georgia*Volunteers, that he enlisted in said Regiment on or about the month of *Aug*186*1*, and served in the Army up to *Sept* 186*2*. That he lost hislife on the *23rd* day of *Sept* 186*2* (State here

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

Was wounded at Kogerstown Md.
on the 10th of Sept 1862 and died
from the effects of the wound on
the 23rd of Sept 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, that she became his wife in the year 1849; 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

31st day of *Jan* 1893.*S. J. Reeder*

Ordinary.

Post-office *Easton Ga*

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

S. J. Reeder

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

De Kalb

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

continuously ever since *May 2^d* 1831. That she is the Widow of*Nathaniel Reeder*

who was a Soldier in Company

H of the *16th* Regiment of *Georgia*Volunteers, that he enlisted in said Regiment on or about the month of *Aug*186*1* and served in the Army up to *Sept* 186*2*. That he lost hislife on the *23rd* day of *Sept* 186*2*. (State here

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

Was wounded at Kogerstown Md.
and died from the wound
ten days after the wound
was received.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

11th day of *Jan* 1895.*Wm. Ragsdale* Ordinary.Post-office *236 Willard St.**Atlanta Ga.*

STATE OF GEORGIA, County of De Kalb
 I, M. M. Ragsdale Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
E. J. Reeder 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 Nathaniel Reeder
 deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
 the 30th day of Jan 1896.

{ SEAL } M. 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.

[L.S.]

Executed in the presence of

STATE OF GEORGIA, County of De Kalb
 I, M. M. Ragsdale Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
E. J. Reeder 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 Nathaniel Reeder
 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 29th day of Jan 1897.

{ SEAL } M. 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.

[L.S.]

Executed in the presence of

Reeder, E. J.
De Kalb, County
 FOR THOSE HERETOFORE PAID.
1896.
 No. 2612
WIDOW'S PENSION,
 for year ending February 15th, 1896.
 PAID TO
M. E. Reeder
 OF
De Kalb County.
 widow of Nathaniel Reeder
WARRANT ISSUED
2/1
AND HANDED TO
Chas. E. Chas.
 Geo. W. Harrison, State Printer. 1896.

Reeder, E. J.
De Kalb, County
 FOR THOSE HERETOFORE PAID.
1897.
 No. 2155
WIDOW'S PENSION,
 for year ending February 15th, 1897.
 PAID TO
M. E. Reeder
 OF
De Kalb County.
 widow of Nathaniel Reeder
WARRANT ISSUED
2/11
AND HANDED TO
Chas. E. Chas.
 Geo. W. Harrison, State Printer. 1897.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

J. J. Reeder

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

Nathaniel Reeder who was a Soldier in Company

H of the *16th* Regiment of *Ga*

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

1867 and served in the Army up to *Sept* 1862 That he lost his

life on the *23rd* day of *Sept* 1862 (State here

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

was wounded in Battle of Shiloh Gap and taken prisoner, and died from the wound a short while afterwards Hagerstown Md.

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 1850,

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

23rd day of *Jan* 1896.

Wm. Ragsdale Ordinary.

J. J. Reeder

Post-office

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

J. J. Reeder

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

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

continuously ever since *May* 1831, That she is the Widow of

Nathaniel Reeder who was a Soldier in Company

H of the *16th* Regiment of *Ga*

Volunteers, that enlisted in said regiment on or about the month of *Aug 1861*

1861 and served in the Army up to *Sept* 1862, That he lost his

life on the *23* day of *Sept* 1862 (State here

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

was wounded at the battle of Gettysburg and died of the wound at Hagerstown Md.

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 1850,

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

29th day of *Jan* 1897.

Wm. Ragsdale Ordinary.

J. J. Reeder

Post-office

POWER OF ATTORNEY.

State of Georgia, _____ County.

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

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

[L. S.]

Executed in the presence of _____

POWER OF ATTORNEY.

State of Georgia, _____ County.

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

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

[L. S.]

Executed in presence of _____

Reeder, S. J. Mear
De Kalb County
For Those Heretofore Paid

1898.

NO. 2638

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. L. S. Reeder

OF

De Kalb County,
Widow of Nathaniel Reeder.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2 1/2 1898.

AND HANDED TO

affch

Geo. W. Harrison, State Printer, Atlanta

Reeder, S. J. Mear
De Kalb Co.
For Those Heretofore Paid.

1899.

NO. 2465

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. L. S. Reeder

OF

De Kalb County
Widow of Nathaniel Reeder

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2 1/2 1899.

AND HANDED TO

affch

Geo. W. Harrison, State Printer, Atlanta

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

I. J. Reeder

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

De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since *May 2d* 18 *31* That she is the Widow of

Nathaniel Reeder who was a Soldier in Company *H* of the *16th* Regiment of *Gen*

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

186 *1* and served in the Army up to *Sept* 186 *2* That he lost his

life on the *23d* day of *Sept* 186 *2*. (State here

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

He was killed at Crumpton's Gap and died

at Hagerstown Md.

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 *50*.

I have been allowed a pension as a resident of *De Kalb* County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this *27th* day of *Jan* 1898. *I. J. Reeder* Ordinary. Post-Office

State of Georgia,

De Kalb County. I, *I. J. Reeder* Ordinary of said County, certify that I am well acquainted with Mrs. *I. J. Reeder* 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 *27th* day of *Jan* 18 *50*

Given under my official signature and seal this the *27th* day of *Jan* 1898.

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

Official Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

I. J. Reeder

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

De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since *May 2d* 18 *31* That she is the Widow of

Nathaniel Reeder who was a soldier in Company *H* of the *16th* Regiment of *Gen*

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

186 *1* and served in the Army up to *Sept* 186 *2* That he lost his

life on the *23d* day of *Sept* 186 *2*. (State here

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

Was wounded at Crumpton's Gap and died at Hagerstown Md.

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 *50*.

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 *10* day of *Jan* 1899. *I. J. Reeder* Ordinary. Post-Office

State of Georgia,

De Kalb County. I, *W. M. Ragsdale* Ordinary of said County, certify that I am well acquainted with Mrs. *I. J. Reeder* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the *2* day of *May* 18 *31*

Given under my official signature and seal this the *10* day of *Jan* 1899.

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

Official Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, J. J. Reeder hereby authorize J. J. Reeder

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 15

day of Jan 1900.

J. J. Reeder [L. S.]

Executed in presence of

T. G. Jackson
M. R. Wallace
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, Mrs. J. J. Reeder hereby authorize Mrs. R. S. Kelley

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 2

day of Jan 1901.

J. J. Reeder [L. S.]

Executed in presence of

M. Ragsdale
Ordinary

Reeder, J. J. Mrs.
De Kalb County
To Those Heretofore Paid.

1900.

No. 1470

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

Mrs. J. J. Reeder

OF

De Kalb County,

Widow of Nathaniel Reeder

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

July 15 1900,

AND HANDED TO

gfh

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

Reeder, J. J. Mrs.
De Kalb Co

To Those Heretofore Paid.

1901.

No. 367

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

Mrs. J. J. Reeder

De Kalb County,

Widow of Nathaniel Reeder

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

July 21 1901,

AND HANDED TO

gfh

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

Personally Comes Mrs.

J. J. Reeder

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since May 21 1831. That she is the Widow of Nathaniel Reeder who was a soldier in Company H of the 16th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of August 1861 and served in the Army up to Sept 1862 That he lost his life on the 23d day of Sept 1864 (State here particulars of the husband's death, when, where and from what cause)

Was wounded at Crapton's Gap and died at Hagarestown Md.

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 1850.

I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 15 day of Jan 1900. W. M. Rogsdace Ordinary.

Post Office

J. J. Reeder

State of Georgia,

De Kalb County.

County.

Ordinary of said County, certify that I am well acquainted with Mrs. J. J. Reeder, 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 21 day of May 1831.

Given under my official signature and seal, this the 15 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.

J. J. Reeder

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since May 21 1831. That she is the Widow of Nathaniel Reeder who was a soldier in Company H of the 16th 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 Sept 1862 That he lost his life on the 23d day of Sept 1864 (State here particulars of the husband's death, when, where and from what cause)

Wounded at Crapton's Gap and died at Hagarestown Md.

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 1850.

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. W. M. Rogsdace Ordinary.

Post Office

J. J. Reeder

State of Georgia,

De Kalb County.

County.

Ordinary of said County, certify that I am well acquainted with Mrs. J. J. Reeder, 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 21 day of May 1831.

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

Official Seal.

Ordinary of De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____, hereby authorize

of _____

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

at _____

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

day of _____ 1902.

[L. S.]

Executed in presence of _____

Reeder (Mrs.) S. J.
De Kalb County
To Those Heretofore Paid.

1902.

No. *272*

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. S. J. Reeder

De Kalb County,

Widow of *Nathaniel Reeder*

Co. H Regiment *16th*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDLED TO

W. H.

Geo. W. HARRISON, STATE PRINTER, ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____, hereby authorize

of _____

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

at _____

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

day of _____ 1903.

[L. S.]

Executed in presence of _____

Reeder (Mrs.) S. J.
De Kalb County
To Those Heretofore Paid.

1903.

No. *241*

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. S. J. Reeder

OF

De Kalb County,

Widow of *Nathaniel Reeder*

Co. H Regiment *16th*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903

AND HANDLED TO

W. H.

Geo. W. HARRISON, STATE PRINTER, ATLANTA, GA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

PERSONALLY COMES MRS.

I. J. Reeder

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

continuously ever since *May 2d 1831*. That she is the Widow of

Nathaniel Reeder who was a soldier in Company

H of the *16th* 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 *Sept* 1862. That he lost his

life on the *23d* day of *Sept* 1864. (State here

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

was wounded at Crumptions Gap

and died of the wound at

Rogersstown

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 1850

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.

W. M. Ragsdale, Ordinary. Post-Office

State of Georgia,

De Kalb County.

Ordinary of said County, certify that I am well

acquainted with Mrs. *I. J. Reeder*, 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 *2d*

day of *May* 1831.

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

W. M. Ragsdale

Ordinary of *De Kalb* County.

NOTE.—All blank spaces must be filled.

Voucher and affidavit must bear date after January 1st, 1902.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

PERSONALLY COMES MRS.

I. J. Reeder

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

continuously ever since *May 2d 1831*. That she is the Widow of

Nathaniel Reeder who was a soldier in Company

H of the *16th* 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 *Sept* 1862. That he lost his

life on the *23d* day of *Sept* 1864. (State here

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

was wounded at Crumptions Gap and died of the

wound at Rogersstown

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 1852

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 *15* day of *Jan* 1903.

W. M. Ragsdale, Ordinary. Post-Office *Decatur*

State of Georgia,

De Kalb County.

Ordinary of said County, certify that I am well

acquainted with Mrs. *I. J. Reeder*, 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 *2d*

day of *May* 1831.

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

W. M. Ragsdale

Ordinary of *De Kalb* County.

NOTE.—All blank spaces must be filled.

Voucher and Affidavit must bear date after January 1st, 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

at _____

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

day of _____ 1904.

[L. S.]

Executed in presence of _____

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 _____

Reader, D. J. (ms)
De Kalb County
TO THOSE HERETOFORE PAID.

1904.

No. 193

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. D. J. Reader

or

De Kalb County,
Widow of *Nathaniel Reader*

Co. *71* Regiment *16"*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

125 1904,

AND HANDED TO

aff

Geo. W. Harrison State Printer, Atlanta.

Reader, D. J. (ms)
De Kalb County

To Those Heretofore Paid.

1905.

No. 168

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. D. J. Reader

OF

De Kalb County,
Widow of *Nathaniel Reader*

Co. *71* Regiment *16"*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

123 1905.

AND HANDED TO

aff

Geo. W. Harrison State Printer, Atlanta.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1.

STATE OF GEORGIA,

County of Dick

PERSONALLY COMES MRS.

J. J. Reader

who, being sworn says on oath, that she is a bona fide resident of said County of Dick State of Georgia, and that she has RESIDED in said State continuously ever since May 7, 1831. That she is the Widow of Nathaniel Reader who was a soldier in Company N of the 16 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 Sept 1862. That he lost his life on the 13 day of Sept 1864 (State here particulars of the husband's death, when, where and from what cause.)

Wounded at Crumpton Gap died Nagatow

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 50

I have been paid a pension as a resident of Dick 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 21 day of Jan 1904.

James R. George Ordinary.

J. J. Reader
Post Office. Decatur

State of Georgia,

Dick County.

James R. George

Ordinary of said County, certify that I am well acquainted with Mrs. J. J. Reader, 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 7 day of May 18 31.

Given under my official signature and seal, this 21 day of Jan 1904.



James R. George
Ordinary of Dick 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 Dick

PERSONALLY COMES MRS.

J. J. Reader

who, being sworn says on oath, that she is a bona fide resident of said County of Dick State of Georgia, and that she has RESIDED in said State continuously ever since May 7, 1831. That she is the Widow of Nathaniel Reader who was a soldier in Company N of the 16 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 Sept 1862. That he lost his life on the 13 day of Sept 1864 (State here particulars of the husband's death, when, where and from what cause.)

Died in prison, Sept 14, 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 50

I have been paid a pension as a resident of Dick 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 18 day of Jan 1905.

James R. George Ordinary.

J. J. Reader
Post Office.

State of Georgia,

Dick County.

James R. George

Ordinary of said County, certify that I am well acquainted with Mrs. J. J. Reader, 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 7 day of May 18 31.

Given under my official signature and seal, this 18 day of Jan 1905.



James R. George
Ordinary of Dick 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, _____ hereby authorize

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

at _____

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

day of _____ 1907.

[L. S.]

Executed in presence of

Reeder, S. J. (Mrs)

De Kalb Co

To Those Heretofore Paid.

1906.

No. *1405*

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. S. J. Reeder

OF

De Kalb County,

Widow of *S. J. Reeder*

16th Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

122 1906,

AND HANDED TO

This Manual Printing and Publishing Co., Geo. W. Harrison, Mgr.

Reeder, S. J. (Mrs)

De Kalb County

To Those Heretofore Paid

1907.

No. *143*

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. S. J. Reeder

OF

De Kalb County,

Widow of *Nathaniel Reeder*

Co. 16 Regiment *16th Ga*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

131 1907,

AND HANDED TO

143

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of DeKalb

PERSONALLY COMES MRS.

J. J. Reeder

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 May 2, 1831 That she is the Widow of Nathaniel Reeder who was a soldier in Company 2d of the 16th Georgia Regiment of Volunteers, that he enlisted in said regiment on or about the month of August 1861 and served in the Army up to Sept 1862 That he lost his life on the 14th day of Sept 1862 (State here particulars of the husband's death, when, where and from what cause.) Died in prison

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

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

Sworn to and subscribed before me

this 17th day of January 1906.

James R. George Ordinary.

Post Office

J. J. Reeder

Locust

State of Georgia,

DeKalb County.

Ordinary of said County, certify that I am well

acquainted with Mrs. J. J. Reeder, 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 21st day of May 1831

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

Official Seal

Ordinary of DeKalb 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.

J. J. Reeder

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 Nathaniel Reeder who was a soldier in Company 2d of the 16th Ga Regiment of Volunteers, that he enlisted in said regiment on or about the month of Aug. 1861 and served in the Army up to 1862 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 in prison Sept 14th 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 16 day of January 1907.

James R. George Ordinary.

Post Office

J. J. Reeder

State of Georgia,
DeKALB County.

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. J. J. Reeder, 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 16 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.

Greider, S. J. (Mrs.)
DeKalb Co.

1921

**Application for Pension Due
Deceased Pensioner**

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

James B. Greider Ordinary
For Mrs. S. J. Greider
of DeKalb County

Old ~~section~~ Class 1

Died March 26 1921

Amount \$ 348.70

Approved and ordered paid. 125
J. W. Lindsey

1921.

J. W. LINDSEY,
Commissioner of Pensions.

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

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

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes

Mrs. H. R. Woodall of said County, who, after being sworn, on oath says that she knew Mrs. J. J. Reeder of said County, and that said pensioner was on the old Pension Roll of DeKalb County at the time of death, which occurred in DeKalb County, in this State, on the 26 day of March (125.00) 1921, and that a Pension of one hundred & twenty five Dollars was due pensioner and unpaid at the time of pensioner's death. That she 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 \$ 348.70 per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me

This 27 day of Dec 1921 Mrs. A. R. Woodall
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 Mrs. A. R. Woodall, 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. J. J. Reeder while in life and that this was the same person whose name appears on the old Pension Roll of DeKalb County, and was paid a Pension of one hundred & twenty five Dollars in said County for 1920, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 27 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.).
- 5th. The above and foregoing account is rendered for services in the last illness for funeral expenses, as the case may be, of who died without owning sufficient property to pay this bill.
- 6th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly for this blank, after this blank is properly completed as indicated.
- 7th. 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.
- 8th. The Ordinary signs pay-roll, as Ordinary, for the pension and then discharges the money himself and takes receipts.
- 9th. Accept no bills for nursing until you write the Pension Office, stating the circumstances in very great detail.
- 10th. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
- 11th. Return this application, and attached bills, with your final settlement to the Pension Office.
- 12th. Ordinary should see that the back of this blank, when folded, is filed out.
- 13th. 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.

H. M. PATTERSON

ESTABLISHED 1886

FRED W. PATTERSON

H. M. PATTERSON & SON
FUNERAL DIRECTORS

96 North Forsyth Street

Adjoining Carnegie Library

Atlanta, Ga., March 27, 1921.

Sold to Funeral Expenses of Mrs. Isabella Jane Liddell Reeder:

Casket
 Embalming, dressing, etc.
 Dress
 Two Constitution notices
 Two Georgian notices
 Two Journal notices
 Cement Vault
 Motor Flower Car
 Motor Hearse
 Pall-bearers' Motor Coach
 Two Limousines

175
 15
 33
 4
 7
 8
 50
 5
 15
 12
 23

14
 92
 64

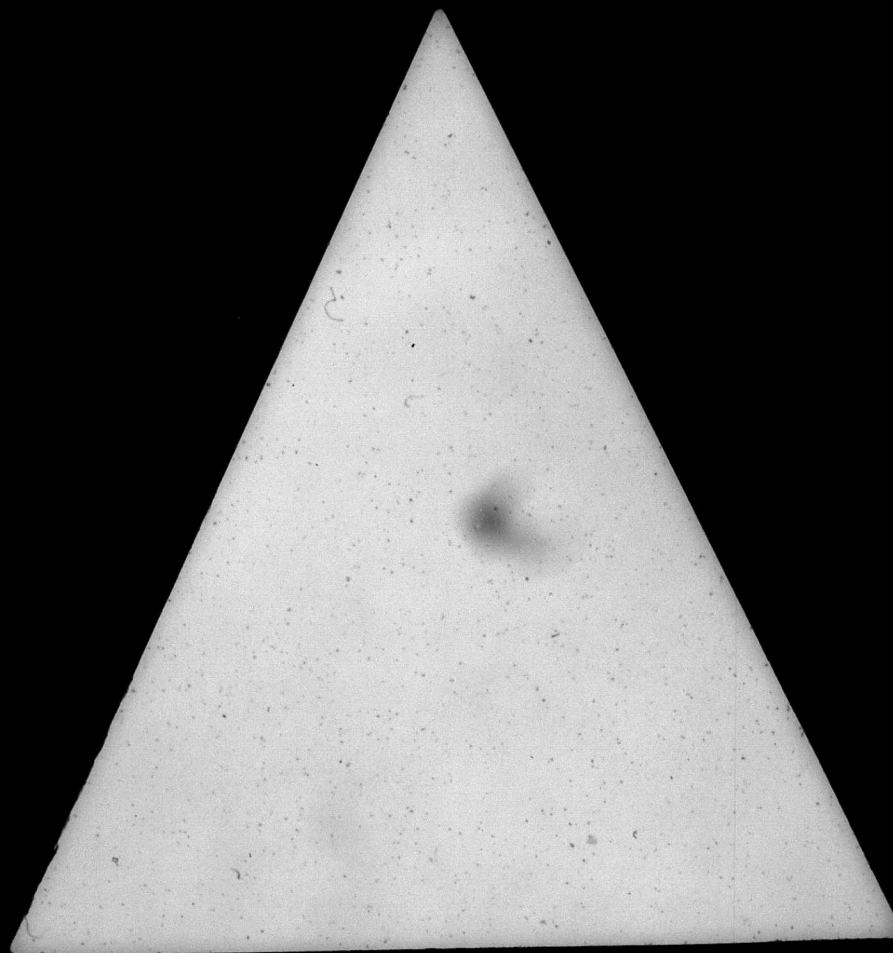
348

County of Fulton,
State of Georgia

Personally appeared before me H.M. Patterson,
 who on oath states that the above account is
 correct, due and remains unpaid.

Sworn to before me this May 4, 1921.

H. M. Patterson
W. Ashcraft
M. P. Zellers Co. Sec
Commission Expires Apr 1922



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.

*Reeder A
DeKalb*

No. *1830*

APPLICATION FOR ALLOWANCE

FOR

Left Arm Disabled
Applicant, *A. Reeder*

County *DeKalb*

Amount *50*

Date of Warrant *April 8*

Entered on record

April 8 1889

MNH

SECRETARY EXECUTIVE DEPARTMENT.

Applicant

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 *A. Reeves* 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 *15* day of *January* 18*86*; 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 *B.*, of *41* th Regiment of *Georgia* Volunteers *Stovalls*'s Brigade; that whilst engaged in such military service, at the battle of *Jonestown* in the State of *Ga*, on the *31* day of *August* 1864, he was wounded as follows: *Bone of left arm shot into above Elbow. Rendering arm substantially 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 *18* day of *Feb* 1889, *A. Reeves* mark
David Eagle 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,

County.

PERSONALLY came before me _____ of the county of _____ State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company _____, of _____ Regiment of _____ Volunteers, and that deponent knows _____, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said _____ as stated by him in said affidavit. Deponent further states that said _____ is a bona fide citizen of this State and resides in _____ county.

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:

Reeves A.
DeKalb

No. *1830*

APPLICATION FOR ALLOWANCE

FOR

Left Arm Disabled

Applicant, *A. Reeves*

County, *DeKalb*

Amount, *50*

Date of Warrant, *April 8*

Entered on record, *April 8* 1889

M. H.

SECRETARY EXECUTIVE DEPARTMENT.

Applicant

STATE OF GEORGIA,

State of Georgia De Kalb County.

PERSONALLY came

J. E. White W. M. Rowden
W. P. Staplercitizens of W. P. Stapler De Kalb county, in said State,
who, being duly sworn, say that they are acquainted with A. Reevesand 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

3rd day of April 1889
A. M. Howard SR
N. C. P.W. M. Rowden
J. E. White
W. P. Stapler

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. Kagsdale Ordinary of said county,

A. M. Howard and J. E. White, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined Andrew Reeves and after such

examination say that the applicant has been injured as follows: Fracture of left

arm above elbow Resulting in a Compound fracture
of lower third of radius, followed by gangrene. Causing
the loss of some two and one half or two inches of bone
rendering said arm substantially useless
whereby the said applicant has been rendered practically
incapable to perform the ordinary avocations
of life

Sworn to and subscribed before me, this

3rd day of April 1889
W. M. Kagsdale
ORDINARY.A. M. Howard M.D.
J. E. White M.D.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. Kagsdale Ordinary of said county,
do certify that I am well acquainted with A. Reeves the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in 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 Eagle 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 signa-
tures thereto are genuine.Given under my official signature and seal, this 6th day of April 1889.W. M. Kagsdale
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

county, in said State, do hereby appoint

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

Ordinary *De Nath,* County.

STATE OF GEORGIA,
De Kalb 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.

Ordinary *De Kalb* County.

Revere, A.

APPLICATION FOR ALLOWANCE.

THE JOURNAL OF THE

—FOR—
Arm Disabled

Applicant, *A. Deery*

County, *DeKalb*

Amount, 58

Date of warrant, Feb 14

Entered on record

Feb 14 1881

1844

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Applicant

1081

Beaver 1891

1981

No. 1056

Application for Allowance

FOR THE YEAR ENDING OCTOBER 26 1891.

Am 20. 10.

Applicant. J. L. Reeves.

County:

Amount. 57

Date of Warrant, *Feb 17*

Entered on record

July 17 1897

1411

SECRETARY DEFENSIVE DEPARTMENT.

Winnipeg, 11, 1900.

Applicant

Geo. W. Hartung & Co. Printers, Astoria, Or.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears *A Reeves* 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

1847; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *B*, of *41*th Regiment of *Ga* Volunteers *Stovall*'s Brigade; that whilst engaged in such military service, at the battle of *Jonesboro* in the State of *Ga*, on the *31* day of *Aug* 1864, he was wounded as follows:

Shot with a minnie ball in the left arm above the elbow causing a loss of two inches of the bone and the formation of a false joint which renders the arm essentially and substantially useless

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

Twenty dollars, his Sworn to and subscribed before me, this the *14* day of *Feb* 1890 *A. X. Reeves* *W. M. Ragsdale, Ordinary.*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

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

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

Executed in the presence of us:

[L. S.]

DIRECTION.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears *A. X. Reeves* 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 _____ 1847; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *B*, of *41*th Regiment of *Ga* Volunteers *Stovall*'s Brigade; that whilst engaged in such military service at the battle of *Jonesboro* in the State of *Ga*, on the *31* day of *Aug* 1864, he was wounded as follows:

Shot with minnie ball in left arm near elbow joint causing a false joint to form rendering the said 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, 1891. I have heretofore been allowed a pension of

Twenty dollars, for Sworn to and subscribed before me, this, the *17* day of *Feb* 1891 *A. X. Reeves* *W. M. Ragsdale, Ordinary.*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

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.

STATE OF GEORGIA,

De Kalb County,

I, *M. M. Capodale* Ordinary of said county,

do certify that I am well acquainted with *A. J. Reeves* 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 *1st* day of *March* 1892.

Ordinary *De Kalb* County.

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

A. J. Reeves my true and lawful attorney in fact, for ~~me and my heirs~~ 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

1st day of *March* 1892.

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

STATE OF GEORGIA to *De Kalb* P. O.

County, Georgia.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name

A. J. Reeves

County

De Kalb

Disability

Dr. Arm

Amount, \$

50

Entered on record

May

1892.

W. H. HARRISON,

Secretary of Executive Department.

AGENT.

Applicant

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

Witnessed as follows:

each military service in the State of Georgia, and receive as a separate charge for of the State of Georgia, that he entered in the military service of the Confederate States of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen of the State of Georgia, and has received therein compensation for his services.

STATE OF GEORGIA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Application for Advance

No. *877*

For the Year Ending October 31, 1893.

FOR

A. J. Reeves

Applicant.

De Kalb

County.

Amount, 50

Date of Warrant.

3/10

Entered on record.

1893.

De Kalb

Secretary Executive Department.

WARRANT HANDED TO

Applicant

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

STATE OF GEORGIA,

De Katt County.

PERSONALLY appears

A. J. Reeves
of *De Katt* 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 *all his* day of *life* 18; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *41*th Regiment of *Georgia* Volunteers *Stovall*'s Brigade; that whilst engaged in such military service at the battle of *Jonesboro* in the State of *Ga*, on the *31* day of *Aug* 1864, he was wounded as follows:

Shot with a musket ball in left arm above the elbow fracturing the arm and causing the formation of a second 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, 1892. I have heretofore been allowed a pension of

Fifty Dollars for *disabled arm*.

Sworn to and subscribed before me this the

1st day of *March* 1892.

W. H. Rogers Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Katt County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

of *De Katt* 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 *1st* day of *March* 1892.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA,

De Katt County.

PERSONALLY appears

A. J. Reeves of *De Katt* 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 *all his* day of *life* 18; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *B*, of *41*th Regiment of *Georgia* Volunteers *Stovall*'s Brigade; that whilst engaged in such military service at the battle of *Jonesboro* in the State of *Ga*, on the *31* day of *Aug* 1864, he was wounded as follows:

Shot with a musket ball in the left arm, bone fractured and elbow stiff, rendering the arm essentially and substantially useless.

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

Fifty dollars, for *disabled arm*.

Sworn to and subscribed before me, this, the

1st day of *March* 1893.

W. H. Rogers Ordinary.

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

STATE OF GEORGIA,

De Katt County.

I, *M. M. Rogers* Ordinary of said County,

do certify that I am well acquainted with *A. J. Reeves* the

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his

said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-

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

I further certify that

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

of said County, and the said affidavits and

signatures thereto are genuine.

Given under my official signature and seal, this *1st* day of *March* 1893.

W. H. Rogers Ordinary *De Katt* County.

STATE OF GEORGIA,

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

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

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

day of _____ 1894.

[L. s.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

De Kolt
Reveries, A. J.
(For Those Already Enrolled.)

No. 818

Soldier's Pension.
1894.

Name *Reaves A. J.*

County *De Kalb*

Disability *Arm wound*

Amount, \$ *50.00*

1894.

3/12

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

of _____ my true and lawful attorney in fact, for

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

Reveries A. J.
De Kolt & Co.

(For Those Already Enrolled.)

No. 259

SOLDIER'S PENSION.
1895.

Name *A. J. Reaves*

County *De Kalb*

Disability *Arm*

Amount, \$ *50.00*

3/5

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

No later

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County. }

PERSONALLY appears A. J. Reese 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 1872; 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 B, of 41th Regiment of Georgia Volunteers, Storall's Brigade; that whilst engaged in such military service at the battle of Jonesboro in the State of Georgia, on the 31st day of Aug, 1864, he was wounded as follows: Was shot in left arm in elbow joint causing false joint 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 1894.

Sworn to and subscribed before me, this, the 5th day of March, 1894. } A. J. Reese
M. M. Rogersdace, 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. Rogersdace, Ordinary of said County, do certify that I am well acquainted with A. J. Reese the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 5th day of March, 1894.



M. M. Rogersdace
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County. }

PERSONALLY appears A. J. Reese 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 all his life 18 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of 41th Regiment of Georgia Volunteers, Stewart's Brigade; that whilst engaged in such military service at the battle of Jonesboro in the State of Georgia, on the 31st day of Aug, 1864, he was wounded as follows: Was shot with minnie ball in the left arm causing resection of elbow joint rendering arm substantially useless.

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

Sworn to and subscribed before me, this, the 18th day of Feb, 1895. } A. J. Reese
M. M. Rogersdace, Ordinary. mark

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

Given under my official signature and seal, this 18th day of Feb, 1895.



M. M. Rogersdace
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1896.

[L. S.]

Executed in presence of us _____)

_____)

Receiv. Ad.
Wm. H. C.
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
(For Those Already Enrolled.)

No. 676

SOLDIER'S PENSION.

1896.
(Lo Gurnett 1897)

Name *A. Reeves*

County *De Kalb*

Disability *from wound*

Amount, \$ *50.00*

2/26 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

cyet

Wm. W. Harrison, State Printer, Atlanta.

Wm. C. C.

Audited *6th* 1889.

mgh
COMPTROLLER GENERAL.

De Kalb

Maimed Soldiers.

Voucher No. *1830.*

Amount, \$ *50.*

Paid to *A. Reeves*

For *Sept and*

Disability.

April 8 1889.

Included in Warrant No.

Issued to Treasurer

1889.

WARRANT FULLY

W. W. Harrison, State Printer, Atlanta.

Application.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears A. Reeves 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 *all his life* day of 18; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company B, of 41st Regiment of Ga Volunteers, Ga's Brigade; that whilst engaged in such military service in the State of Ga, on the 31st day of Sept 1864, he was wounded, injured or diseased as follows:
was shot with a minnie ball through the left arm elbow joint fracturing joint 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 pension to which he is entitled for the year ending October 28th, 1896. I have heretofore as a resident of De Kalb county been allowed a pension of fifty dollars, for the year 1895.

Sworn to and subscribed before me, this, the 12th day of Feb 1896. } A. X. Reeves mark
M. Magdalen 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. Magdalen Ordinary of said County, do certify that I am well acquainted with A. Reeves the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Feb 1896.



M. Magdalen
Ordinary De Kalb County.

No. 1830

STATE OF GEORGIA, }
EXECUTIVE DEPARTMENT. }

Atlanta, Ga. April 8 1889.

Mr. A. Reeves of the County
of 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 Arm Disabled
He is entitled to receive the sum of Eighty + 00 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

J. B. Gordon
GOVERNOR.

By the Governor.
W. H. Harrison

CLERK-EXECUTIVE DEPARTMENT.

60
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Eighty + 00 Dollars,
per above voucher, this 8 of April 1889.

Det. W. H. Harrison

Audited

18

COMPTROLLER-GENERAL

DeKalb

Maimed Soldiers.

Voucher No. *1157*

Amount \$ *50*

Paid to *A Reeves*

For *Arm disabled.*

Feb 14 18 *90*

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

Applicant

Audited

1891.

COMPTROLLER-GENERAL.

Reeves, A. J.

1891.

Maimed Soldiers.

Voucher No. *1156*

Amount \$ *50*

Paid to *A Reeves*

For *Arm disabled.*

Feb 17 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

NAME, Reeves, A.

YEAR 1889 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Private Co. B, 41st. Regt. Georgia Vols.
Sroval's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Jonesboro, Ga. August 31st. 1864. Bone of left arm shot into
above elbow, arm useless.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J.E. White, W.M. Bowden and W.B. Staples. No data.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1157

Atlanta, Ga., Feb 14 1890

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

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

GOVERNOR.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/100

per above voucher, this

14th day of Feb

Dollars,

1890

W. H. Harrison

John A. Reeves

1891.

No. 1066

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 17 1891.

Mr. *A. A. Reeves* 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
Ann dis
He is entitled to receive the sum of *Eighty 100* 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.

H. J. Franklin
GOVERNOR.

By the Governor.

W. H. Nimsen
SECY EXECUTIVE DEPARTMENT.

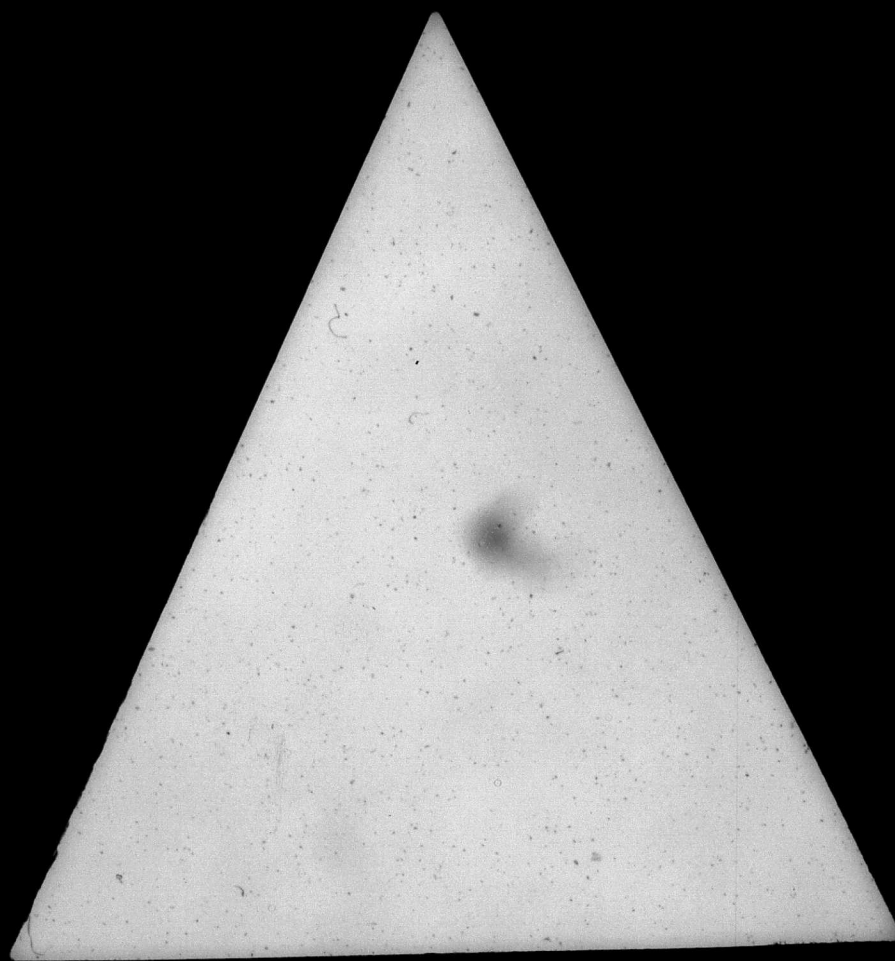
\$ *50*

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

Eighty 100 Dollars,
per above voucher, this *17* of *July* 1891.

A. J. Reeves





POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I hereby authorize

of County, to receive and receipt for the pension allowed and that he remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190____

Executed in presence of

Ordinary.

County.

L. S.



9/33-1903
Memorandum of
Martha E. Reeves
wife of J. N. Reeves
deceased 1903
in a will

Reeves, Martha E.
De Kalb County
deceased 1903
No.

WIDOW'S INDIGENT PENSION. 1903.

Name Martha E. Reeves
County De Kalb
Widow of J. N. Reeves

Approved _____ 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1903.

Geo. W. Harrison, State Printer, Atlanta.

9/15/03

County.

I, _____ hereby authorize _____ of _____ County, to receive and receipt for the pension allowed and that he remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 1903.

Executed in presence of _____

Ordinary,

L. S.

County.

SEAL

WIDOW'S

INDIGENT PENSION.

1903.

Name Martha E. Reeves

County DeKalb

Widow of Jas. N. Reeves

Approved _____ 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

1903.

Geo. W. Harrison, State Printer, Atlanta.

9/15/03.

County.

DeKalb County.
Mrs. Martha E. Reeves of said State and County, desiring to avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed _____ 1900, hereby submits her proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and Post-office)
Martha E. Reeves DeKalb County
2. How long and since when have you been a resident of this State? 63
May 28th 1839
3. When and where were you born? Newton County
4. When and where was your husband born—state his full name, and when were you and he married? (Attach copy marriage license in every case.) July 14th 1839 South Carolina
James N. Reeves DeKalb Co
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? 1861 In DeKalb County company N 38 Georgia Regiment
6. How long did your husband serve in said Company and Regiment? 4 years
7. When and where did your husband's Company and Regiment surrender and was discharged? I do not know
8. Was your husband present at the time and place when his Company and Regiment surrendered? I do not know
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority? _____
10. When and where did your husband die? July 8th 1902 DeKalb County
11. Which of the following grounds do you base your application for Pension, viz.: First—Age and Poverty; Second—Infirmity and Poverty, or Third—Blindness and Poverty? Age Poverty, Infirmity
12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight? About 8 years
two years I got a fall and the bones of my back
I think its permanent
13. What has been your occupation since your husband's death? have had no occupation
14. How much can you earn gross, by your own exertion or labor? nothing
15. What property, real or personal, or income do you have or possess, and its gross value? none
16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1899, 1900, 1901, and what disposition, if any, by sale or gift, have you made of the same? none
17. In what counties did you reside in 1899, 1900, 1901 and 1902, and what property did you return for taxation? DeKalb County none
18. How have you been supported since death of husband, and especially for 1899, 1900, 1901 and 1902? My children
19. How much did you support cost for each of those years, and how much did you contribute by your own labor or income? \$25.00 nothing
20. What was your employment during 1899, 1900, 1901 and 1902—how much did you receive for each year? had no employment nothing
21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? I have no family I live with my children
22. Have you ever made application for pension before? have not
23. How many applications have you made for a Pension, and under what class? none

Sworn to and subscribed before me this 4 day of Sept 1903 } Martha E. Reeves
Jas. N. Reeves Ordinary
of DeKalb County.

DeKalb County.

L. L. Hudgens & Z. B. Newton

of said State and County, having been presented as a witness in support of the Application of Mrs. M. E. Reeves for a Pension under the Act of 1900, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *L. L. Hudgens & Z. B. Newton*
Both in DeKalb Co

2. Are you acquainted with the applicant, Mrs. M. E. Reeves?
If so, how long have you known her?

3. Where does she reside, and how long and since when has she been a resident of this State?

4. When and where was she born?

5. Were you ever acquainted with her husband? *yes*

6. Where did she reside in 1801?

7. When and to whom was he married?

8. When and where was he born?

9. How long have you known him? *26 Sept - 1861*

10. When and where did *Camp Rutherford* enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? *Co A 38th Va*
was a member of 8th Va Regiment - and was acquainted with

11. Were you a member of the same Company and Regiment? *Hudgens was a member of 60th*
and Newton belonged to Co B

12. How long did he perform regular military duty? *Mr. Capt. 7th April 1865*

13. When and where was his Company and Regiment surrendered and discharged from service?

9th April 1865 - Appomattox Court House Virginia

14. Were you with the Command when it surrendered? *I was*

15. Was *J. A. Reeves* the husband of applicant present?

he was Capt. 7th April 2 days previous to surrender

16. If not present, where was he? *answered above*

17. When and where did he leave his command? *near Farmville Virginia*
For what cause? *Prisoner of war*

By whose authority he left?

How do you know all this? (State fully and clearly.) *I was with the Command*
there was no fear of us and being personally requested
I could not be mistaken

18. When and where did *J. A. Reeves* die?

near Farmville DeKalb County

19. Where did he reside at his death and how long had he been a resident of Georgia at his death?

Donaville about 40 years

20. Do you of your own knowledge know that applicant is the lawful widow of *J. A. Reeves*?

we do

21. Has she remained unmarried since her soldier husband's death, and is now his widow?

she has she is

22. What property effects or income has the applicant, if any, and how do you know this of your own knowledge? *she has not - I have never seen any of it*

23. What property, effects or income did applicant possess in 1899, 1900, 1901 and 1902, and what disposition did she make of it? *we do not know*

24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? *none*

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

Physical condition very bad
she cannot support her self

27. How was he supported for 1899, 1900, 1901 and 1902?

28. How much did applicant contribute to her support for last two years? *nothing as we know*

29. Give a full and complete statement of applicant's physical condition?

it is very feeble on crutches
for more than 2 years not able to work

30. What interest have you in the recovery of this pension by the applicant? *none*

Sworn to and subscribed before me this *7* day of *Sept* 190*3*
Joe R. George Ordinary,
DeKalb County.

L. L. Hudgens
Z. B. Newton
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA.

DeKalb County.

Personally before me comes *J. A. Farmer* and *W. J. Hamilton*, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. *Martha E. Reeves*

applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is *old age and no way of making support - fracture of left thigh which renders her a cripple, having to use a crutch to walk - totally disabling her.*

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this *4* day of *September* 190*3*
Joe R. George Ordinary,
DeKalb County.

J. A. Farmer M.D.
W. J. Hamilton J.M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

DeKalb County.

I, *Joe R. George* Ordinary, in and for said County, hereby certify that the applicant, Mrs. *Martha E. Reeves* resides in said County, and has been a bona fide resident of this State since the *13* day of *July* 18*34*, and that the witnesses, Mr. *L. L. Hudgens & Z. B. Newton* are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavit was read to the applicant and witnesses before the same was signed and subscribed.

I further certify that the tax digest of *DeKalb* County shows that applicant returned for taxation in her own name in 1899 *none* dollars worth of property, and in 1900 *none* dollars worth of property, and in 1901 *none* dollars worth of property, and in 1902 *none* dollars worth of property.

Witness my hand and official seal this *7* day of *Sept* 190*3*

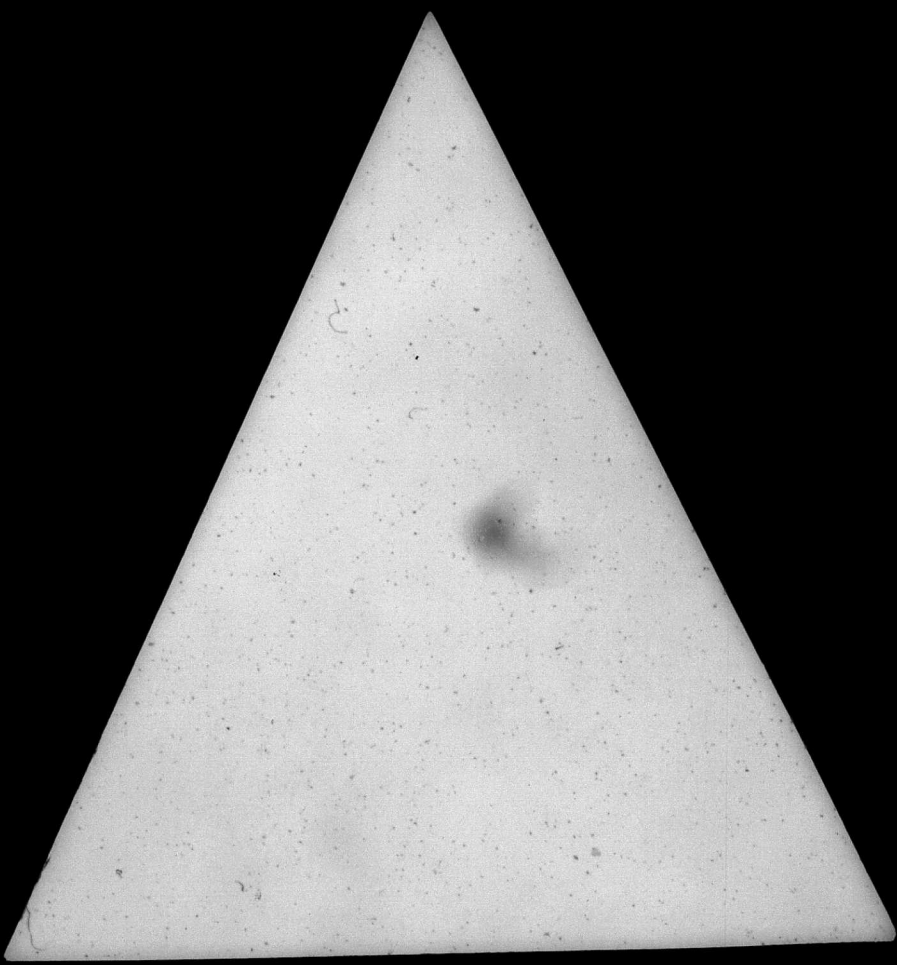


Joe R. George Ordinary,
DeKalb County.

- Notes.—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 9th April, 1865, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

one cannot expect more

6. Attach certified copy marriage license in every case, or show why it cannot be obtained.



~~Richardson James~~
~~Richardson James~~
De Kalb County

No. 1443

Application for Allowance

FOR

Genl Disability Wound

Applicant Jas L Richardson

County De Kalb

Amount 25

Date of Warrant Dec 30/87

Entered on Record,

Dec 31, 1887

Secretary Executive Department.

STATE OF GEORGIA, }

De Kalb County }

PERSONALLY appears *James Richardson* 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 *first* day of *August* 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 *Private* in Company *C*, of *7*th Regiment of *Georgia* Volunteers, *Barlow*'s Brigade; that whilst engaged in such military service, at the battle of *First Bull Run* in the State of *Virginia*, on the *21* day of *July* 1862, he was wounded as follows:

He was wounded on the inner surface of his right thigh. The laceration of the muscles were extensive, and the condition of the wound is such as to render him permanently disabled. He is unable to lift his leg, and is unable to walk. The condition is permanent and is likely to grow worse as he advances in age.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me, this the *10* day of *December* 1887 }
James Richardson

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 *John P. Powell* of the county of *De Kalb* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *C*, of *7th Georgia* Regiment of *De Kalb* Volunteers, and that deponent knows *James Richardson* 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 Richardson*, as stated by him in said affidavit. Deponent further states that said *James Richardson* is a *bona fide* citizen of this State, and resides in *De Kalb* county.

Sworn to and subscribed before me, this *31st* day of *December* 1887.

J. L. Logan Jr.
John P. Powell

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

Application for Allowance

FOR

No. *443*

Richardson James
De Kalb County

De Kalb County

Applicant

County *De Kalb*

Amount *25*

Date of Warrant *Dec 20/87*

Entered on Record.

Dec 31 1887
W. H. H. 17

Secretary Executive Department.

STATE OF GEORGIA,

County.

PERSONALLY came

citizens of

county, in said State,

who, being duly sworn, say that they are acquainted with

and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a *bona fide* citizen of this State, and resides in County, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

day of

188

STATE OF GEORGIA,

DeKalb County.

PERSONALLY comes before me *John W. McQuay* Notary of said county,

Chas. L. Hamilton and *C. L. Sumner*, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined *James L. Richardson* and after such examination say that the applicant has been injured as follows:

Wounded in both thighs by a shell, the muscles are so contracted that when motion is taken, the pain is so great as to produce pain and disable him from performing prolonged labor or exercise, of any kind without pain.

Sworn to and subscribed before me, this

27. day of

December

1887

John W. McQuay

ORDINARY.

NOTE.—The physicians will state fully the extent of the wound and the disability resulting therefrom.

STATE OF GEORGIA,

DeKalb County.

I, *John B. Steward*

Ordinary of said county,

do certify that I am well acquainted with *James L. Richardson* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in 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 *John W. McQuay* before whom the foregoing 2 affidavits were made and power of attorney was signed, is a *Notary Public* of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 30th day of Decr 1887

John B. Steward

Ordinary DeKalb County.

POWER OF ATTORNEY

STATE OF GEORGIA,

County.

Know all men by these presents, That I

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

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

day of

188

Executed in the presence of us:

[L. S.]

Richardson, James L.
De Kalb Co

No. 496

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 25, 1889.

FOR

Sept. 14, 1861
Applicant James L. Richardson

County De Kalb

Amount 50.

Date of Warrant Feb. 14

Entered on Record,

Feb. 14 1889

W. H. H.
SECRETARY EXECUTIVE DEPARTMENT.

Applicant.

STATE OF GEORGIA,

De Kalb County.

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

1834; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States; and served as a Private in Company E, of 7th Regiment of Georgia Volunteers, 1st Brigade; that whilst engaged in such military service, at the battle of Manassas in the State of Virginia, on the 21st day of July 1861, he was wounded as follows: By the explosion of a bomb shell breaking both thighs rendering him so substantially and essentially useless

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved Dec. 24, 1888, and makes application for the allowance to which he is entitled for the year ending Oct. 25, 1889.

Sworn to and subscribed before me, this the 13th day of Feb 1889 } James L. Richardson
W. M. Ragsdale, mark

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

STATE OF GEORGIA,

De Kalb County.

PERSONALLY comes before me Wm. M. Ragsdale Ordinary of said county, J. H. Green M.D. and C. S. Mayson, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined James L. Richardson and after such examination say that the applicant has been injured as follows: Gun shot wound fracturing both thigh bones, which wound renders said legs much less substantially & essentially useless thereby the said James L. Richardson has rendered practically incompetent to pursue the ordinary manual avocations of life

Sworn to and subscribed before me, this the 13th day of February 1889 } J. H. Green M.D.
C. S. Mayson M.D.
W. M. Ragsdale
ORDINARY.

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

STATE OF GEORGIA,

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

are persons of respectability, and that their statements are worthy of full credit and belief.
I further certify that before whom the foregoing
affidavits were made and power of attorney was signed, is a
of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *13* day of *Feb* 188*9*
Wm 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 188
(L.S.)

Executed in the presence of us:

DIRECTION:

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

NOTES.

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

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Ragsdale* Ordinary of said county, do certify that I am well acquainted with *J. J. Richardson* 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 *Feb* 189*1*
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 *J. J. Richardson* 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 *23rd* day of *Feb* 189*1*
W. M. Ragsdale
Ordinary *De Kalb* County.

1890.

No. 1098
APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

J. J. Richardson
Applicant, *J. J. Richardson*
County, *De Kalb*
Amount, *50*

Date of warrant, *Aug 13*

Entered on record

Aug 13 1890

clerk

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

applicant

1891.

Richardson, James H.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

FOR

J. J. Richardson
Applicant, *J. J. Richardson*
County, *De Kalb*

Amount, *50*

Date of Warrant, *Aug 13*

Entered on record

Aug 13 1891

clerk

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

applicant

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County,

PERSONALLY appears *J. L. Richardson* 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 *18* day of

Aug 18*32*, that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *E*, of *7* th Regiment of *Ga* Volunteers *Bartow*'s Brigade; that whilst engaged in such military service, at the battle of *1st Manassas* in the State of *Va*, on the *21* day of *July* 1861, he was wounded as follows:

Explosion of bullet shell which broke the left thigh and causing such injuries that affords it unable to follow his daily avocation, necessitating the use of stick, injuries being permanent.

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 *Eighty* dollars, for

Sworn to and subscribed before me, this the *13th* day of *Feb* 1890.

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

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

[L. S.]

Executed in the presence of us:

DIRECTION.

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

STATE OF GEORGIA,

De Kalb County,

PERSONALLY appears *Jas L. Richardson* 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 *1832* day of *Aug* 1832; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *E*, of *7* th Regiment of *Ga* Volunteers *Bartow*'s Brigade; that whilst engaged in such military service at the battle of *1st Manassas* in the State of *Va*, on the *July* day of *21st* 1861, he was wounded as follows:

Wound by the explosion of bullet shell in both thighs which permanently disabled applicant rendering him incapable of performing his duties. Essentially and substantially useless.

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

Sworn to and subscribed before me, this, the *23rd* 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, _____ 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.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

ВОМЕР ОЕ АЛЛОВИЕХ

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.

Executed in the presence of us _____

DIRECTIONS.

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

(For Those Already Enrolled.)

No. _____

Soldier's Pension.
1894.

Name Richardson, J. L.
County De Kalb.

Disability Leg Wound.

Amount, \$ 30.00

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

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

County, State of Georgia, do hereby appoint _____ of _____ my true and lawful attorney in fact, for

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

DIRECTIONS.

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

(For Those Already Enrolled.)

No. _____

SOLDIER'S PENSION.
1895.

Name J. L. Richardson
County De Kalb

Disability Leg Wound

Amount, \$ 30.00

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County, }

PERSONALLY appears L. Richardson 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 Aug 1892; that he enlisted in the military service of the Confederate States (or of the State of De Kalb) during the war between the States, and served as a Private in Company E, of 7th Regiment of De Kalb Volunteers, Barlow's Brigade; that whilst engaged in such military service at the battle of 1st Manassas in the State of Va, on the 21th day of July, 1861, he was wounded as follows:

Wounded by explosion of a shell breaking and fracturing the left thigh rendering the leg substantially and essentially useless.

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

Sworn to and subscribed before me, this, the 12th day of March, 1894.

L. Richardson
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 L. Richardson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 12th day of March, 1894.



M. Ragsdale

Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County, }

PERSONALLY appears L. Richardson 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 Aug 1892; that he enlisted in the military service of the Confederate States (or of the State of De Kalb) during the war between the States, and served as a Private in Company E, of 7th Regiment of De Kalb Volunteers, Barlow's Brigade; that whilst engaged in such military service at the battle of 1st Manassas in the State of Va, on the 21th day of July, 1861, he was wounded as follows:

By the explosion of a shell cutting the muscle from the left thigh and breaking the bone, rendering the leg substantially and essentially useless.

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

Sworn to and subscribed before me, this, the 17th day of March, 1895.

L. Richardson
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 L. Richardson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 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 us _____)
_____)

SOLDIER'S PENSION.

1896.

Name _____

County _____

Disability _____

Amount, \$ _____

1896

3/16

RICHARD JOHNSON,

Secretary Executive Department.

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 _____ 1898.

[L. S.]

Executed in presence of _____)
_____)

SOLDIER'S PENSION.

1898.

Name _____

County _____

Disability _____

Amount, \$ _____

1898

2/18

RICHARD JOHNSON,

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 *J. L. Richardson* of *De Kalb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *1st* day of *Aug* 1832; 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 *E*, of *7*th Regiment of *La* Volunteers, *Anderson*'s Brigade; that whilst engaged in such military service in the State of *GA*, on the *21* day of *July* 1861, he was wounded, injured or diseased as follows:

Was wounded by the explosion of a shell, in both thighs, fracturing the bone of the left thigh, thus rendering the leg substantially and essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the 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

17th day of *March* 1896.

Wm. Regdace

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

STATE OF GEORGIA,

De Kalb County.

I, *Wm. Regdace* Ordinary of said County, do certify that I am well acquainted with *J. L. Richardson* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *March* 1896.



Wm. Regdace

Ordinary *De Kalb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *J. L. Richardson* of *De Kalb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *1st* day of *Aug* 1832; 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 *E*, of *7*th Regiment of *La* Volunteers, *Anderson*'s Brigade; that whilst engaged in such military service in the State of *GA*, on the *21* day of *July* 1861, he was wounded, injured or diseased as follows:

Was wounded at the 1st Battle of Manassas, by the explosion of a shell in both thighs, the right thigh being broken and the muscles torn, rendering the leg substantially and essentially useless.

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

Sworn to and subscribed before me, this, the

18th day of *Feb* 1898.

Wm. Regdace Ordinary

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

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this *18th* day of *Feb* 1898.



Wm. Regdace

Ordinary *De Kalb* County.

FOR Use of Applicants Who have Not Heretofore Drawn.

STATE OF GEORGIA,

De Kalb COUNTY.

I, J. L. Richardson hereby authorize W. M. Ragodec of De Kalb to receive and receipt for the pension allowed and request that he remit same to

by at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2d

day of March 1897.

Executed in the presence of

T. L. Goza
H. Jones
Judge City Court
of De Kalb.

STATE OF GEORGIA,

De Kalb COUNTY.

PERSONALLY appears J. L. Richardson of De Kalb

County, State of Georgia, who being duly sworn says on oath that he was born on the 1st

day of Aug 1832, that he is a bona fide citizen and resident of Georgia, and

has been continuously since the 1st day of Aug 1832,

that he enlisted in the military service of the Confederate States (or the State of

) during the war between the States, and served as a

Private in Company E of 7th Regiment

of La Volunteers Andersons Brigade; that whilst engaged in

such military service, and in line of duty in the State of Va, on the

21st day of July 1861, he was disabled or wounded as follows:

Was wounded by the explosion of a shell between the thighs. Breaking the bone of the left thigh and tearing the muscle and flesh from the thigh. Rendering the leg for locomotion and work 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 thereunder, ending October 26th, 1897.

Sworn to and subscribed before me, this the

3d day of March 1897.

W. M. Ragodec,

Ordinary.

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.
Note.—Do not trouble to mention wounds which did not disable.
Note.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

The Instructions as set out in the Notes MUST be Observed.

Approved 3/6/97
Rich. Johnson
C. L. Goza

Act 24th October, 1887

No. 3195
De Kalb Co.,
Richardson, J. L.
INVALID

SOLDIER'S PENSION.

1897.

Name J. L. Richardson
County De Kalb
Disability Leg Wound
Amount, \$ 50.00
3/16, 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

Warrant Handled to
Atty

Geo. W. Harrison, State Printer, Atlanta.
Applicant has been
examined and found
not eligible for pension for 1897

Affidavit for Three Witnesses.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears before me, the undersigned, Ordinary in and for said County, James Hunter, Robert Davis and J. C. Cheering personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with J. L. Richardson whose application is herewith presented for a pension, that he has resided in this State continuously since the 1st day of Aug 1832, that he served in Company E of the 7th Regiment of Anderson's Brigade, and from our personal knowledge he was injured by the service as follows: (give full statement, and tell in your own language when and how the injury happened, and how badly applicant is disabled from work. If he does any labor, or can do any, state what)

He was wounded by the explosion of a shell between the thighs tearing the flesh of both and breaking the bone of the left thigh, which wound is a permanent and renders the said leg substantially and essentially useless. Applicant is now unable to do any kind of labor for a support.

We personally know above stated facts. We were with him in the army, and have known him ever since. He was honorably discharged or retired from the service Dec 1861. Applicant is permanently disabled as stated, and has been so to our certain knowledge ever since 1861. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this

3d day of March 1897. J. M. Ragdale, Ordinary.

James Hunter, Robert Davis, J. C. Cheering

- Note 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
2.—Witnesses are asked to make their statements full and explicit.
3.—All blank spaces must be filled when signed.
4.—Three witnesses are required.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY comes before me, W. M. Ragdale, Ordinary of said County, O. J. Ramsey M.D. and Joseph H. Green M.D., both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined J. L. Richardson and after such personal examination, say

that the present condition of applicant is as follows: Disabled by wound from a shell between the left thigh and destroying considerable muscles. Bone of same also right thigh wounded with destruction of considerable muscles. Large vessel injured and great arterial hemorrhage. A general break down of his general health and physical condition. All of which renders him unable to perform any kind of labor.

and that the condition is permanent.

We further say that said condition arises from the following facts: above stated

We have treated applicant professionally for two years, and his condition, as above stated, does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me this the 2d day of March 1897. J. M. Ragdale, Ordinary.

- Note 1.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.
Note 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier. Also, state how long physicians have known and treated applicant.
Note 3.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,

De Kalb County.

I, W. M. Ragdale, Ordinary of said County, do certify that I am well acquainted with J. L. Richardson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County. I also certify that the foregoing witnesses, to-wit: James Hunter, Robert Davis, and J. C. Cheering are persons of respectability, that their statements are worthy of full credit and belief, and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this 2d day of March 1897.

J. M. Ragdale, Ordinary, De Kalb County.

Form No. 4.

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 129.

(For Those Already Enrolled.)

No. 2697

INVALID

SOLDIER'S PENSION.

1899.

Name J.L. Richardson
County DeKalb
Disability Leg
Amount, \$ 50.
2/20 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appt.

Geo. W. Harrison, State Printer, Atlanta

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1900.

[L. S.]

Executed in presence of _____

CODE SECTION 129.

(For Those Already Enrolled.)

No. 1618

INVALID

SOLDIER'S PENSION.

1900.

Name R.L. Richardson
County DeKalb
Disability Leg
Amount, \$ 50.
Warrant issued Mh 8 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

appt.

Geo. W. Harrison, State Printer, Atlanta

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *J. L. Richardson* of *De Kalb* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *1st* day of *Aug* 1862; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *E*, of *7*th Regiment of *Ga* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service in the State of *Ga*, on the *21* day of *July* 1861, he was wounded, injured or diseased as follows:

Wounded by the explosion of a shell broke thigh and ear and lacerated flesh so as to render leg 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

Eighty Dollars, for the year 1898

Sworn to and subscribed before me, this, the

31 day of *Jan* 1899, POST OFFICE *Truher, Ga.*

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. Ragdale*, Ordinary of said County, do certify that I am well acquainted with *J. L. Richardson* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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. Ragdale
Ordinary *De Kalb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *J. L. Richardson* 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 *1* day of *Aug* 1862; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *E*, of *7*th Regiment of *Ga* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service in the State of *Ga*, on the *21* day of *July* 1861, he was wounded, injured or diseased as follows:

Wounded at 1st battle of Manassas by the explosion of a shell which broke the right thigh and tore away the flesh and muscle rendering the leg 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

Eighty Dollars, for the year 1899

Sworn to and subscribed before me, this, the

14 day of *Jan* 1900, POST OFFICE *Truher, Ga.*

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. Ragdale*, Ordinary of said County, do certify that I am well acquainted with *J. L. Richardson* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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



M. M. Ragdale
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

*DeKalb Co.
Richardson, J.D.*

CODE SECTION 129

(For Those Already Enrolled.)

No. 384

DISABLED

SOLDIER'S PENSION.

1901.

Name *J.L. Richardson*

County *DeKalb*

Disability *Leg Wound*

Amount, \$ *30.*

John W. Lindsey 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

no date

Richardson, J.D.

DeKalb Co.

CODE SECTION 130.

(FOR THOSE ALREADY ENROLLED.)

No. 377

DISABLED

SOLDIER'S PENSION

1902.

Name *Richardson, J.D.*

County *DeKalb*

Co. *E.* Regiment *7th*

Disability *leg*

Amount, \$ *30.*

John W. Lindsey 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I hereby authorize

of

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

by

at

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

day of 1902.

[L. S.]

Executed in presence of

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *J. L. Richardson* 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 *1* day of *Aug* 18*32*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *E*, of *7* th Regiment of *Ga* Volunteers, *Anderson*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *21* day of *Aug* 1861, he was wounded, injured or diseased as follows:

Was wounded by the explosion of a shell breaking both thighs right one left substantially and essentially useless

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

Sworn to and subscribed before me, this the *15* day of *Jan* 1901, *J. L. Richardson* Postoffice *Truher*

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

Given under my official signature and seal, this *11th* day of *Jan* 1901.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *J. L. Richardson* 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 *1* day of *Aug* 18*32*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *E*, of *7* th Regiment of *Ga* Volunteers, *Anderson*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *21* day of *Aug* 1861, he was wounded, injured or diseased as follows:

Wounded by the explosion of a shell breaking both thighs right one left thigh rendering leg 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, *J. L. Richardson* Postoffice *Truher*

W. M. Ragadace 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. Ragadace* Ordinary of said County, do certify that I am well acquainted with *J. L. Richardson* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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. Ragadace Ordinary *De Kalb* County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1903.

[L. S.]

Executed in presence of _____

CODE SECTION 126.
(FOR THOSE ALREADY ENROLLED.)

No. 332

DISABLED

SOLDIER'S PENSION

1903.

Name Richardson J. L.
County DeKalb
Co. E Regiment 7th
Disability Leg
Amount, \$ 52
1/23 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison State Printer, Atlanta.

no data

23d

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1904.

[L. S.]

Executed in presence of _____

CODE SECTION 126.
(FOR THOSE ALREADY ENROLLED.)

No. 330

DISABLED

SOLDIER'S PENSION

1904.

Name J. P. Richardson
County DeKalb
Co. 8 Regiment 7th
Disability both legs broke
4 years of sick
Amount, \$ 50
1/30 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears J. L. Richardson 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 1 day of Aug 1832; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company E, of 7 th Regiment of Va Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va, on the 21 day of July 1861, he was wounded, injured or diseased as follows:

At first battle of Manassas wounded by the explosion of a shell, breaking right thigh rendering same substantially and essentially useless

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

Sworn to and subscribed before me, this the 10 day of Jan 1903. } J. L. Richardson Post-office Fucker Ga.

W. M. Ragudoe, 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. Ragudoe Ordinary of said County, do certify that I am well acquainted with J. L. Richardson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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. Ragudoe Ordinary De Kalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears J. L. Richardson 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 1 day of Aug 1832; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company E, of 7 th Regiment of Va Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of , on the 21 day of July 1861, he was wounded, injured or diseased as follows:

Explosion of shell, both thighs broken & muscle torn.

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

Sworn to and subscribed before me, this the 25 day of January 1904. } J. L. Richardson Post-office

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

STATE OF GEORGIA,

De Kalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with J. L. Richardson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1904.



James R. George Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

by _____

at _____

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

day of _____

1905.

[L. S.]

Executed in the presence of _____

Richardson, J. L.
De Kalb County

COPIES SECTION 1250.

(FOR THOSE ALREADY ENROLLED.)

No. *271*

DISABLED

SOLDIER'S PENSION

1905.

Name *J. L. Richardson*

County *De Kalb*

Co. *E* Regiment *7. Va.*

Disability

Amount, \$ *50.00*

January 23. 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

The Franklin Printing and Publishing Co., Atlanta, Ga. W. H. HARRISON, Manager.

in date

Richardson, J. L.
De Kalb Co.

COPIES SECTION 1250.

(FOR THOSE ALREADY ENROLLED.)

No. *230*

DISABLED

SOLDIER'S PENSION

1906.

Name *J. L. Richardson*

County *De Kalb*

Co. *E* Regiment *7. Va.*

Disability *Both thighs*

Amount, \$ *150.00*

1/22. 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

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

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

by _____

at _____

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

day of _____ 1906.

[L. S.]

Executed in the presence of _____

STATE OF GEORGIA,

De Kalb COUNTY.

Personally appears J. B. Richardson of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company E, of 7th Regiment of Georgia Volunteers Anderson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 21 day of July 1861, he was wounded, injured or diseased as follows: Right leg disabled, Maimed, July 21-1861

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

Sworn to and subscribed before me, this the 21 day of January 1905. J. B. Richardson Post-Office Doraville Ga

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

STATE OF GEORGIA,

De Kalb COUNTY.

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



James R. George Ordinary De Kalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

De Kalb County.

Personally appears J. B. Richardson 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 Aug 1862; 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 E, of 7th Regiment of Georgia Volunteers Anderson's Brigade; that whilst engaged in such military service in the State of Virginia, on the 21 day of July 1861, he was wounded, injured or diseased as follows: Explosion of shell injured both thighs

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

Sworn to and subscribed before me, this the 20th day of January 1906. J. B. Richardson Post-Office Montreal

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

State of Georgia,

De Kalb County.

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

Given under my official signature and seal, this 21th day of January 1906.



James R. George Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKALB COUNTY.

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

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

[L. S.]

Executed in presence of _____

*Richardson, J. L.
DeKalb Co.*

Code Section 1290.
(FOR THOSE ALREADY ENROLLED)

No. 309

**DISABLED
SOLDIER'S PENSION
1907.**

Name J. L. Richardson
County DeKALB
Co. E Regiment 7th Inf.
Disability Left Leg Disabled
Amount, \$ 50

1/21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

MA

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no data

Audited Feb. 14 1889.
Wm. S. Wright
COMPTROLLER GENERAL

De Kalb
Maimed Soldiers.
Voucher No. 496
Amount \$ 50
Paid to JAMES I. Richardson
For Left Leg
Disabled
Feb 14 1889.

Included in Warrant No. _____
issued to Treasurer.
1889.

WARRANT CLERK
W. J. Campbell, State Printer, Constitution Job Office
Application

State of Georgia,

DeKALB. County.

Personally appears J. L. Richardson 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 E, of 7th Regiment of Georgia Volunteers Anderson's Brigade; that whilst engaged in such military service in the State of _____, on the 21st day of July 1861, he was wounded, injured or diseased as follows:

Left leg disabled, maimed

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

Sworn to and subscribed before me, this the 19 day of January 1907.

James R. George, Ordina

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 J. L. Richardson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.

AMB
your
seal
here

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

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 496,

Atlanta, Ga. Feb 11 1889

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

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

Left Leg Disabled

He is entitled to receive the sum of Fifty 50.00 Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor

W. H. Harris

CLERK EXECUTIVE DEPARTMENT.

\$50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 50.00

Dollars.

per above voucher, this 11th of Feb 1889.

R. R. O'Connell

James L. Richardson
mch

Audited

18

CONTROLLER GENERAL

De Kalb

Maimed Soldiers.

Voucher No. *1098*

Amount \$ *50*

Paid to *J. L. Richardson*

For *Leg disabled*

July 13 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

Applicant

Audited

1891.

CONTROLLER GENERAL

Richardson, James L.

De Kalb

1891.

Maimed Soldiers.

Voucher No. *1634*

Amount \$ *50*

Paid to *James L. Richardson*

For *Leg disabled*

July 24 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

3
Applicant

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1098

Atlanta, Ga., July 13, 1890

Mr. J. L. Richardson 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 00/1 Dollars
for such disability, the same being the allowance 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.

\$50

RECEIVED, OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this

Fifty 00/1 Dollars,
13 of July 1890
J. L. Richardson

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

1891.

No. 1654

Atlanta, Ga., July 24, 1891.

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

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

By the Governor,

W. H. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

\$50

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

per above voucher, this

Fifty 00/1 Dollars,
24 of July 1891
Jas. L. Richardson

NAME, Richardson, James L

YEAR 1887 COUNTY DeKalb

YEAR ADDED TO ROLL: 1887

WHEN AND WHERE BORN? Resident of Ga. since 1st day of August, 1833

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co E 7th Regt. Ga. Vols.
- Bartow's Brigade

NAME OF CAPTAIN AND COLONEL? Lieutenant J J Powell

WOUNDED? In both thighs - 1st Manassas, Va. - - 21st July 1861.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Lt. J J Powell

No data

NAME, Richardson, James L. } YEAR 1889 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Private Co. E, 7th. Regt. Georgia Vols.
Bartow's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Manassas, Va. July 21st. 1861. Shell breaking both thighs,
left leg useless.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None

NAME Richardson, J.L.

YEAR 1897 COUNTY DeKalb

WHEN AND WHERE BORN? August 1st. 1832 Ga.

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co. E, 7th. Regt. Ga. Vols.
Anderson's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? July 21st. 1861 wounded by explosion of shell between the
thighs, breaking the bone of left thigh and tearing the muscles and flesh
from the thigh.

CAPTURED, WHEN AND WHERE?

RELEASED.

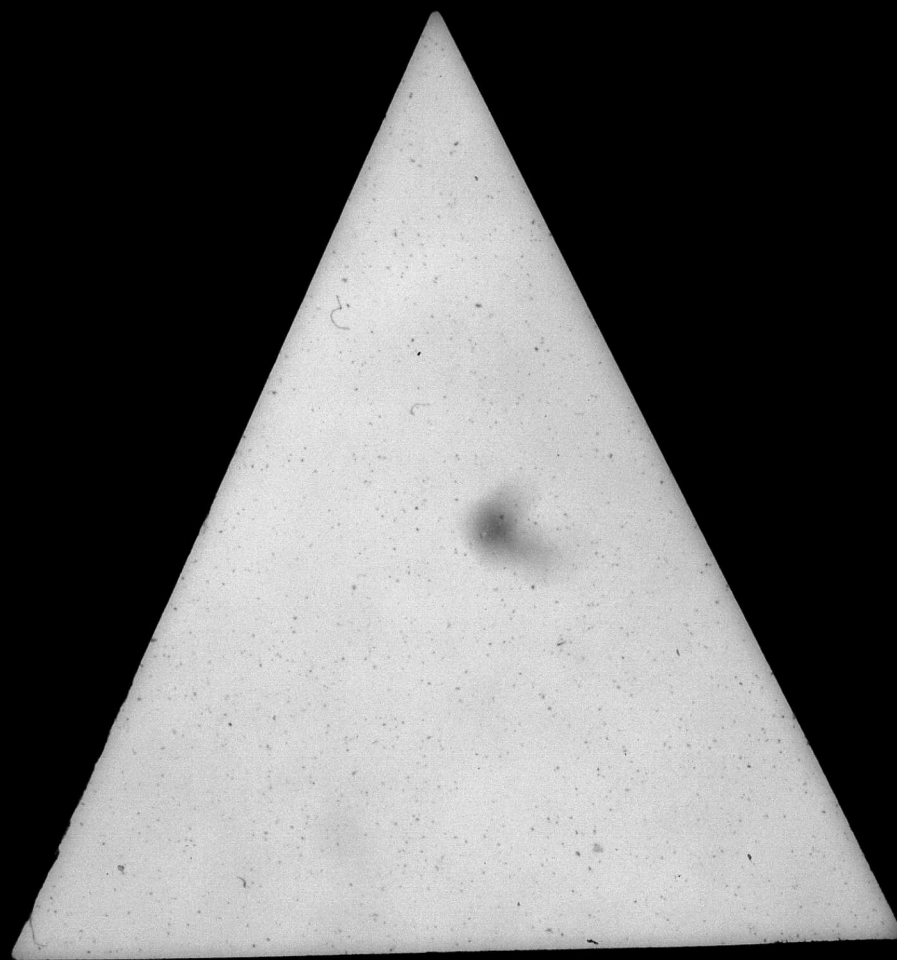
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. James Hunter, Robert F. Davis and J.C. Chewning, served
in army with applicant---No data.



~~Richardson, William M.~~
~~Richardson, William M.~~
De Kalb Co

438 No. 464

Application for Allowance

FOR

Left arm disabled.

Applicant Wm M Richardson

County De Kalb

Amount \$25

Date of Warrant Jan 4/88

Entered on Record,

Jan 4 1888

W H H

Secretary Executive Department.

STATE OF GEORGIA, }
De Kalb County }

PERSONALLY appears William M Richardson 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 First day of October 1866; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 38 th Regiment of Georgia Volunteers Gordons's Brigade; that whilst engaged in such military service, at the battle of Second Manassas in the State of Virginia on the day of 186, he was wounded as follows: by a gunshot wound of left arm, producing a compound fracture of all the Bones of the Elbow joint, and a dislocation backward of the same, resulting in the destruction of the joint and a considerable portion of the bones composing the joint, & the breaking up the attachments of muscles, ligaments &c leaving the arm greatly deformed and almost useless.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me, this 30th day of December 1887 } William M Richardson
John B Steward ordina mark

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, }
County. }

PERSONALLY came before me, William Wright capt of De Kalb State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company K, of 38 Regiment of Georgia Volunteers, and that deponent knows William Richardson, 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 William M Richardson, as stated by him in said affidavit. Deponent further states that said William M Richardson is a *bona fide* citizen of this State, and resides in De Kalb county. 1885

Sworn to and subscribed before me, this 4 day of January 1885
Wm Wright Cpt

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

Application for Allowance

FOR

Left arm disabled

Applicant William M Richardson

County De Kalb

Amount 205

Date of Warrant May 4/88

Entered on Record

May 11 1888

Secretary Revenue Department.

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 state-
ments in his affidavit are true.

Sworn to and subscribed before me, this

day of _____ 188

STATE OF GEORGIA,)

County.)

PERSONALLY comes before me

Ordinary of said county,

A. S. Mayson and *A. H. Brantley*, both known to
me as reputable physicians of said County, who, being severally sworn, say on oath that they have
carefully examined *William Stickens* and after such examination say that the
applicant has been injured as follows: *Compound Fracture of*

left arm at Elbow joint. rendering the arm
Essentially and Substantially useless

Sworn to and subscribed before me, this

30th day of *December* 188

John B. Steward
ORDINARY.

A. S. Mayson M.D.
A. H. Brantley, M.D.

NOTE. The physicians will state fully the extent of the wound and the disability resulting therefrom.

STATE OF GEORGIA,)

DeKalb County.)

I, *John B. Steward*

Ordinary of said county,

do certify that I am well acquainted with _____ the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said
affidavit are true, and I know he is the individual he represents himself to be, and that he resides in
this county. 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 *John B. Steward* before whom the foregoing
2 affidavits were made and power of attorney was signed, is *Ordinary*
of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *30th* day of *December* 188

John B. Steward
Ordinary *DeKalb* County.

POWER OF ATTORNEY

STATE OF GEORGIA)

County.)

Know all men by these presents, That I

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

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

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

[L. S.]

Executed in the presence of us:

Richardson, Wm.
Deputy Co.

No. 149

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 25, 1889.

FOR

Left Arm Disabled

Applicant Wm Richardson

County De Kalb

Amount \$0

Date of Warrant July 7/89

Entered on Record,

July 7 1889

SECRETARY EXECUTIVE DEPARTMENT.

No additional data

Applicant

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears Wm Richardson of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the

1855; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 38th Regiment of Georgia Volunteers, Right's Brigade; that whilst engaged in such military service, at the battle of 2nd Manassas in the State of Virginia, on the 28 day of Aug 1862, he was

wounded as follows: Shot with a musket ball and three buck shot in left arm near elbow. Rendering said arm substantially useless.

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

Sworn to and subscribed before me, this 6 day of Feb 1889 } Wm Richardson
Mark

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

STATE OF GEORGIA,

De Kalb County.

PERSONALLY comes before me Wm Richardson, Ordinary of said county, J. S. Ross and J. C. Workers, both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Wm Richardson and after such examination say that the applicant has been injured as follows: By a shot near the elbow of left arm, leaving a permanent dislocation at elbow & the arm in a withered condition, substantially & essentially useless.

Sworn to and subscribed before me, this 1st day of Feb 1889 } J. A. Soper M.D.
J. N. Wren M.D.
Ordinary.

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

STATE OF GEORGIA,

I, *W. M. Ragdale*, Ordinary of said county, do certify that I am well acquainted with *M. M. Richardson*, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: *J. H. Love M.D. and F. P. H. White, M.D.*

are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *6th* day of *Sept*, 188*9*,
W. M. Ragdale,
Ordinary *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

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

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

day of _____ 188*9*

(L. S.)

Executed in the presence of us:

DIRECTION:

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

NOTES.

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

STATE OF GEORGIA,

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

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

Given under my official signature and seal, this *5th* day of *Feb* 189*0*

Wm. M. Richardson
Ordinary *De Kalb* County.

H. E. Kell

Maimed Soldiers.

Audited

1889.

Voucher No. *149*

Amount. \$ *50*

COMPTROLLER GENERAL

Paid to *Wm. M. Richardson*

For *Left Arm*

disabled

Feb 7

1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK

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

Feb 7/89

1890.

Richardson, William M.

No. *265*

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1889.

Left arm dis
Applicant, *Wm. M. Richardson*

County, *De Kalb*

Amount, *50*

Date of warrant, *Feb 5*

Entered on record

Feb 5 189*0*

W. H. A.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears *Wm M Richardson* 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

1836; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *K*, of *38*th Regiment of *Georgia* Volunteers *Jackson's* Brigade; that whilst engaged in such military service, at the battle of *2d Massac* in the State of *Virginia*, on the *28*th day of *Aug* *1861*, he was wounded as follows: *Shot with a musket ball and three buck shot in the left arm near the elbow. Dislocating the elbow joint, causing the arm to be 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 *5th* day of *Feb* *1890* *Wm M Richardson* *mark*

Wm 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 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 *Feb* *1890*

Executed in the presence of us:

DIRECTION.

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

No. *149*

STATE OF GEORGIA, EXECUTIVE DEPARTMENT.

Atlanta Ga Feb 7 1889

Mr. *Wm M Richardson* of the County of *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, 1888, and the same having been allowed for *Left arm disabled* He is entitled to receive the sum of *Fifty* Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor

W H Harris

CLERK EXECUTIVE DEPARTMENT.

50. RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty Dollars, per above voucher, this *7th* day of *Feb* *1889*

Wm M Richardson *W J Speer*

Audited 7600 1890
Wm S. Mark
COMPTROLLER GENERAL

De Kalb

Maimed Soldiers.

Voucher No. 265

Amount \$ 50

Paid to Wm M Richardson

For Left arm
disabled

July 5 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

Applicant

Audited 1891.

COMPTROLLER GENERAL.

Richardson, William
De Kalb

1891.

Maimed Soldiers.

Voucher No. 1110

Amount \$ 50

Paid to Wm M Richardson

For Arm dis

July 10 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

1891.

No. 440

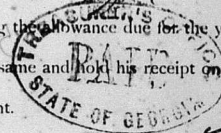
STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. }

Atlanta, Ga. Feb. 10 1891.

Mr. *Wm M Richardson* 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

Am 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.



H. J. Gordon
GOVERNOR.

By the Governor.

W. H. Harrison
Sec'y EXECUTIVE DEPARTMENT.

\$ *50*

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

Fifty Dollars,
per above voucher, this *10* of *Feb* 1891.

Wm M Richardson

NAME, Richardson, William M

YEAR 1888 COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Ga since the 1st of Oct., 1856

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co K 38th Regt. Ga. Vols
Gordon's Brigade

NAME OF CAPTAIN AND COLONEL? W M Wright, Captain

WOUNDED? Second Manassas, Va - left arm

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE CAPTURED?

IF NOT PRESENT AT BATTLE, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. W M Wright, Captain - Commanding officer -

No data

No. 265

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga., City, 5th 1890

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

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

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

By the Governor,

W H Harrison

CLERK EXECUTIVE DEPARTMENT.

GOVERNOR,

\$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/100

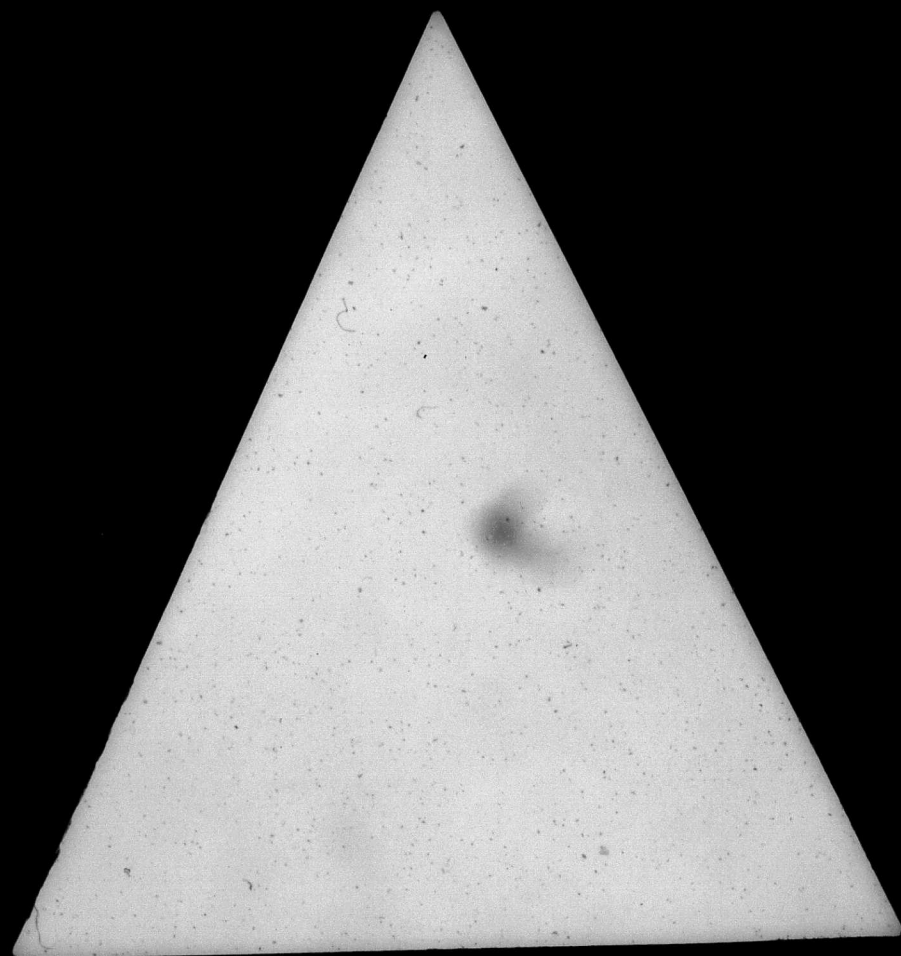
per above voucher, this

5th of Decy

Dollars,

1890

W M Richardson
Spec



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 papers are returned for correction and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.
5. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.
6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.
7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Dept.

Ricket, P. M.
De Ralt Co.

1890.

Ricket, P. M.

No. *2619.*

APPLICATION FOR ALLOWANCE

FOR

Leg disabled
Applicant, *P. M. Ricket*

County, *De Ralt*

Amount, *50*

Date of Warrant, *March 28*

Entered on record

March 28 1890

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

W. J. Campbell

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

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

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

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

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

W. H. HARRISON,
Clerk Ex. Dept.

1890.

No. 2619

APPLICATION FOR ALLOWANCE

FOR

Leg. disabled

Applicant, P. M. Rickett

County, De Kalb

Amount, 50

Date of Warrant, March 28

Entered on record

March 28 1890

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

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

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears P. M. Rickett 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 continuously since the day of

March 1857, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company A, of 9th Regiment of Georgia Volunteers Brigade; that whilst engaged in such military service ~~at the battle of~~ in the State of S. C., on the 10th day of May 1864, he was

wounded as follows: In a railroad accident while being transported from Augusta to Wilmington, N. C., on which he was a passenger, was wrecked near Kingsville, S. C. In this collision many lives were lost, and applicant was badly injured, and crippled, having his left thigh badly fractured, and the hip and ankle crushed, from which injuries applicant has since been disabled from work, said injuries being permanent and occurred while in the service, as a soldier, of the Confederate States.

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 thereunder, ending October 26, 1890.

Sworn to and subscribed before me this 20th day of March 1890 P. M. Rickett

NOTE.—State fully inured of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

Fulton County.

PERSONALLY came before me S. A. Tally of the county of Fulton State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company "A" of 9th Georgia Battalion, and that deponent knows P. M. Rickett, 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 P. M. Rickett

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

Sworn to and subscribed before me this 26th day of March 1890 S. A. Tally

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.

A. C. Jones
H. P. Fulton Co Ga

me at _____, and oblige,

STATE OF GEORGIA,

De Kalb County.

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

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

Given under my official signature and seal, this *13* day of *Feb* 1891.

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

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Regadale* Ordinary of said county,
do certify that I am well acquainted with *P. M. Ricketts* 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 *1st* day of *March* 1892.

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

Pickett, P. M.
Ricketts, P. M.
1891.

PAID 1891
No. *13*

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

De Kalb
Applicant, *P. M. Ricketts*
County, *De Kalb*
Amount, *50*
Date of Warrant, *Feb 13*
Entered on record
July 13 1891
W. H.
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO
Applicant
Geo. W. Harrison, State Printer, Atlanta, Ga.

De Kalb
Ricketts, P. M.
No. *13*

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *P. M. Ricketts*
County *De Kalb*
Disability *Dis by brog hand*
Amount, \$ *50*
Entered on record
Feb 1 1892.

W. H. HARRISON,
Secretary of Executive Department.
W. H. Harrison
AGENT.
Applicant

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

For Applicants heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears

P. M. Ricketts 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 *1848*; 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 *A*, of *9*th Regiment

of *Artillery* Volunteers's Brigade; that whilst engaged

in such military service at the battle of *Branchville* in the State

of *S.C.*, on the *20* day of *June*, 1863, he was

wounded as follows: *In a Rail Road Collision*

while returning to command, had

his left thigh crushed and heel

and ankle which renders the

said leg essentially and

substantially useless.

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

Eighty dollars, for

Sworn to and subscribed before me, this, the

13th day of *Feb*, 1891.

Wm. H. Allen, Notary Public.

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.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears

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 _____ 1861; 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 *A*,

of *9*th Regiment of *Georgia* *Battalion* *Artillery*'s

Brigade; that whilst engaged in such military service at the battle of _____

in the State of _____, on the _____ day of _____

May, 1864, he was wounded as follows: *Was mangled*

in a collision near Kings river

S.C. having the left thigh broken and

the leg and heel mangled, 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, 1892. I have heretofore been allowed a pension of

Eighty Dollars for *Body Guard*

Sworn to and subscribed before me this the

13th day of *March*, 1892.

Wm. H. Allen, Notary Public.

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 _____ of

County, in said State, do hereby appoint

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

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

day of _____ 1892.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to _____ P. O.

County, Georgia.

POWER OF ATTORNEY.
STATE OF GEORGIA, }

County, }

Know all Men by these Presents, That I

of _____ County, State of Georgia, do hereby appoint

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

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

[L. S.]

Executed in the presence of us: _____

DIRECTION.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

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.

See Paul Co
Rickett, O.M.
1893.

No. *876*

Application for Allowance

For the Year Ending October 26, 1893.

FOR

P.M. Rickett

Applicant, *De Kalb*

County, *De Kalb*

Amount, *50 3/4*

Date of Warrant, *3/18*

Entered on record, *1/18*

1893.

FOR

FOR

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

No data

See Paul Co

Rickett, O.M.

(For Those Already Enrolled.)

No. *819*

Soldier's Pension.

1894.

Name *Rickett, P.M.*

County *De Kalb*

Reability *Leg Wound*

Amount \$ *50 3/4*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA, }

PERSONALLY appears

County, }

P. M. Ricket 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 *1860*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *#* of *9th* Regiment of *9th* *Patrol* *Volunteers*'s Brigade; that whilst engaged in such military service at the battle of *...* in the State of *...*, on the *...* day of *May* 1864, he was wounded as follows:

Wounded in a collision in South Georgia near Kingsville, resulting in a compound fracture of the left thigh and crushing the head and ankle, which renders the leg essentially and substantially useless.

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

Fifty dollars, for *disabled leg*

Sworn to and subscribed before me, this, the *...* day of *March* 1893. *P. M. Ricket*

P. M. Ricket Ordinary of said County.

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, *M. M. Ragadac*

Ordinary of said County,

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

I further certify that

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

Given under my official signature and seal, this *14th* day of *March* 1893.

M. M. Ragadac Ordinary *De Kalb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County, }

PERSONALLY appears

County, }

P. M. Ricket 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 *1860*; 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 *#* of *9th* Regiment of *9th* *Patrol* *Volunteers*'s Brigade; that whilst engaged in such military service at the battle of *...* in the State of *...*, on the *...* day of *May* 1864, he was wounded as follows:

Wounded in a collision near Kingsville, Ga. resulting in a compound fracture of the thigh, and head and ankle crushed, rendering the same substantially and essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the 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. *P. M. Ricket*

Sworn to and subscribed before me, this, the *9th* day of *March* 1894. *M. M. Ragadac* 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. Ragadac*

Ordinary of said County,

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

Given under my official signature and seal, this *9th* day of *March* 1894.

M. M. Ragadac 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 (of 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.

(For Those Already Enrolled.)

No. 261

SOLDIER'S PENSION.

1895.

Name

Wm. Rickert

County

De Kalb

Disability

leg

Amount, \$

57.00

1895.

3/4

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

amp

Geo. W. Harrison, State Printer, Atlanta.

SOLDIER'S PENSION.

1896.

Name

Wm. Rickert

County

De Kalb

Disability

leg

Amount, \$

57.00

1896

Feb 24

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

amp

Geo. W. Harrison, State Printer, Atlanta.

no date

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1896.

[L. S.]

Executed in presence of us

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *P.M. Rickett* 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

1860; that he enlisted in the military service of the Confederate States (or of the State of

) during the war between the States, and served as a *Private* in Company *A*, of *9th* *De Kalb* Regiment of *Volunteers*, 's Brigade; that whilst engaged in

such military service at the battle of in the State of

on the day of *May* 1864, he was wounded as follows:

I was in a rail road collision at Kingsville S.C. while in service. He received a compound fracture of the left thigh and the knee and a bone were crushed, rendering the leg substantially and essentially useless.

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

Sworn to and subscribed before me, this, the

19th day of *Feb* 1895.

W.M. Rogsdale Ordinary.

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

STATE OF GEORGIA,

De Kalb County.

I, *W.M. Rogsdale* Ordinary of said County, do certify that I am well acquainted with *P.M. Rickett* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *Feb* 1895.



W.M. Rogsdale

Ordinary *De Kalb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *P.M. Rickett* 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

1860; that he enlisted in the military service of the Confederate States (or of the State of

) during the war between the States, and served as a *Private* in Company *A*, of *9th* *De Kalb* Regiment of *Volunteers*, 's Brigade; that whilst engaged in

such military service in the State of *S.C.*, on the day of

May 1864, he was wounded, injured or diseased as follows: *Was in wreck on rail road near Kingsville S.C. fracturing thigh bone and ankle 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 1895.

Sworn to and subscribed before me, this, the

19th day of *Feb* 1896.

W.M. Rogsdale Ordinary.

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

STATE OF GEORGIA,

De Kalb County.

I, *W.M. Rogsdale* Ordinary of said County, do certify that I am well acquainted with *P.M. Rickett* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *Feb* 1896.



W.M. Rogsdale

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 _____

ACT OF 24 OCT. 1882.
(For Those Already Enrolled.)

No. 1790

INVALID

SOLDIER'S PENSION.

1897.

Name R.M. Rickert

County De Kalb

Disability leg

Amount, \$ 50.00
2/23 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

affet

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

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1898.

[L. S.]

Executed in presence of _____

ACT OF 24 OCT. 1882.
(For Those Already Enrolled.)

No. 1949

INVALID

SOLDIER'S PENSION.

1898.

Name R.M. Rickert

County De Kalb

Disability leg

Amount, \$ 50
2/14 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

affet

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

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *P. M. Rickett* 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 *1858*; 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 *A*, of *1st* Regiment of *Artillery* Volunteers, *1st* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *10th* day of *May* 1864, he was wounded, injured or diseased of follows:

Near Kumpville Ga. in a collision while in service had a compound fracture of left thigh rendering him substantially and essentially disabled.

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

Sworn to and subscribed before me, this, the *10th* day of *Feb* 1897.

P. M. Rickett

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

Given under my official signature and seal, this *10th* day of *Feb* 1897.



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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *P. M. Rickett* 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 *April* 1833; 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 *A*, of *1st* Regiment of *Artillery* Volunteers, *1st* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *10th* day of *May* 1864, he was wounded, injured or diseased as follows:

Was in a rail road collision while in service near Kumpville Ga. in which he had his left leg and ankle crushed rendering him substantially and essentially disabled.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 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 *10th* day of *Feb* 1898.

P. M. Rickett

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

Given under my official signature and seal, this *10th* day of *Feb* 1898.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1899.

[L. S.]

Executed in presence of _____

CODE SECTION 126.

(For These Already Enrolled.)

No. 2679

INVALID

SOLDIER'S PENSION.

1899.

Name P.M. Rickett

County DeKalb

Disability Leg

Amount, \$ 30.

2/20 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appet

Geo. W. Harrison, State Printer, Atlanta

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1900.

[L. S.]

Executed in presence of _____

CODE SECTION 126.

(For These Already Enrolled.)

No. 3421

INVALID

SOLDIER'S PENSION.

1900.

Name P.M. Rickett

County DeKalb

Disability Wound Leg

Amount, \$ 50.

Warrant issued July 20 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

ck

Geo. W. Harrison, State Printer, Atlanta

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *P. M. Rickett* of *De Kalb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *10th* day of *April* 1838; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *A*, of *1st* Regiment of *Ga* Volunteers, 's Brigade; that whilst engaged in such military service in the State of *Sc*, on the day of *May* 1864, he was wounded, injured or diseased as follows:

In a collision at Kingsville Sc. had foot crushed rendering the leg substantially and essentially useless.

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

Sworn to and subscribed before me, this, the *31* day of *Jan* 1899, *P. M. Rickett* POST OFFICE *East Atlanta*

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 *P. M. Rickett* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *P. M. Rickett* 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 *10th* day of *April* 1838; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *E*, of *1st* Regiment of *Ga* Volunteers, 's Brigade; that whilst engaged in such military service in the State of *Sc*, on the day of *May* 1864, he was wounded, injured or diseased as follows:

While in service at Kingsville Sc. had foot and ankle crushed in a railroad collision which renders same substantially and essentially useless.

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

Sworn to and subscribed before me, this, the *17* day of *Jan* 1900, *P. M. Rickett* POST OFFICE *East Atlanta*

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 *P. M. Rickett* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *17*

day of *Jan* 1900.

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 _____, 1901,

[L. S.]

Executed in presence of _____

(For Those Already Enrolled.)

No. 361

DISABLED

**SOLDIER'S PENSION.
1901.**

Name P. M. Rickelt

County De Kalb

Disability leg Wound

Amount, \$ 50.

1901.

John W. Lindsey.

Commissioner of Pensions.

WARRANT HANDED TO _____

Geo. W. Harrison, State Printer, Atlanta.

no data

P. M. Rickelt

Maimed Soldiers.

Voucher No. 9619

Amount \$ 50.

Paid to P. M. Rickelt

For leg disability

March 28 1890

Included in warrant No. _____
issued to Treasurer.

WARRANT CLERK

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

W. J. Campbell

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears P. M. Rickett of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10 day of April 1839; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company E, of Seventh Regiment of Volunteers, 's Brigade; that whilst engaged in such military service in the State of S. C., on the day of May 1864, he was wounded, injured or diseased as follows:

Had foot and ankle crushed in a rail road collision while on transportation at Kingsville S. C. rendering the leg substantially and essentially useless.

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

Sworn to and subscribed before me, this the P. M. Rickett 12 day of Jan 1901. Postoffice East Atlanta W. M. Magdace 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. Magdace Ordinary of said County, do certify that I am well acquainted with P. M. Rickett the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

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

W. M. Magdace Ordinary De Kalb County.



No. 2619

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga., Nov 28 1890

Mr. P. M. Rickel 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 approved, Dec. 24, 1888, and the same having been examined and allowed for

Leg. disability 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, 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. A. Harrison CLERK EXECUTIVE DEPARTMENT.

\$50

RECEIVED OF STATE, TREASURER, R. U. HARDEMAN.

Fifty Dollars, per above voucher, this 28 of Nov 1890 W. E. Gizzard

NAME, Ricket, P. M.

YEAR 1890 COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of ga., since March 1857.

ENLISTED WHEN AND WHERE?

RANK. Private.

COMPANY AND REGIMENT? Co. A, 9th ga. Battn., Ga. Artillery Vols.

NAME OF CAPTAIN AND COLONEL? A. S. Talley, Comm. Off.

WOUNDED? Near Ringville, S. C. Leg disabled, in railroad accident.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE CONFINED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. A. S. Talley C omm. Off.

*Ricket, P. M.
1891*

1891.

Maimed Soldiers.

Voucher No.

781

Amount \$

50⁰⁰

Paid to

P. M. Ricket

For

Disabled by

body wound

July 13 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

NAME Rickett, P. M.

YEAR 1895 COUNTY DeKalb

WHEN AND WHERE BORN? Resident Ga since 1860

ENLISTED WHEN AND WHERE?

RANK. private

COMPANY AND REGIMENT? Co A Ga Artillery Battn. Vols

NAME OF CAPTAIN AND COLONEL?

WOUNDED? May, 1864 - at Kinsville, S C - in a railroad collision while in the service, received a compound fracture of the left thigh, heel and ankle were crushed, rendering the leg useless.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None

1891.

No. 781

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT. }

Atlanta, Ga. July 13, 1891.

Mr. P. M. Rickett

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

Fifty Dollars Dollars

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

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

By the Governor,

W. H. Harrison

Sec'y EXECUTIVE DEPARTMENT.

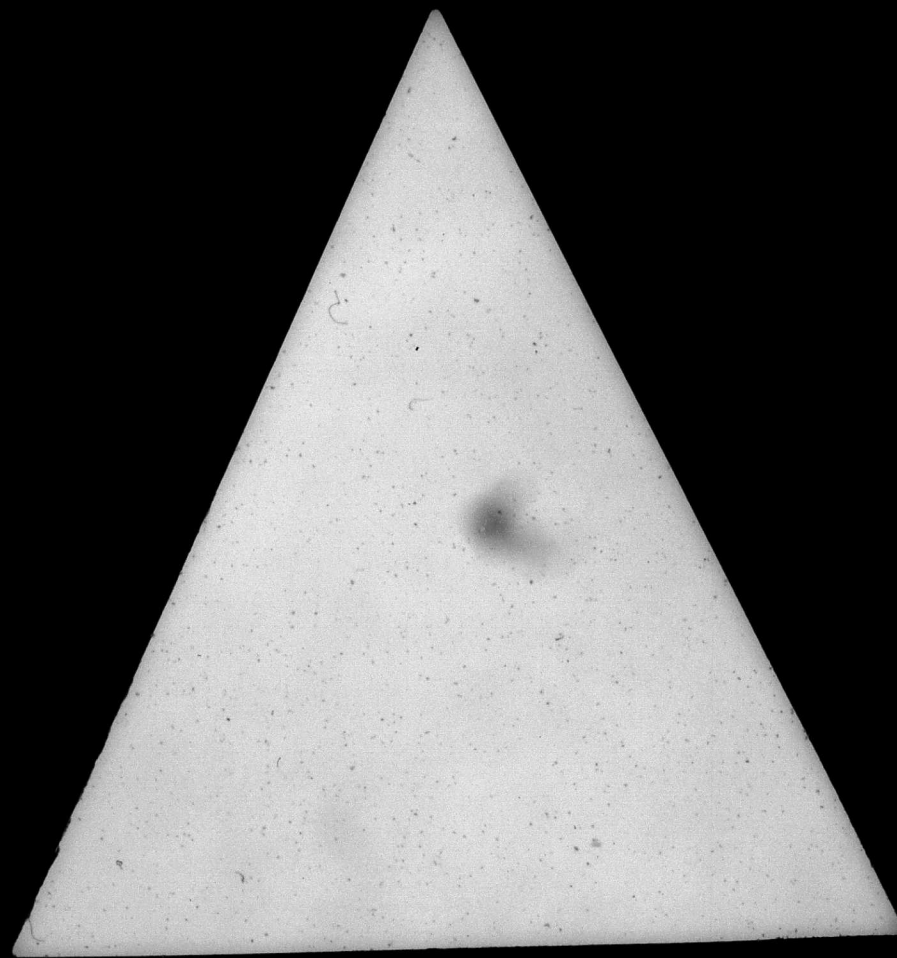
\$ 50

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

Fifty & 00/100 Dollars

per above voucher, this 13 of July 1891.

P. M. Rickett



Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, James D. George Ordinary of said County, certify that I know the applicant Robert B. Ridley for pension is the person he represents himself to be and resides in said county. That I also know the ordinary the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 25 day of Oct 1919
James D. George Ordinary
 of DeKalb County.
 (SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witness in the following words: You do solemnly swear that you will true answers make to each of the questions asked, true and the evidence you give shall be the true and honest evidence. So help you God.
 2. Additional affidavits may be sworn to by the applicant and witnesses if the Ordinary deems it necessary.
 3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County DeKalb
 Name Robert B. Ridley
 Company B
 Regiment 4 Ga Inf
 Approved _____

J. W. LINDSEY,
 Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

Ridley, Robert B.
De Kalb Co

Nov
 1920

15-61
 Ep. m. t. w.
 (M. R.)

I, James P. George Ordinary of said County, certify that I know the applicant Robert B. Ridley for pension is the person he represents himself to be and resides in said county. That I also know the ordinary the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 25 day of Oct 1919
James P. George Ordinary
DeKalb County.
 (SEAL)

NOTES:—1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words:
 "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

No. 6111
Oct. 1919
Confederate
Soldier's Application
 Under Act 1910—As Amended by Act of 1919.
 County DeKalb
 Name Robert B. Ridley
 Company B
 Regiment 4 Ga. Inf.
 Approved _____

J. W. LINDSEY,
 Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1919

Questions For Applicants to Answer

STATE OF GEORGIA.

I, Robert B. Ridley of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office) Robert B. Ridley DeKalb County Decatur Ga
2. How long and since when have you been a continuous resident citizen of this State? 76 years all my life
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Confederate States
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) June 15th 1861 Norfolk Va. Company B - 4 Ga. Regt. Inf.
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) from June 15th 1861 to April 9th 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? April 9th 1865 Appomattox C. Va.
7. Were you actually present with your command when it was surrendered or discharged? I was
8. If you were not actually present, state specifically and clearly where you were. Present
- a. Where was your command when you left it? did not leave
- b. When did you leave the command? Surrender
- c. For what cause did you leave? Surrender
- d. By whose authority did you leave?
- e. For how long was your leave granted? In what way?
- f. Why did you not return to your command after leave expired? did not leave
- g. In what way were you prevented?
- h. What effort did you make to return?
- i. Were you captured during the war? was not
- j. If so, when, and where? In what prison were you held and when were you released?
9. Are you drawing a pension of any amount from this State or the United States? I am not
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Have not

Sworn to and subscribed before me, this the

6 day of September 1919
James P. George Ordinary
DeKalb County.

(SEAL)

STATE OF GEORGIA.

Fulton COUNTY.

William Hogan of said State and County is hereby presented as a witness in support of the application of R. B. Ridley for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? William Hogan, Heard Co., Ga.
2. How long and since when have you known Robert B. Ridley the applicant? Since 1861
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. and lived in Ga. ever since I have known him
4. When, where and in what Company and Regiment did Robert B. Ridley enlist during war from 1861 to 1865? (Give date and place.) June 1861, Augusta, Ga., Co. "B" 4th Ga. Inf.
5. How did you obtain your information of this Service? I was member of same company
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) From enlistment to surrender
7. When and where was his command surrendered or discharged (give date and place) Appomattox Court House, April 1865
8. Were you personally present at the surrender? No
9. If not, where were you and how came you there? Ft. Lookout, Md. as prisoner, captured April 2, 1865 at Petersburg, just seven days before surrender
10. Was the applicant personally present with his command at surrender? Yes
11. If not where was he and how came him there? Never left command until after surrender
12. When did he leave his command? Where was his command when he left it? For what cause did he leave? By whose authority did he leave? How do you know long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically I was member of same company and saw him constantly in service until April 2, 1865 when I was captured
13. In what way was he prevented from returning to his command? How do you know?
14. What effort did he make to return to his command and how do you know?
15. Was applicant captured as a prisoner? No. If so, when and where? In what prison was he held? and when released

Sworn to and subscribed before me, this the

8th day of October 1919.

of Fulton County.

(SEAL)

Ordinary

County.

William Hogan
I hereby certify that I know the witness to the within application; that he is a resident of Heard Co., Ga. and was duly sworn by me before signing the foregoing affidavit; that he is truthful and that his statements are entitled to full faith and credit.
This Oct. 8 1919.

Ordinary Fulton Co., Ga.

NAME Ridley, Robert B.

YEAR 1920

COUNTY Dekalb

UPON AND WHERE BORN? A resident of Georgia since birth, 1843, 76 yrs.

ENLISTED WHEN AND WHERE? June 15, 1861, Norfolk, Va.

RANK.

COMPANY AND REGIMENT? Co. B. 4th Ga. Regt. Infantry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

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

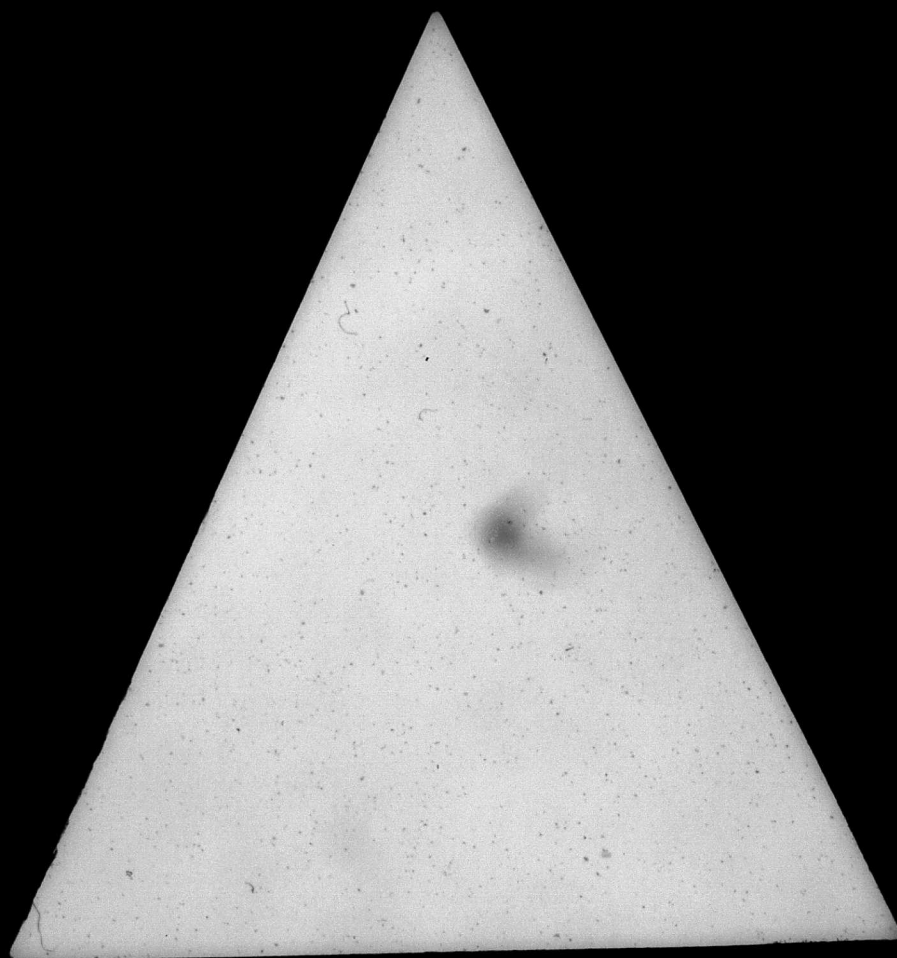
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES, William Hogan - Same command

Nodata



Robertson, G. C.
De Kalb
O.K. Jan 1912

+ No.

Confederate
Soldier's Application.

UNDER ACT 1910.

County De Kalb
Name G. C. Robertson
Company C -
Regiment Cobb's Legion
Approved

ERO 1935
J. W. LINDSEY,
Commissioner of Pensions.
ENTERED ROSTER OFFICE
CHAS. P. BYRD, State Printer, Atlanta.

11/10/11 11/10-1911

STATE OF GEORGIA,

Dekalb County.

G. L. Robertson 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) G. L. Robertson Dekalb Co. Ga. Kennesaw Ga.
2. How long and since when have you been a continuous resident citizen of this State? 74 years May 8th 1837
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Confederate
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) August 1st 1861 - Decatur Ga. Company - 6 - 60th Reg.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) from August 1st 1861 - to April 2nd 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? April 9th 1865 - Appomattox, Va.
7. Were you actually present with your Command when it was surrendered or discharged? I was present
8. If you were not actually present, state specifically and clearly where you were. Present
- a. Where was your Command when you left it? did not know cannot
- b. When did you leave the Command? Surrender
- c. For what cause did you leave?
- d. By whose authority did you leave?
- e. For how long was your leave granted? In what way? Surrender
- f. Why did you not return to your Command after leave expired? I was killed
- g. In what way were you prevented? Surrender
- 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.) I owned 50 acres of Land Lot no 43 - value of \$800.00 1 mule - val \$125.00 1 hog val \$10.00 House hold goods \$35.00 Total \$970.00
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? nothing
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). I own 50 acres of Land in Land Lot no 43 - value of \$800.00 1 mule \$125.00 House hold goods value \$35.00 Total val \$960.00
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? have no income only what I make on farm
13. Are you drawing a pension of any amount from this State or the United States? I am not
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

26 day of October 1911 G. L. Robertson
James P. Grogg Ordinary,
of Dekalb County.

Confederate

Soldier's Application.

UNDER ACT 1910.

County

Dekalb

Name

G. L. Robertson

Company

6

Regiment

60th Reg.

Approved

G. L. Robertson

ENTERED ROSTER OFFICE

CHAS. F. BYRD, State Printer, Atlanta.

STATE OF GEORGIA,

DeKalb County.

I, J. D. Argo of said State and County is hereby presented as a witness in support of the application of G. L. Robertson 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? J. D. Argo Lithonia DeKalb County Ga
2. How long and since when have you known G. L. Robertson the applicant? 50 years
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? DeKalb County all his life
4. When, where and in what Company and Regiment did G. L. Robertson enlist during war from 1861 to 1865? (Give date and place) August 1st 1861 - DeKalb Co. Company C 6th Regt. Ga. Inf.
5. How did you obtain your information of this Service? I was a member of same company & Legion
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) from August 1st 1861 to April 9th 1865
7. When and where was his Command surrendered or discharged (give date and place) April 9th 1865 - Appomattox Va
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? _____ and how long was he granted leave? _____ How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I was present at the surrender of my own knowledge. I was captured at the surrender.
13. In what way was he prevented from returning to his Command? Surrender
How do you know? I 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? _____
In what prison was he held? _____ and when released _____

Sworn to and subscribed before me, this the

26 day of Oct 1911

J. L. Argo
Ordinary
of DeKalb County.

STATE OF GEORGIA,

DeKalb County.

Personally before me comes J. L. Miller & E. D. Channing who on oath says that they are freeholders residing in said County and we know G. L. Robertson the applicant for pension and we know the property that is now in the use, possession and control of himself and of its cash value to wit: (Make list by items and value.)

50 acres of Land in Land Lot 43 value \$500.00
1 mile of river House hold goods \$50.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) Nothing

2. When and to whom was it sold or given to? _____

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

26 day of Oct 1911

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 G. L. Robertson for Pension is the person he represents himself to be and resides in said County. That I also know J. D. Argo the witness swearing to the service and J. L. Miller & E. D. Channing who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of DeKalb Co shows that G. L. Robertson and his wife

value for tax is in 1908 \$1495.00 for 1909 \$452.00 for 1910 \$1380.00
1911 - \$970.00

Sworn under my hand and official seal of office this 2 day of Nov 1911

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.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, George L. Robertson, and being duly sworn, deposes and says: That during the years, 1907, 1908, 1909 and 1910, he and his son Thomas J. Robertson, both owned property and he, George L. Robertson returned the same for taxes in his own name and not in the name of himself and his son, that said Thomas J. Robertson owned 50 acres of the property so returned. Sworn to and subscribed before me, } G. L. Robertson
this 26th day of October, 1911. }

James R. George
Ordinary, DeKalb County, Georgia.

NAME Robertson, G. L.

YEAR 1912

COUNTY DeKalb

BORN AND WHERE BORN? May 8, 1837 - Georgia.

ENLISTED WHEN AND WHERE? August 1, 1861 - Decatur, Georgia.

RANK

COMPANY AND REGIMENT? Company C, Cobb's Legion

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED? April 9, 1865 - Appomattox Court House, Va.

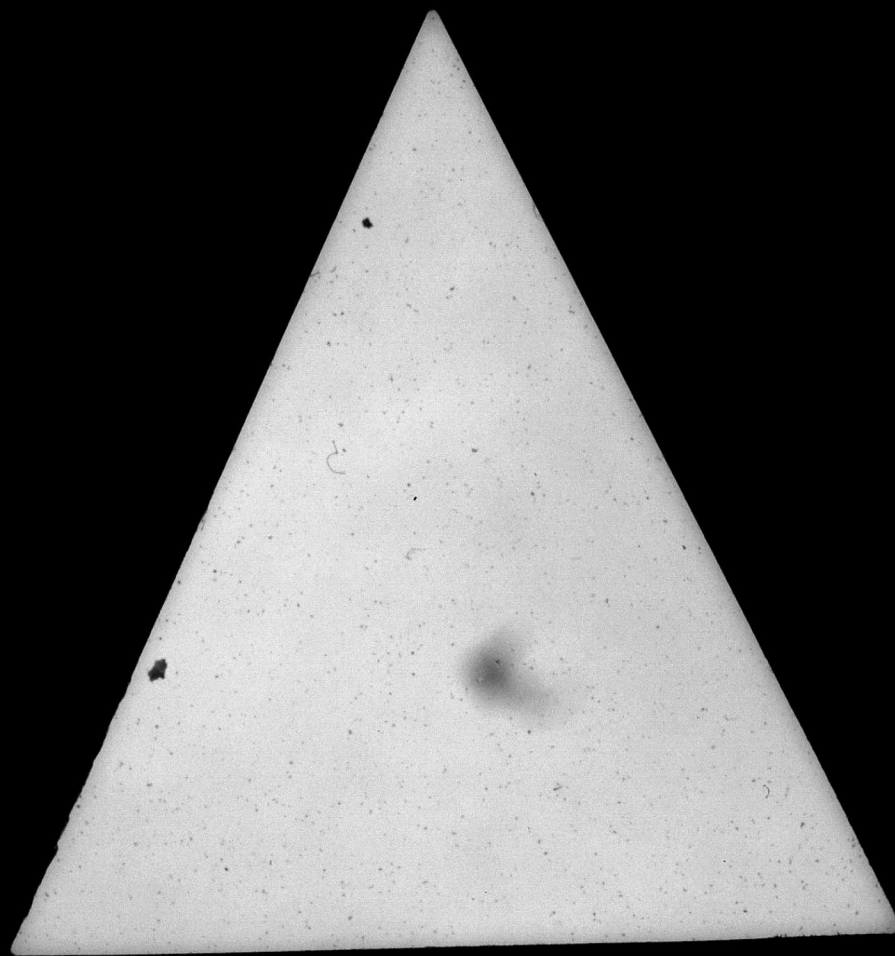
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED?

WITNESSES. J. L. Argo - same Company and Legion -- 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,



Robertson, Harriett
De Kalb County

1891.

No. 1180

Widows' Pension

— PAID TO —

Mrs. Harriet Robertson

— 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

Executed in the presence of us:

[L. S.]

DIRECTIONS.

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



AND HANDED TO

Warrant Issued

1891

\$100.00.

De Kalb County

Mrs. Harriet Robertson

Widows' Pension

No. 1180

1891.

Robertson, Harriett
De Kalb County

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. *Harriet Robertson*, who being sworn according to law, says under oath that she is the widow of *James M. Robertson*, who was a soldier in the service of the Confederate States, and served as a member of Company *C*, of the *63rd* Regiment of *Georgia* Volunteers; that he enlisted in said service on or about the day of *Oct* 1863, and was in the *Confederate* Army up to *June* 1864. That while in the Army, he was on the day of _____ 1864, (See Note No. 1)

She was sent from his command while near Kennesaw Mountain on account of sickness, was brought to Atlanta and sent to his home in De Kalb County, where he arrived on the 12th of June 1864. was very sick and weak when he arrived had his cough continually till his death from the disease on the 21st day of Sept. 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 *Jan* 1848, and that she has resided in Georgia continuously since the 13th day of *Aug* 1820; 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

13th day of *April* 1891.

W. M. Giddens
Ordinary.

Harriet Robertson
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.

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of *De Kalb*
M. C. Chapman

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. *Harriet Robertson*, of the County of *De Kalb*,
State of Georgia, is the widow of *James M. Robertson*, who was a soldier in
Company *C* of the *68th* 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 *Oct* 1863. That while in said service, or by
reason of said service in the Army, he lost his life as follows:

*That he was taken sick while
while on the retreat through Georgia
He left the Command near
Carnesaw Mountain was sent
to Atlanta and carried to his
home in De Kalb County.
Where he died in Sept 1864.
That he had Typhoid fever
and from the irritation produced
his coughs which resulted in
his death as stated above.*

We further swear that Mrs. *Harriet Robertson* 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
13th day of *April*, 1891.

M. C. Chapman
Ordinary.

W. F. Chapman
J. J. Marbut
D. R. Chapp, M.D

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

Form No. 3.

STATE OF GEORGIA,

County of *De Kalb*

I, *M. M. Rogida* Ordinary
in and for said County of *De Kalb*

State of Georgia, hereby certify that I am acquainted with Mrs. *Harriet Robertson*
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
15th day of *April*, 1891.

SEAL

M. M. Rogida

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, *M. M. Ragsdale*, Ordinary in and for said County of *De Kalb*, State of Georgia, hereby certify that I am acquainted with Mrs. *Harriett Robertson* 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 *Jas. A. Robertson* 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 *2^d* day of *Feb*, 1894.

SEAL

M. M. Ragsdale

Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, *De Kalb* County.

KNOW ALL MEN BY THESE PRESENTS, That I, *Mrs. Harriett Robertson* of *De Kalb* County in said State, do hereby appoint *J. M. Robertson* 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 *2^d* day of *Feb*, 1894.

Harriett x Robertson
mark

[L. S.]

Executed in the presence of us:

John A. Shinsky
M. M. Ragsdale

Ordinary. DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

ONE W. HARRISON, State Printer, ATLANTA.

WARRANT ISSUED

1894.

AND HANDED TO

De Kalb

COUNTY.

—OF—

M. Harriett Robertson

—PAID TO—

for year ending February 15th, 1894.

WIDOWS' PENSION,

No. *1073*

1894.

FOR THOSE HERETOFORE PAID.

Robertson, Harriett
De Kalb County

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally comes Mrs.

Harriett Roberson

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

James A. Robertson

who was a Soldier in Company

C

of the *63rd*

Regiment of *Pa*

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

1861 and served in the Army up to *June* 1864 That he lost his

life on the *22nd* day of *Sept* 1864 (State here

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

Had contracted disease while in service came home on sick furlough and died of the disease at his home in De Kalb County on the 22nd day of 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 1849; 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

2d day of *Feb* 1894.

W. M. Rapier

Ordinary.

Harriett A. Robertson
Marth
Post-office *Carroll, Ga.*

STATE OF GEORGIA, County of *De Kalb*
I, *Wm. M. Rogers* Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
Harriet Robertson 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
James A. Robertson 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
day of *Feb* 1893.

Wm. M. Rogers Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of *De Kalb*
KNOW ALL MEN BY THESE PRESENTS, That I, *Mrs. Harriet Robertson*
of *De Kalb*
County, in said State, do hereby appoint *Wm. M. Robertson*
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 affi-
davit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *19th*
day of *Feb* 1893.

Executed in the presence of us:

J. S. McBurney
Wm. M. Rogers

Ordinary, DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

(Geo. W. Hartman, State Printer, Atlanta.)

AND HANDED TO

1893

Warrant Issued

De Kalb OF _____ COUNTY.

Mrs. Harriet Robertson

PAID TO

for year ending February 15th, 1893.

Widow's Pension,

To. 1032

1893.

FOR THOSE HERETOFORE PAID.

Certificate of Ordinary of the County of Applicant's Residence.
STATE OF GEORGIA, County of _____
I, *Wm. M. Rogers* Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
Harriet Robertson the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), that she resides in this County, and that she resided in the State of Georgia on
December 23, 1890, and has not lived out of the State since that date. That she is the
widow of *James A. Robertson* 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.

Wm. M. Rogers Ordinary.

POWER OF ATTORNEY.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *4th*
day of *Feb* 1895.

Executed in the presence of us:

Wm. M. Rogers
Ordinary

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

(Geo. W. Hartman, State Printer, Atlanta.)

WARRANT ISSUED

28 Jan 1895

AND HANDED TO

1895

De Kalb OF _____ County.
Mrs. Harriet Robertson

PAID TO

for year ending February 15th, 1895.

WIDOW'S PENSION,

No. 985

1895.

FOR THOSE HERETOFORE PAID.

STATE OF GEORGIA,
County of *De Kalb*

Personally comes Mrs.

Harriet Robertson

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

1892 That she is the Widow of

James A. Robertson

who was a Soldier in Company

C

of the

68th

Regiment of

Georgia

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

Spring of

1863 and served in the Army up to

June

1864 That he lost his

life on the

day of

18

(State here

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

He was then very sick near Marietta Ga, left his command near Atlanta, and went to his home, arriving there on the 12th of June 1864. He was never able to be up till his death on the 21st day of September 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 1848; that Georgia is her home and she resides in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

17th day of *Feb*

1893.

M. M. Ragsdale

Ordinary.

Ms. Harriet Robertson

Post-office

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

Harriet Robertson

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

Aug 13

1825 That she is the Widow of

James A. Robertson

who was a Soldier in Company

C

of the

63rd

Regiment of

Ga

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

Jan

1864 and served in the Army up to

June

1864 That he lost his

life on the

21st

day of

Sept

1864 (State here

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

Contracted some chronic disease while in service and died after reaching home in De Kalb County, on date above named

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 1848, 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

4th

day of

Feb

1895.

M. M. Ragsdale

Ordinary.

Mrs. Harriet Robertson

Post-office *Paula*

STATE OF GEORGIA, County of

De Kalb

I, *W. M. Regadon*

Ordinary in and for said County of

De Kalb

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

Barriett Robertson

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 *James S. Robertson* 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 *17th* day of *Feb* 1896.

{SEAL}

W. M. Regadon

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.

[L.S.]

Executed in the presence of

Geo. W. Harrison, State Printer.

AND HANDED TO

W. M. Regadon

WARRANT ISSUED

2/11

1896.

widow of *James S. Robertson*

De Kalb County.

OF

Mr. Harriet Robertson

PAID TO

for year ending February 15th, 1896.

WIDOW'S PENSION,

No. *2980*

1896.

FOR THOSE HERETOFORE PAID.

Robertson, Harriet
De Kalb County

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

STATE OF GEORGIA, County of

De Kalb

I, *W. M. Regadon*

Ordinary in and for said County of

De Kalb

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

Barriett Robertson

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 *James S. Robertson* 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 *17th* day of *Feb* 1897.

{SEAL}

W. M. Regadon

Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, *Harriet Robertson* hereby authorize *W. M. Regadon* 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 *17th* day of *Feb* 1897.

[L.S.]

Executed in the presence of

W. M. Regadon
W. M. Regadon

Geo. W. Harrison, State Printer, ATLANTA.

WARRANT ISSUED

2/18

1897.

AND HANDED TO

W. M. Regadon

RICHARD JOHNSON,

(Commissioner of Pensions)

widow of *James S. Robertson*

De Kalb County.

OF

Mr. Harriet Robertson

PAID TO

for year ending February 15th, 1897.

WIDOW'S PENSION,

No. *3703*

1897.

FOR THOSE HERETOFORE PAID.

De Kalb County

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

Harriet Robertson

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 *James A. Robertson* who was a Soldier in Company *C* of the *63rd* Regiment of *Ga* Volunteers, that he enlisted in said regiment on or about the month of *Nov* 186*3* and served in the Army up to *June* 186*4* That he lost his life on the *21st* day of *Sept* 186*4*, (State here full particulars of the husband's death, when, where and from what cause.) (

he contracted disease while in service had come home on sick furlough in June and died of the disease - on date given above,

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18*48*, 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

7th day of *Feb* 1896.
M. M. Rogers Ordinary.

Harriet Robertson
Post-office *Paula, Ga.*

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

Harriet Robertson

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 *August 13th* 1825 That she is the Widow of *James A. Robertson* who was a Soldier in Company *C* of the *63rd* Regiment of *Ga* Volunteers, that enlisted in said regiment on or about the month of *June* 186*4* and served in the Army up to *June* 186*4* That he lost his life on the *21st* day of *Sept* 186*4*, (State here full particulars of the husband's death, when, where and from what cause.) (

he contracted disease while in service took a violent spell of sickness from which he died on date given above,

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 184*8*, 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

14th day of *Jan* 1897.
M. M. Rogers Ordinary.

Harriet Robertson
Post-office *Paula, Ga.*

POWER OF ATTORNEY.

State of Georgia, DeKalb County.
 I, Harriet Robertson hereby authorize J. W. Robertson
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 1st
 day of Feb 1898.

Executed in the presence of
W. C. Grace
Ordinary
Harriet X Robertson [To R.]
mark

POWER OF ATTORNEY.

State of Georgia, DeKalb County.
 I, Harriet Robertson hereby authorize J. W. Robertson
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 1
 day of March 1899.

Executed in presence of
J. P. Eagle
Ordinary
Harriet X Robertson [To R.]
mark

Robertson, Harriet
DeKalb County
 For Those Heretofore Paid
1898.
 NO. 2589
WIDOW'S PENSION,
 For year ending February 15th, 1898.
 PAID TO
Mrs. Harriet Robertson
 OF
DeKalb County,
 Widow of J. A. Robertson
 RICHARD JOHNSON,
 Commissioner of Pensions.
WARRANT ISSUED
21
 AND HANDLED TO
J. W. Robertson
 SEC. W. HARRISON, STATE PRINTER, ATLANTA

Robertson, Harriet
DeKalb Co
 For Those Heretofore Paid.
1899.
 NO. 3642
WIDOW'S PENSION,
 For year ending February 15th, 1899.
 PAID TO
Mrs. Harriet Robertson
 OF
DeKalb County
 Widow of J. A. Robertson
 RICHARD JOHNSON,
 Commissioner of Pensions.
WARRANT ISSUED
3/2
 AND HANDLED TO
J. W. Robertson
 SEC. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *DeKalb*

Personally Comes Mrs.

Harriet Robertson

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 *Aug 11th* 18*25* That she is the Widow of

J. A. Robertson who was a Soldier in Company

of the *63d* Regiment of *Inf.*

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

186*2* and served in the Army up to *June* 186*4* That he lost his

life on the *22d* day of *Sept* 186*4* (State here

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

*He contracted disease in the war
had got home and died of
his cough at his home in DeKalb
Co*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid; and that she became his wife in the year 18*48*

I have been allowed a pension as a resident of *DeKalb* County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this *1st* day of *Feb* 1898. *Harriet Robertson* *M. M. Ragadue* Ordinary. Post-Office *Parola*

State of Georgia,

DeKalb County.

I *M. M. Ragadue*

Ordinary of said County, certify that I am well acquainted

with Mrs. *Harriet Robertson* who made the above affidavit and am satis-

fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the *1st* day of *Feb* 18*25*

Given under my official signature and seal this the *1st* day of *Feb* 1898.

M. M. Ragadue Ordinary of *DeKalb* County.

Official Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *DeKalb*

Personally Comes Mrs.

Harriet Robertson

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 *Aug 25* 18*25* That she is the Widow of

J. A. Robertson who was a soldier in Company

of the *63d* Regiment of *Inf.*

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

186*4* and served in the Army up to *Sept* 186*4* That he lost his

life on the *22d* day of *Dec* 186*4* (State here

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

*Come home sick took his cough
and died in DeKalb Co*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18*48*

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

Sworn to and subscribed before me, this *9* day of *Jan* 1899. *Harriet Robertson* *M. M. Ragadue* Ordinary. Post-Office *Parola*

State of Georgia,

DeKalb County.

I *M. M. Ragadue*

Ordinary of said County, certify that I am well acquainted

with Mrs. *Harriet Robertson* who made the above affidavit and am satis-

fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the *10* day of *Aug* 18*25*

Given under my official signature and seal this the *10* day of *Jan* 1899.

M. M. Ragadue Ordinary of *DeKalb* County.

Official Seal.

BOARD OF VETERANS

POWER OF ATTORNEY.

STATE OF GEORGIA.

De Kalb County.

I, *Harriet Robertson* hereby authorize *J. M. Miller*
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 *14*
day of *Jan* 1900.

Executed in presence of

W. F. Jones
W. M. Rogers
Ordinary.

Harriet Robertson
mark

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, *Mrs. Harriet Robertson* hereby authorize
J. M. Miller 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 *14*
day of *Jan* 1901.

Executed in presence of

W. M. Corley
W. M. Rogers
Ordinary.

Harriet Robertson
mark

Robertson Harriet
De Kalb County
To Those Heretofore Paid.

1900.

No. 3501

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

Mrs. Harriet Robertson

OF

De Kalb County,

Widow of *J. A. Robertson*

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

July 10 1900,

AND HANDED TO

J. M. Miller

Geo. W. Harrison, State Printer, Atlanta.

Robertson Harriet
De Kalb Co

To Those Heretofore Paid.

1901.

No. 330

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

Mrs. Harriet Robertson

OF

De Kalb County.

Widow of *J. A. Robertson*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 21 1901,

AND HANDED TO

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

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

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

continuously ever since *Aug 2* 18*25*. That she is the Widow of

who was a soldier in Company

of the *131st* Regiment of *La*

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

186*4* and served in the Army up to *Sept* 186*4*. That he lost his

life on the *21* day of *Sept* 186*4*. (State here

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

and she lived and took his name and kept in good his name in De Kalb County

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 1848.

I have been allowed a pension as a resident of *De Kalb* County for the year ending February 15th, 189*7*, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this

15th day of *Nov* 1900.

Ordinary.

Post Office

State of Georgia,

County.

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

with Mrs. *Harriet Robertson*, who made the above affidavit and am satis-

fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the *Aug* day of *1825*

Given under my official signature and seal, this the *15* day of *Nov* 1900.

Official Seal.

Ordinary of *De Kalb* County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

Harriet Robertson

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 *Aug 1825*. That she is the Widow of

who was a soldier in Company

C of the *63rd* Regiment of *La*

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

186*4* and served in the Army up to *Sept* 186*4*. That he lost his

life on the *21* day of *Sept* 186*4*. (State here

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

Diseased died of Hiccoughs at his home

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 1848.

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

State of Georgia,

County.

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

with Mrs. *Harriet Robertson*, 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 *Aug* day of *1825*

Given under my official signature and seal, this the *9th* 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.

Harriet Robertson

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 Aug 1825. That she is the Widow of

C. Robertson who was a soldier in Company C of the 63rd Regiment of Ga

Volunteers, that he enlisted in said regiment on or about the month of June 1864 and served in the Army up to Sept 1864. That he lost his

life on the 21 day of Sept 1864. (State here

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

had some disease and took his coughs and died in a few days after reaching his home in De Kalb County.

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 1848.

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 15th day of Jan 1900. M. M. Rogers Ordinary.

Harriet Robertson Post Office Lithonia, Ga.

State of Georgia,

De Kalb County.

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

with Mrs. Harriet Robertson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 15 day of Aug 1825.

Given under my official signature and seal, this the 15 day of Jan 1900.

Official Seal.

M. M. Rogers Ordinary of De Kalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

Personally Comes Mrs.

Harriet Robertson

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 Aug 1825. That she is the Widow of

C. Robertson who was a soldier in Company C of the 63rd Regiment of Ga

Volunteers, that he enlisted in said regiment on or about the month of June 1864 and served in the Army up to Sept 1864. That he lost his

life on the 21 day of Sept 1864. (State here

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

Diseased died of Kidney drops at his home

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 1848.

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 9 day of Jan 1901. M. M. Rogers Ordinary.

Harriet Robertson Post Office Lithonia, Ga.

State of Georgia,

De Kalb County.

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

with Mrs. Harriet Robertson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 15 day of Aug 1825.

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

Official Seal.

M. M. Rogers Ordinary of De Kalb County.

STATE OF GEORGIA,

De Kalb County.

I, Mrs Harriet Robertson, hereby authorize
Sarah Patterson 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 17
day of Jan 1902.

Executed in presence of

W. M. Ragsdale
Ordinary

Harriet X Robertson [L. S.]
mark

STATE OF GEORGIA,

De Kalb County.

I, Harriet Robertson, hereby authorize
S. A. E. Patterson 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 9
day of Jan 1903.

Executed in presence of

J. C. Hawthorn
W. M. Ragsdale
Ordinary

Harriet X Robertson [L. S.]
mark

To Those Heretofore Paid.

1902.

No. 637

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. Robertson Harriet
OF
De Kalb County,
Widow of J. A. Robertson
Co. C Regiment 63d.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

AND HANDED TO
1/24 1902

Sarah Patterson
GEO. F. HARRISON, 1111 N. W. 11th St., ATLANTA, GA.

To Those Heretofore Paid.

1903.

No. 280

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. Harriet Robertson
OF
De Kalb County,
Widow of J. A. Robertson
Co. C Regiment 63d.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

AND HANDED TO
1/23 1903

S. A. E. Patterson

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of *De Kalb*

PERSONALLY COMES MRS.

Robertson Harrier

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 *Aug 1825*. That she is the Widow of

J. A. Robertson who was a soldier in Company

of the *63rd* Regiment of *La*

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

1864, and served in the Army up to *Sept* 1864. That he lost his

life on the *24th* day of *Sept* 1864. (State here

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

Died in few days after reaching his home in De Kalb County of

McCoughlin

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 1848.

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 *3rd* day of *Jan* 1902. *Harrier X Robertson* *McCoughlin* Ordinary. Post-Office

State of Georgia, *De Kalb* County. I, *N. M. Ragsdale* Ordinary of said County, certify that I am well

acquainted with Mrs. *Harrier Robertson*, 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 *Aug* 1825

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

N. 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, 1902.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

PERSONALLY COMES MRS.

Harrier Robertson

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 *Aug 1825*. That she is the Widow of

J. A. Robertson who was a soldier in Company

of the *63rd* Regiment of *La*

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

1864, and served in the Army up to *Sept 21* 1864. That he lost his

life on the *21* day of *Sept* 1864. (State here

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

McCoughlin *after reaching home*

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 1848.

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 *9th* day of *Jan* 1903. *Harrier X Robertson* *McCoughlin* Ordinary. Post-Office *De Kalb Co. Ga*

State of Georgia, *De Kalb* County. I, *N. M. Ragsdale* Ordinary of said County, certify that I am well

acquainted with Mrs. *Harrier Robertson*, 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 *Aug* 1825

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

N. 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.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Dekalb COUNTY.

I, Hannett Robertson hereby authorize
S. A. E. Patterson of Dekalb County Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13
day of January 1904.

Hannett Robertson [L. S.]

Executed in presence of

James R. George
Ordinary

STATE OF GEORGIA,

Dekalb COUNTY.

I, Hannett Robertson hereby authorize
J. A. Robertson of Dekalb Co
to receive and receipt for the pension paid hereon, and request that he remit same to
Hannett Robertson at Lithonia Ga

In Witness Whereof, I have hereunto set my hand and seal, this 10
day of January 1905.

Hannett Robertson [L. S.]

Executed in presence of

James R. George
Ordinary

Robertson, Hannett
Dekalb County

TO THOSE HERETOFORE PAID.

1904.

No. 1084

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904

PAID TO

Mrs. Harriet Robertson

OF Dekalb

County,

Widow of J. A. Robertson

Regiment 63rd

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

2/3

AND HANDED TO

1904.

S. A. E. Patterson
Geo. W. Harrison, State Printer, Atlanta.

Robertson, Hannett
Dekalb County

To Those Heretofore Paid.

1905.

No. 182

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs. Harriet Robertson

OF Dekalb

County,

Widow of Jas. A. Robertson

Co. 63rd Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1905.

J. A. Robertson

The Pension 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.

Narrict Robertson

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 May 1895. That she is the Widow of

J. G. Robertson who was a soldier in Company

63 of the 63 Regiment of

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

1864, and served in the Army up to Sept 21 1864. That he lost his

life on the 27 day of Sept 1864 (State here

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

Disease due of Mccoughs at Home

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 1848

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

Sworn to and subscribed before me, this 13 day of May 1904. James R. George Ordinary. Narrict Robertson Post Office.

State of Georgia, DeKalb County. I, James R. George Ordinary of said County, certify that I am well acquainted with Mrs. Narrict Robertson, 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 13 day of May 1895.

Given under my official signature and seal, this the 13 day of May 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.

Narrict Robertson

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 May 1895. That she is the Widow of

Jas. A. Robertson who was a soldier in Company

63 of the 63 Regiment of 63

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

1863, and served in the Army up to 186. That he lost his

life on the 18 day of 18 (State here

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

Died from disease, 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, and that she became his wife in the year 1848

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

Sworn to and subscribed before me, this 10 day of May 1905. James R. George Ordinary. Narrict Robertson Post Office.

State of Georgia, DeKalb County. I, James R. George Ordinary of said County, certify that I am well acquainted with Mrs. Narrict Robertson, 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 13 day of May 1895.

Given under my official signature and seal, this the 10 day of May 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,

DeKalb COUNTY.

I, Harriet Robertson, hereby authorize
J. A. E. Patterson of Ellenwood Ga
 to receive and receipt for the pension paid hereon, and request that he remit same to
Harriet Robertson at Ellenwood Ga
 In Witness Whereof, I have hereunto set my hand and seal, this 17
 day of January 1906.

Executed in presence of

James R. George
Ordinary

To Those Heretofore Paid.

1906.

No. 814

WIDOW'S PENSION

For Year ending Dec. 31, 1906.

PAID TO

Mrs Harriet Robertson

OF

De Kalb County,

Widow of J. A. Robertson

Co. C Regiment 63rd Ga

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1130 1906,

AND HANDED TO

App.

The Pensioner's Receipt and Payment Co. - Geo. W. Harrison, Sec.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKALB COUNTY.

I, Harriet Robertson, hereby authorize
J. A. E. Patterson
 to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs Harriet Robertson Ellenwood Ga
 In Witness Whereof, I have hereunto set my hand and seal, this 10
 day of January 1907.

Executed in presence of

James R. George
Ordinary

Harriet Robertson [L. S.]
Mark

To Those Heretofore Paid.

1907.

No. 191

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs Harriet Robertson

OF

DeKALB County,

Widow of J. A. Robertson

Co. C Regiment 63rd Ga

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1130 1907,

AND HANDED TO

App.

Geo. W. Harrison, Sec. Pensioner, Atlanta.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of *De Kalb*

PERSONALLY COMES MRS.

Harriet Robertson

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 *Aug 1875* That she is the Widow of *Jas A Robertson* who was a soldier in Company *Co 3 Georgia* Regiment of Volunteers, that he enlisted in said regiment on or about the month of *October* 186*3* and served in the Army up to *Sept 21* 186*4* That he lost his life on the *Sept* day of *1864* (State here particulars of the husband's death, when, where and from what cause.)

Died from disease

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

I have been paid a pension as a resident of *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 *17* day of *January* 1906.

James R George Ordinary.

Harriet Robertson Post Office *Ellenwood Ga*

State of Georgia,

De Kalb County.

James R George

Ordinary of said County, certify that I am well acquainted with Mrs. *Harriet Robertson*, 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* 1906.

{ Official Seal }

James R George Ordinary of *De Kalb* County.

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

STATE OF GEORGIA,

County of

DeKALB.

PERSONALLY COMES MRS.

Harriet Robertson

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 *Aug 1875* That she is the Widow of *Jas. A. Robertson* who was a soldier in Company *Co 3 Georgia* Regiment of Volunteers, that he enlisted in said regiment on or about the month of *Oct* 186*2*, and served in the Army up to *1864* That he lost his life on the *Sept* day of *1864* (State here particulars of the husband's death, when, where and from what cause.)

Died from Disease, 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, and that she became his wife in the year 18

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

Sworn to and subscribed before me

this *10* day of *January* 1907. *James R George* Ordinary.

Harriet Robertson Post Office *Ellenwood Ga*

State of Georgia, *DeKALB.* County.

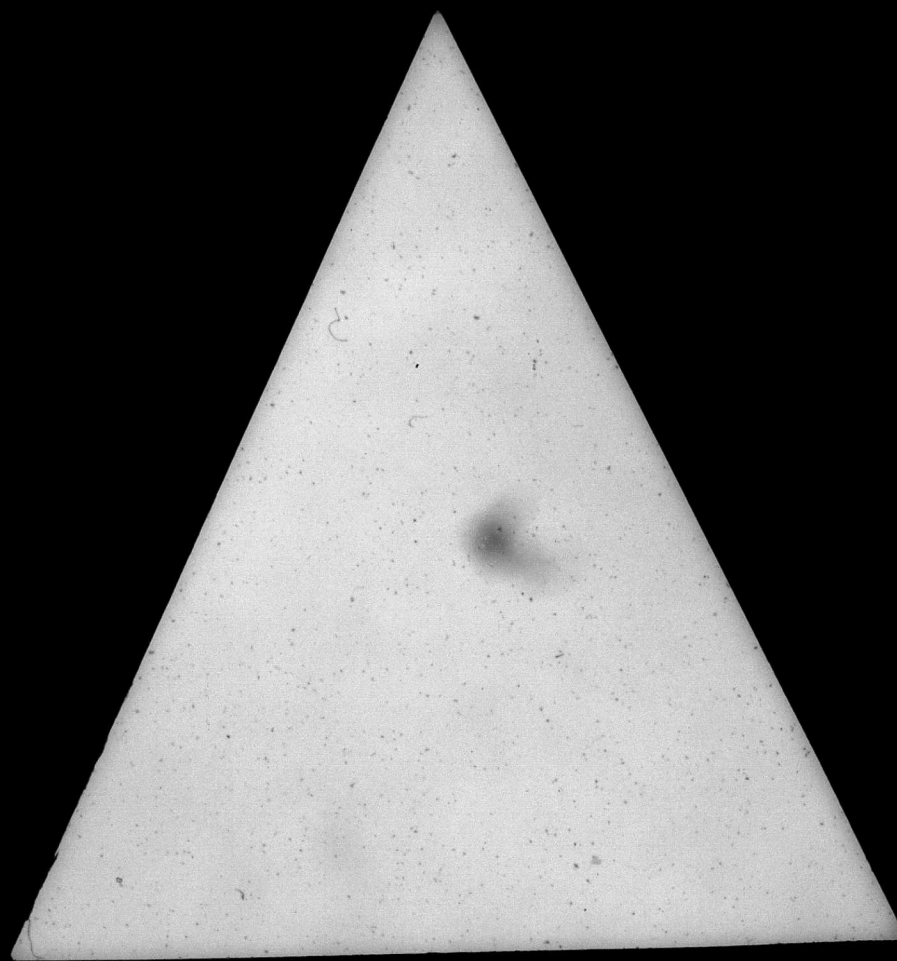
James R George Ordinary of said County, certify that I am well acquainted with Mrs. *Harriet Robertson*, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this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

Given under my official signature and seal, this the *10* day of *January* 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

Robinson, Laura
of DeKalb County
on Ball
ACT DEC. 16, 1901. 01 Apr 1902

No. _____

WIDOW'S PENSION,

1906

Mrs.

County of

Widow of

Warrant issued

100

and handed to

J. W. LINDSEY,

Commissioner of Pensions.

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

8/29/06.

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of

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

at

by

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

[SEAL]

Executed in presence of _____

Robinson, Laura
DeKalb County
Can Ball
ACT DEC. 16, 1901.
O.P. for 1902

No.

WIDOW'S PENSION,

1906

Mrs. Laura Robinson
County of DeKalb
Widow of W. C. Robinson

190

Warrant issued
and handed to

J. W. LINDSEY,
Commissioner of Pensions.

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

8/29/06

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Personally came Mrs. Laura Robinson

COUNTY OF DeKalb

who says on oath she is the

widow of W. C. Robinson

to whom, in the County of

DeKalb

State of

Georgia

she was married on the

11 day of November

1855

that she remained his wife up to the 24

day of October

1905

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 H

14

Regiment, Ga

Volunteers or State

What affliction have you and how does it affect you? My health is very feeble
My head is afflicted making me nervous
and pains me most of the time

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

I am not able to work

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

What have you acquired since, and what income have you now? Nothing

I have no income

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

purpose? Made no disposition had no property

Deponent further says that she is now a resident of

DeKalb

County, and has contin-

uously resided in the State of Georgia since the 11 day of November 1855

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

Sworn to and subscribed before me, this 31 day of May 1906

Laura Robinson
James R. George Ordinary of DeKalb County

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

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came J. H. Floyd
COUNTY OF Dekalb } T. R. Floyd and
G. W. Ragsdale, known to me to be reputable and truthful person, who says
on oath that from his own personal knowledge Mrs. Laura Robinson
who made the foregoing affidavit, is the widow of W. C. Robinson
who died in Dekalb County and State of Georgia on the
24 day of October 1896, and that she has not since married; that she became his
wife on the 11 day of November 1853, and so remained up to the time of his death,
and that she has resided in this State continuously since the 4 day of October 1839.
With what affliction does she suffer? her health is very feeble
She has a head trouble and is 76 years old
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
her children
I have no personal interest in the pension asked for { J. H. Floyd
T. R. Floyd
G. W. Ragsdale
Sworn to and subscribed before me, this 31 day of May 1906
James R. George
Ordinary Dekalb County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me
COUNTY OF Dekalb } John H. George
and W. S. Cline, both of whom are known to me to be reputable
physicians, who say on oath that they personally know Mr. W. C. Robinson
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her
earning a support) Chronic Indigestion. General
neuritis. Old Age. General debility
Sworn to and subscribed before me, this 31 day of May 1906
James R. George
Ordinary of Dekalb County.

STATE OF GEORGIA, } I, James R. George Ordinary,
COUNTY OF Dekalb } in and for said County of Dekalb,
State of Georgia, hereby certify that I am acquainted with Mrs. Laura Robinson
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 4 day of October 1839 and has not lived out
of the State since that date. I also certify that the witnesses, to-wit: J. H. Floyd
T. R. Floyd and G. W. Ragsdale
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 31
day of May 1906
James R. George
Ordinary

{ SEAL }

NOTES.

The Pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since the death of such husband. Date of marriage is essential and must be submitted.
Proofs by one witness and two physicians will be accepted when it is shown that the same cannot be furnished, but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case covering the above points.
Affidavits must be made in presence of the Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.

I, Laura Robinson, hereby authorize
D. H. Robinson of DeKalb County

to receive and receipt for the pension paid hereon, and request that he remit same to
Laura Robinson at Stone Mountain Ga

In Witness Whereof, I have hereunto set my hand and seal, this 7th
day of January 1907.

Laura Robinson [L. S.]

Executed in presence of

James R. George
Ordinary

Robinson, Laura,
De Kalb County
To Those Heretofore Paid.

1907.

No. 236

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO
Mrs Laura Robinson

OF
De Kalb County,

Widow of W. C. Robinson

Co. No. 14th Ga Regiment

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT ISSUED

AND HANDLED TO
D. H. Robinson 7th 1907.

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of De Kalb

PERSONALLY COMES MRS.

Laura Robinson

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct. 5th, 1831. That she is the Widow of W. C. Robinson who was a soldier in Company H. of the 14th Ga. Regiment of Volounteers, that he enlisted in said regiment on or about the month of 186, and served in the Army up to 186. That he died on the Infirmary and poverty 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 County, under Act 1900, for the year 1900, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 7 day of July 1907.

James R. George, Ordinary.

Laura Robinson

Post Office

State of Georgia,

De Kalb County.

James R. George

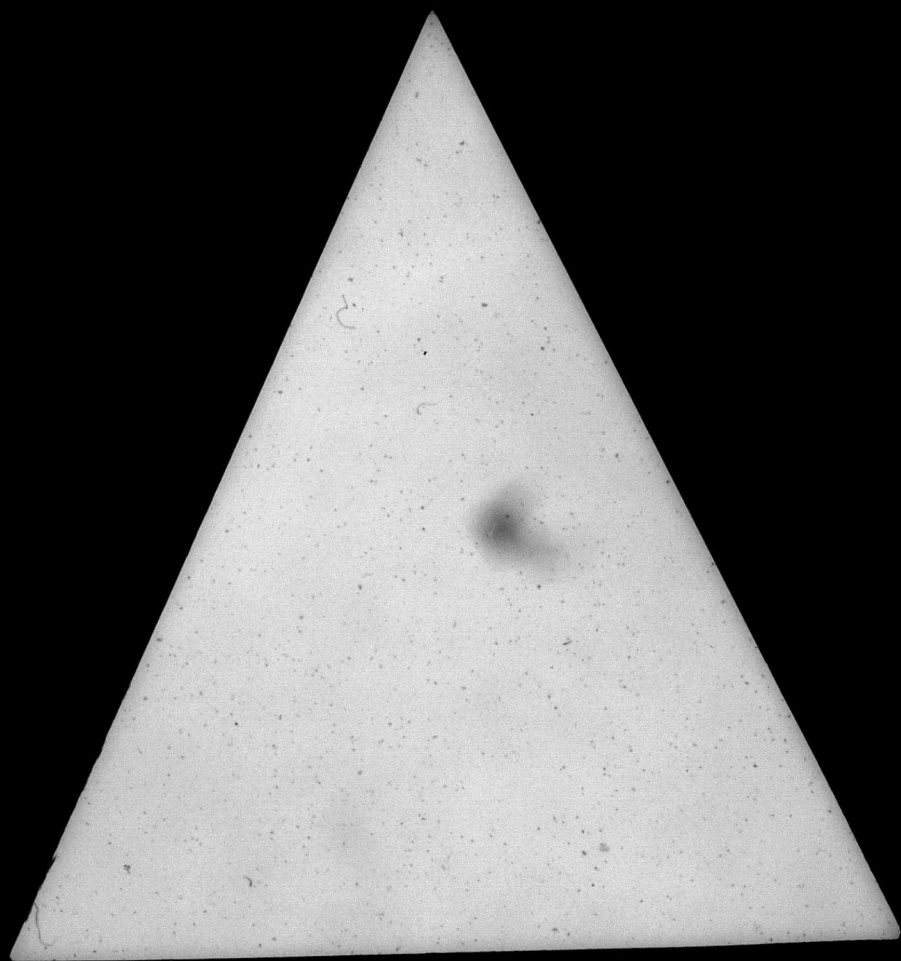
Ordinary of said County, certify that I am well acquainted with Mrs. Laura Robinson, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 5th day of October 1831.

Given under my official signature and seal, this the 7th day of July 1907.

{ 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, 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

1895.

Executed in presence of

Attest Rich Johnson
W. M. Rogers Sec. &c
Ordinary.

No. 498

Jan 7th 1896.

Robinson, W. C.

INDIGENT PENSION

W. C. Robinson
1895.

Name

W. C. Robinson

County

De Kalb

Ground

Age & Poverty

April 8th July, 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Attest.

Geo. 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 _____ 1895.

Executed in presence of

STATE OF GEORGIA,

De Kalb

County.

Mc Robinson

of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)

Mc Robinson De Kalb Co Georgia

2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?

De Kalb County all my life

3. When and where were you born?

De Kalb Jan 1826

4. Did you volunteer in the Confederate Army or in the Georgia Militia?

Confederate Army

5. When and where did you enlist?

March 61 in Lawrence Co Ga

6. In what company and regiment did you enlist?

Co 14th Ga

7. How long did you remain in that company and regiment?

Until the close of the war

8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer?

Never transferred

9. For how long a period did you discharge regular military duty?

Nearly four years

10. When, where and under what circumstances were you discharged from service?

At Surrender at Appomattox

11. What is your present occupation?

Farming

12. How much can you earn per annum by your own exertions or labor?

\$25.00

13. What has been your occupation since 1865?

Farming

14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income?

One hundred dollars - \$25.00

15. What is your present physical condition and how long have you been in such condition?

Am weak from old age - have been in this condition for 12 months

16. 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

17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?

For a year have not been able to do anything

18. What property, effects or income do you possess?

I own except house

road and kitchen furniture

19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same?

Had about the same I now possess

20. In what County did you reside during those years and what property did you then return for taxation?

De Kalb

21. How were you supported during the years 1893 and 1894?

By farming

and by the help of my son

22. How much did you support cost for each of those years, and what portion did you contribute thereto by your own labor or income?

About one hundred dollars, about \$25.00

23. What was your employment during 1893 and 1894? What pay did you receive in each year?

Farming about made a support

24. Are you married and have you a family? If so, is your wife living and how many children have you?

Yes, Wife living

three boys and two girls, all work on

farm. oldest age 39 and youngest 22

App. R. B. Johnson
Mc Robinson
De Kalb Co
Ordinary

No. 498

March 11, 1895

INDIGENT PENSION

Mc Robinson

1895.

Name Mc Robinson

County De Kalb

Grounds Age & Poverty

April 8, 1895

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

App.

Geo. W. Harrison, State Printer, Atlanta.

Sworn to and subscribed before me this the

8th day of April 1895.

Wm Rogersdall

Ordinary

of

De Kalb

County.

W. C. Robinson

Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Morgan County.

P. M. Douglass, of said State and County, having been presented as a witness in support of the application of W. C. Robinson for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? P. M. Douglass - Madison, Morgan County, Georgia -
2. Are you acquainted with W. C. Robinson, the applicant, if so how long have you known him? Yes, have known him 38 years
3. Where does he reside, and how long has he been a resident of this State? Resides in De Kalb County, Georgia - Resided in Georgia all his life
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I know he served in the Confederate Army - I was in the same Company - Regiment
5. When, where and in what company and regiment did he enlist? Enlisted in March 1861 - at Dublin, Laurens County, Ga. Co. No. 14, 2nd Regt.
6. Were you a member of the same company and regiment? Yes -
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Until the close of the war. He was a faithful & efficient soldier - discharged from service with General Lee's Surrendered - at Appomattox, Va. Ga.
8. What property, effects or income has the applicant? (Give your means of knowledge.) He has no real estate & has no income. I have known him many years & he has been a pensioner since the war.
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? None, that I have any knowledge of -
10. What is the applicant's occupation and physical condition? Farmer - Suffering from the infirmity of old age - & General disability - Was Rheumatism -
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is - for the reasons above given in answers to question 10 -
12. How was he supported during the years 1893 and 1894? By farming and the assistance of his son -
13. What portion of his support for these two years was derived from his own labor or income? About twenty five dollars -
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? Answered in question 10 -
15. What interest have you in the recovery of a pension by this applicant? None -

Sworn to and subscribed before me, this

the 16th day of April 1895.

P. B. Baldwin
Ordinary Morgan Co. Ga.

P. M. Douglass
Applicant

STATE OF GEORGIA,

De Kalb

County.

Personally came before me

B. M. Spangher

and

J. H. Goss, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully

W. C. Robinson, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

He is suffering with general disability - Resulting from old age & kidney trouble

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

Sworn to and subscribed before me, this

the 8th day of April 1895.

Wm Rogersdall
Ordinary

B. M. Spangher M.D.
J. H. Goss M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

De Kalb

County.

I, Wm Rogersdall, Ordinary in and for said County, hereby certify that the applicant W. C. Robinson resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: B. M. Spangher M.D. & J. H. Goss, M.D., are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of De Kalb County show that applicant returned for taxation in his name in 1893, \$43.20 dollars of property, and in 1894, \$44.00 dollars of property.

Witness my hand and seal of office, this 16th day of April 1895.

Wm Rogersdall
Ordinary
of De Kalb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1897.

[L. S.]

Executed in presence of _____

ACT OF 15 DEC. 1891.

(For Those Already Enrolled.)

No. 615

INDIGENT

Soldier's Pension.

1897.

Name W. C. Robinson

County DeKalb.

May 13 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

affet

REG. W. HARRISON, STATE PRINTER, ATLANTA.

ACT OF 15 DEC. 1891.

(For Those Already Enrolled.)

No. 1098

INDIGENT

SOLDIER'S PENSION,

1898.

Name W. C. Robinson

County DeKalb

WARRANT ISSUED

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

affet

REG. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1898.

[L. S.]

Executed in presence of _____

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *W.C. Robinson* 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 *26* day of *Jan* 1827; that he is *70* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *four* in Company *H*, of *14*th Regiment of

that his physical condition is as follows: *Suffering from kidney disease and from age and infirmity is unable to support himself* that his property consists of the following items *House Wood and kitchen furniture*

of the value of *\$25.00* 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 1897. I have heretofore as a resident of *De Kalb* county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, the *11th* day of *Jan* 1897. *W.C. Robinson* Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this *11th* day of *Jan* 1897.



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

NOTE—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *W.C. Robinson* 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 *26th* day of *Jan* 1827; that he is *71* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *4 years* in Company *H*, of *14*th Regiment of

that his physical condition is as follows: *on account of kidney disease and old age unable to make a living for self and family* 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 1898. I have heretofore as a resident of *De Kalb* county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the *11th* day of *Jan* 1898. *W.C. Robinson* Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal, this *11th* day of *Jan* 1898.



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

NOTE.—The blank spaces must be filled.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____, hereby authorize

of _____

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

at _____

by _____

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

Executed in presence of _____

(L. S.)

CODE SEC. 1284.

(For Those Already Enrolled.)

No. 977

INDIGENT

SOLDIER'S PENSION,

1899.

Name

W.C. Robinson

County

De Kalb

WARRANT ISSUED

1899

4/13

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

W.C. Robinson

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____, hereby authorize

of _____

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

at _____

by _____

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

Executed in presence of _____

[L. S.]

CODE SEC. 1284.

(For Those Already Enrolled.)

No. 1309

INDIGENT

SOLDIER'S PENSION,

1900.

Name

W.C. Robinson

County

De Kalb

WARRANT ISSUED

1900

Aug 22

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W.C. Robinson

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears Mc Robinson 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 26 day of Jan 1877; that he is 72 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 4 years in Company H, of 14th Regiment of Ga; that his physical condition is as follows: have kidney disease and
unable to earn a living

that his property consists of the following items None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the 16 day of Jan 1899. } W. C. Robinson
M. Ragsdale Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal, this 10 day of Jan 1899.



W. M. Ragsdale
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1899.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears Mc Robinson 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 26 day of Jan 1877; that he is 72 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 4 years in Company H, of 14th Regiment of Ga; that his physical condition is as follows: have kidney disease and
unable to earn a living

that his property consists of the following items None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, the 16 day of Jan 1900. } W. C. Robinson
M. Ragsdale Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal, this 10 day of Jan 1900.



W. M. Ragsdale
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____

of _____

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

by _____

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

[L. S.]

Executed in presence of _____

CODE SECTION 154

(For Those Already Enrolled.)

No. 649

INDIGENT

SOLDIER'S PENSION.

1901.

Name W.C. Robinson

County DeKalb

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

JOHN W. HARRISON, State Printer, Atlanta.

W.C. Robinson

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____

of _____

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

by _____

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

[L. S.]

Executed in presence of _____

CODE SECTION 154

(FOR THOSE ALREADY ENROLLED.)

No. 631

INDIGENT

SOLDIER'S PENSION

1902.

Name Robinson W.C.

County DeKalb

Co. H Regiment 14th

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

JOHN W. HARRISON, State Printer, Atlanta.

W.C. Robinson

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *W.C. Robinson* 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 *26* day of *Jan* 1827; that he is *73* years old and by occupation a *Farmer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4 years* in Company *H*, of *14*th Regiment of *La Val*; that his physical condition is as follows: *Kidney disease and old age*

he is unable to work

that his property consists of the following items *None*

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

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

Sworn to and subscribed before me, this the *11th* day of *Jan* 1901. *W.C. Robinson*
H.M. Ragsdale Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this *11th* day of *Jan* 1901.
H.M. Ragsdale
De Kalb County.



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 *W.C. Robinson* 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 *26* day of *Jan* 1827; that he is *73* years old and by occupation a *Farmer* that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *4 years* in Company *H*, of *14*th Regiment of *La Val*; that his physical condition is as follows: *Kidney disease and old age*

unable to work

that his property consists of the following items *None*

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

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

Sworn to and subscribed before me, this the *13th* day of *Jan* 1902. *W.C. Robinson*
H.M. Ragsdale Ordinary.

STATE OF GEORGIA,

De Kalb County.

I, *H.M. Ragsdale* Ordinary of said County, do certify that I am well acquainted with *W.C. Robinson* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *Jan* 1902.
H.M. Ragsdale
De Kalb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

hereby authorize

of

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

at

by

Witness my hand and seal, this day of 1903.

[L. S.]

Executed in presence of

CODE SECTION 1354.

(FOR THOSE ALREADY ENROLLED.)

No. 5745

INDIGENT

**SOLDIER'S PENSION
1903.**

Name Robinson, W.C.

County DeKalb

Co. A Regiment 14th

WARRANT ISSUED

11 23 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. Harrison, State Printer, Atlanta.

23a

Robinson, W.C.

DeKalb County

CODE SECTION 1354.

(FOR THOSE ALREADY ENROLLED.)

No. 5745

INDIGENT

**SOLDIER'S PENSION
1904.**

Name Robinson, W.C.

County DeKalb

Co. A Regiment 14th

WARRANT ISSUED

11 23 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

hereby authorize

of

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

at

by

Witness my hand and seal, this day of 1904.

[L. S.]

Executed in presence of

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *M. C. Robinson* 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 *26* day of *Jan* 1827; that he is *75* years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of *4 Years* in Company *H*, of *14*th Regiment of *50*; that his physical condition is as follows: *Suffering with kidney disease and from old age*.

that his property consists of the following items: *None*

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

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

Sworn to and subscribed before me, this the *10* day of *Jan* 1903. *M. C. Robinson* Ordinary.

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Ragsdale* Ordinary of said County, do certify that I am well acquainted with *M. C. Robinson* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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. 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 *W. C. Robinson* 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 *26* day of *January* 1825; that he is *70* years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of *4 years* in Company *N*, of *14*th Regiment of *50*; that his physical condition is as follows: *Kidney disease and old age and Infirmary caused by 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 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 *18* day of *Jan* 1904. *W. C. Robinson* Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

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



James R. George Ordinary *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 _____

Robinson, W.C.
Dekalb County

CODE SECTION 1354.
(FOR THOSE ALREADY ENROLLED.)

No. *609*

INDIGENT
SOLDIER'S PENSION
1905.

Name *W.C. Robinson*
County *Dekalb*
Co. *D* Regiment *148*

WARRANT ISSUED

1183 1905.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

W.H.
GEO. W. HARRISON, MANAGER, U.S. STATE PRINTER, ATLANTA.

no date

STATE OF GEORGIA, }
DeKalb County. }

Personally appears W. C. Robinson 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 76 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company N, of 14 th Regiment of _____; that his physical condition is as follows: Infirmity, 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 DeKalb County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the }
9th day of January 1905. } W. C. Robinson

Ordinary.

STATE OF GEORGIA, }
DeKalb County. }

I, James R. Buzzard Ordinary of said County, do certify that I am well acquainted with W. C. Robinson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 January 1905.

Ordinary James R. Buzzard DeKalb County.



NOTE.—The blank spaces must be filled.

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

NAME Robinson, W.C.

YEAR 1896 COUNTY DeKalb

WHEN AND WHERE BORN? Januray 26th. 1826.

ENLISTED WHEN AND WHERE? March 1861 Laurens County Georgia.

RANK.

COMPANY AND REGIMENT?

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

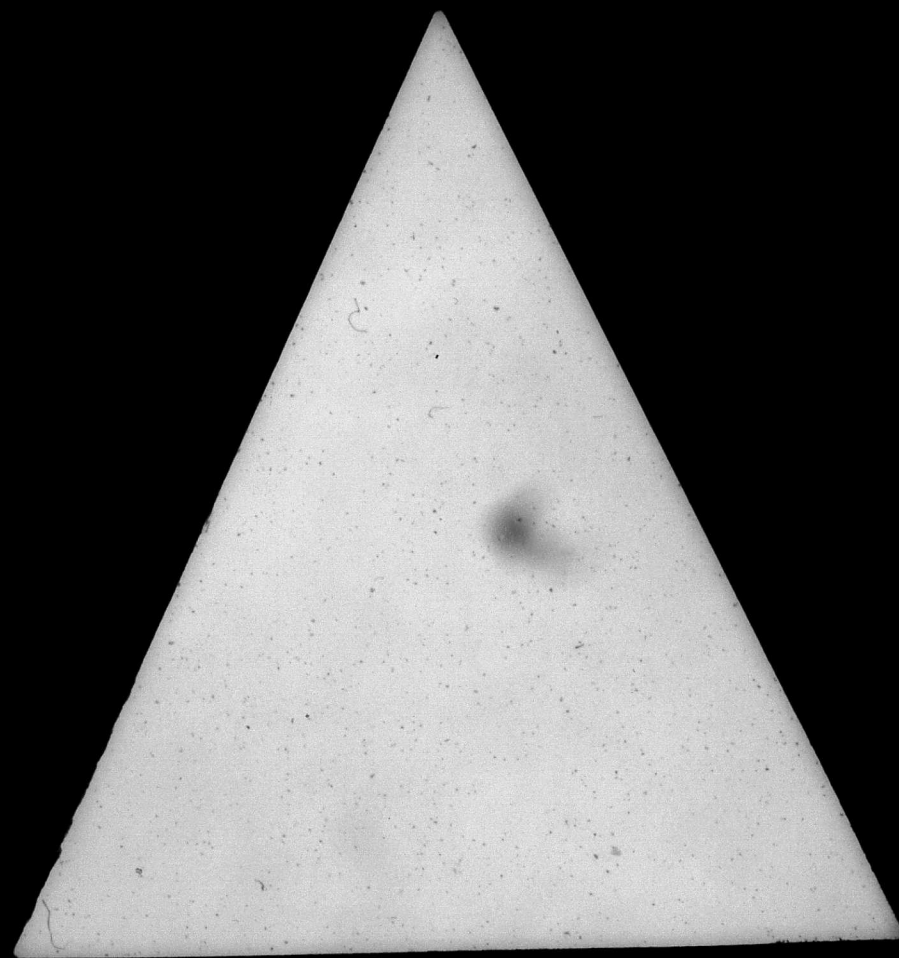
WHEN AND WHERE SURRENDERED? Appomattox, Va. at surrender.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. P.M. Douglas. No data.



OK Rodgers, A. L. (Mrs)
DeKalb County Ga
for 1925

WIDOW'S APPLICATION

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

County DeKalb
Name Mrs. A. L. Rodgers
Widow of James M. Rodgers
Company Thompsons Artillery
Regiment _____
Date of Husband's Death May 7th 1924
Date of Marriage Nov. 17th 1870
Approved Feb. 5, 1925

I report this person's
death Jan 6, 1925. This
Feb. 6, 1925.

N. E. Harris
C. E. McBRIDE
Commissioner of Pensions.

W. O. Morgan
Ordinary
10-18-1924

STATE OF GEORGIA

DeKalb

COUNTY.

Ordinary's Certificate

I W. O. Morgan Ordinary of said County, certify that I know
Mrs. A. L. Rodgers the applicant for pension; that he is the person he repre-
sents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since
January 1st, 1920; that I also know _____ the witness as to

marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits,
and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 27 day of Dec 1924.

(SEAL OF ORDINARY)

W. O. 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 the answers you make to each of the questions asked you and the evidence you
give shall be the whole truth." So help you God.
2. Additional affidavits may be attached if blank spaces are sufficient.
3. All affidavits must be made before the Ordinary of the County of residence.
4. Only widows who are married prior to first January, 1881, are entitled.
5. Three 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 Disabled Pensioners made no proof of service and were not required to do so.

Rodgers, A. L. (Mrs)
 DeKalb County
 for 1925

WIDOW'S APPLICATION

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

County DeKalb
 Name Mrs. A. L. Rodgers
 Widow of James M. Rodgers
 Company Thompson's Artillery
 Regiment 1st

Date of Husband's Death May 7th 1924
 Date of Marriage Nov. 17th 1870
 Approved Feb. 5, 1925

I request this person
 be added Jan 6, 1925. Mrs.
 Feb. 6, 1925.

N. E. Harris
 Commissioner of Pensions

10-28-1924

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, certify that I know
Mrs. A. L. Rodgers the applicant for pension; that he is the person he repre-
 sents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since
 January 1st, 1920; that I also know _____, the witness as to
 marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits,
 and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 27 day of Dec 1924

(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
 give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are sufficient.
3. All affidavits must be made before the Ordinary of the County of residence.
4. Only widows who are married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general
 reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's
 service—because Disabled Pensioners made no proof of service and were not required to do so.

State of Georgia,)
DeKalb County.)

To any Minister of the Gospel, Judge of Superior Court or Justice
of the Peace to Celebrate.

You are hereby authorized and permitted to join in the Honorable State
of Matrimony, James Rodgers and Amanda Payton according to the rites of your Church
provided there be no lawful cause to obstruct the same, according to the Consti-
tution and Laws of this State, and for so doing this shall be your sufficient Li-
cense.

Given under my hand and seal of office this 17th day of November 1870.

J. L. Wilson, Ordinary.

I hereby certify that James W. Rodgers and Amanda Payton were joined in the
Holy Bands of Matrimony on the 17th day of November, 1870, by me.

P. A. Hughes, M. G.

Georgia, DeKalb County.

I, E. H. Mason, Clerk of the Court of Ordinary in and for
said county, do hereby certify that the above and foregoing is a true, correct and
complete copy of the marriage license and certificate of marriage of James W.
Rodgers and Amanda Payton, as appears of record in Book "B" Record on Marriages,
Page 329.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said
Court of Ordinary at Decatur, Georgia, this the 27th day of October, 1924.

E. H. Mason
Clerk Court Ordinary, DeKalb County, Georgia.

APPLICATION FOR PENSION BY A WIDOW
Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be
Used by the Widow of a Disabled Soldier Pensioner.)

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes Mrs Amanda L. Rodgers of said County,
who, after having been duly sworn, says that she is the widow of James W. Rodgers
to whom, in the County of DeKalb State of Ga. she was married on
the 17 day of Nov 1879 and that she remained his wife, and resided with him to the
date of his death in May 7th 1924 and that she has not since his death remarried; at the time of
his death he was a resident of DeKalb County, in said State of
Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of
\$1.00 in DeKalb County for 1923 (per annum), on account of being a soldier
in Company _____ Regiment Thompson Artillery Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of Georgia, and she has, continuously, re-
sided there since 15 day of Nov 1850

Sworn to and subscribed before me, this the
27 day of Oct, 1924 } Mrs A. L. Rodgers
V. S. Morgan, Ordinary } Applicant.
of DeKalb County }

(SEAL OF ORDINARY.)

Affidavit of Witness to Prove Marriage and Date of Death of Husband.

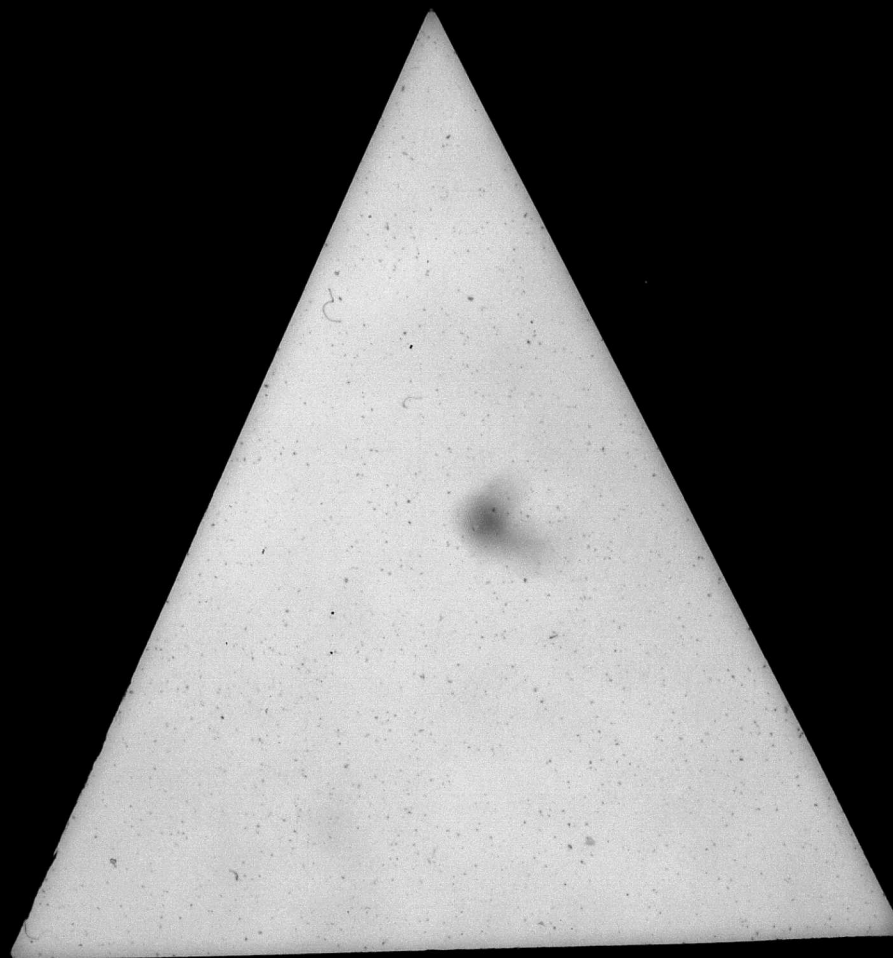
STATE OF GEORGIA,

_____ COUNTY.

Personally before me comes _____ known to be a
responsible and truthful person, residing in said County, who after having been duly sworn, says that
of deponent's own personal knowledge, Mrs. _____, who made the foregoing
affidavit, is the lawful widow of _____ who died in _____
County in said State of _____ on the _____ day of _____, 19____, and
that she has not since married; that she became the wife of _____ on
the _____ day of _____, 18____; that she and he had resided together as husband
and wife, continuously, since _____ day of _____ 19____, and that
was the same man who was on the pension roll of said State of Georgia from _____
County _____ when he died.

Sworn to and subscribed before me, this the
_____ day of _____, 192____ }
_____, Ordinary }
of _____ County }

(SEAL OF ORDINARY.)



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____, hereby authorize

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

at _____ by _____

Witness my hand and seal this _____ day of _____ 1898.

Executed in presence of

_____ (L.S.)

Rogers, D. L.
DeKalb Co
no. 3809

INDIGENT PENSION

1898.

Name D. L. Rogers

County DeKalb

Approved 572 1898

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

J. M. T. Mill

Geo. W. Harrison, State Printer, Atlanta.

2/24/99

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 _____ 1898.

Executed in presence of

(L. S.)

INDIGENT PENSION

1898

Name

D. L. Rogers

County

DeKalb

Approved

572

1898

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Jm Timm

G. W. HANCOCK, STATE PRINTER, ATLANTA

2/24/99

STATE OF GEORGIA,

DeKalb

County.

_____ of said State and County, desiring
to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after
being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office.)
State of Georgia DeKalb County Post office Lithonia Ga
2. How long and since when have you been a resident of this State?
Since 1823 - about 76 years old
3. When and where were you born?
in Jasper County Ga
4. When and where and in what company and regiment did you enlist, or serve?
Company "E" 42nd Georgia Regiment
5. How long did you remain in such company and regiment?
From March 1862 to Surrender of Johnson's Army April 1865
6. For how long a period did you discharge regular military duty?
3 years & 10 1/2 months
7. When, where and under what circumstances were you discharged from service?
at the Surrender of Johnson's Army of Tenn 1865
8. What is your present occupation?
I have none
9. How much can you earn (gross) per annum by your own exertions or labor?
not anything
10. What has been your occupation since 1865?
earning
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"?
age & poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
None
13. What property, effects or income do you possess, and its gross value?
I have none
14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897, and what disposition, if any, did you make of same?
1896 I possessed or owned two acres of land, had a few hundred dollars loaned same out & cannot collect anything more
15. In what County did you reside during those years, and what property did you then return for taxation?
DeKalb Co. Ga in 1896 returned some personal property but do not remember
16. How were you supported during the years 1896 and 1897?
by my son in law
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?
no account made. I did not contribute anything
18. What was your employment during 1896 and 1897? What pay did you receive in each year?
I had no employment. Physically not able to do anything
19. Have you a family? If so, who compose such family? Give their means of support? Have they a homestead?
No family
20. Are you receiving any pension? If so, what amount, and for what disability?
no

Sworn to and subscribed before me this

day of _____, 1898.

of _____

County.

Ordinary

Applicant.

STATE OF GEORGIA,

De Kalb COUNTY.

I, J. M. Mercer, of said State and County, having been presented as a witness in support of the application of D. D. Rogers for pension under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. M. Mercer Resides in De Kalb County Georgia
2. Are you acquainted with D. D. Rogers, the applicant; if so how long have you known him? Since 2nd day of March 1862
3. Where does he reside, and how long has he been a resident of this State? To my knowledge a Resident of De Kalb Co since 1862
4. When, where and in what company and regiment did he enlist, and how do you know? 12th or 16th day of March 1862 at Corinth Ga. Company E 42nd Ia. I was a member of same
5. Were you a member of the same company and regiment? 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? Sometime over 3 years. I know him to be a true made a good soldier.
7. What property, effects or income has the applicant? (Give your means of knowledge.) none whatever that I know of
8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? none that I know of
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? he has not.
10. What is the applicant's occupation and physical condition? my opinion is that he is Physically unable to do any labor whatever (has Occupation)
11. Is the applicant unable to support himself by labor of any sort, if so, why? Age infirmity
12. How was he supported during the years 1896 and 1897? I do not know
13. What portion of his support for these two years was derived from his own labor or income? none that I know of
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? Poverty, Age & infirm
15. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this
the _____ day of Dec 1898.

Wm Wagsdale Ordinary.

J. M. Mercer Witness.

STATE OF GEORGIA,

De Kalb COUNTY.

Personally came before me J. M. Tribble M.D. and D. R. Chubb M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully D. D. Rogers, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

Totally disabled from old age and nervous Prostration also has Valvular weakening of right Ventrical of heart

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

_____ day of Dec 1898.

Wm Wagsdale Ordinary.

Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

De Kalb COUNTY.

I, Wm Wagsdale, Ordinary in and for said County, hereby certify that the applicant D. D. Rogers resides in said County, and has been a bona fide resident of this State since the _____ day of _____ 1893, and that the witnesses, viz: J. M. Mercer, J. M. Tribble M.D., and D. R. Chubb 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 De Kalb County show that applicant returned for taxation in his name in 1896 _____ Dollars of property, and in 1897 _____ 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 1898.

Wm Wagsdale 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, *D. L. Rodgers*

hereby authorize

T. H. Jenkins 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 *16* day of *Jan* 1900.

D. L. Rodgers [L. S.]

Executed in presence of

J. T. Rodgers

M. W. Lindsey
A. Lindsey

CODE SEC. 1254.

(For Those Already Enrolled.)

NO. *554*

INDIGENT

SOLDIER'S PENSION,
1900.

Name *D. L. Rodgers*

County *De Kalb*

WARRANT ISSUED

1900.

January 17

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

T. H. Jenkins

Geo. W. Harrison, State Printer, Atlanta.

16 Jan

POWER OF ATTORNEY.

STATE OF GEORGIA.

De Kalb County.

I, *D. L. Rodgers*

hereby authorize

T. H. Jenkins

of *De Kalb* Co

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

at

by

Witness my hand and seal, this *9* day of *Jan* 1901.

D. L. Rodgers [L. S.]

Executed in presence of

Thos. M. Jones

M. W. Lindsey
C. Lindsey

CODE SECTION 1254.

(For Those Already Enrolled.)

No. *554*

INDIGENT

SOLDIER'S PENSION.
1901.

Name *D. L. Rodgers*

County *De Kalb*

WARRANT ISSUED

1901.

Jan 31

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

T. H. Jenkins

Geo. W. Harrison, State Printer, Atlanta.

De Kalb Co.
Rodgers, D. L.

Jan 21 1901

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *D. L. Rodgers* 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 *27* day of *June* 18*23*; that he is *77* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *3 Years* in Company *E*, of *42* th Regiment of *Ga Vol*; that his physical condition is as follows: *Old age and infirmity from disease make it worth for living*; that his property consists of the following items: *none*

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of *De Kalb* county been allowed a pension for the year 189*9*

Sworn to and subscribed before me, this, the *19* day of *Aug* 1900. *D. L. Rodgers* Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal, this *16*

day of *Jan* 1900.



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

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *D. L. Rodgers* 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 *29* day of *June* 18*23*; that he is *77* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *3 Years* in Company *E*, of *42* th Regiment of *Ga Vol*; that his physical condition is as follows: *Debilitated from old age and infirmity*; that his property consists of the following items: *none*

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

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

Sworn to and subscribed before me, this the *19* day of *Aug* 1901. *D. L. Rodgers* Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this *19*

day of *Jan* 1901.



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

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

Rodgers, D. L.

De Kalb Co.

(FOR THOSE ALREADY ENROLLED.)

No. *687*

INDIGENT

SOLDIER'S PENSION
1902.

Name *Rodgers D. L.*

County *De Kalb*

Co. *E* Regiment *42d*

WARRANT ISSUED

11/3 1902.

JOHN W. LINDSEY,

Commissioner of Emulsion.

WARRANT HANDED TO

J. H. Jenkins

Geo. W. Harrison, State Prisoner, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *D. L. Rodgers* 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 *29* day of *June* 18*23*; that he is *79* years old and by occupation a *Farmer* that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 Years* in Company *E*, of *42*th Regiment of *La 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 *50* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of *De Kalb* county been allowed a pension for the year 1 *901*.

Sworn to and subscribed before me, this the *15* day of *Jan* 1902.
M. M. Magdace Ordinary.

STATE OF GEORGIA,

De Kalb County.

I, *M. M. Magdace* Ordinary of said County, do certify that I am well acquainted with *D. L. Rodgers* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.



M. M. Magdace
Ordinary *De Kalb* County.

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

NAME Rogers, D L

YEAR 1899 COUNTY DeKalb

WHEN AND WHERE BORN? Jasper County, Georgia

ENLISTED WHEN AND WHERE? March 15th or 16th, 1862

RANK

COMPANY AND REGIMENT? Co E 42nd Georgia Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April, 1865 - Tennessee

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

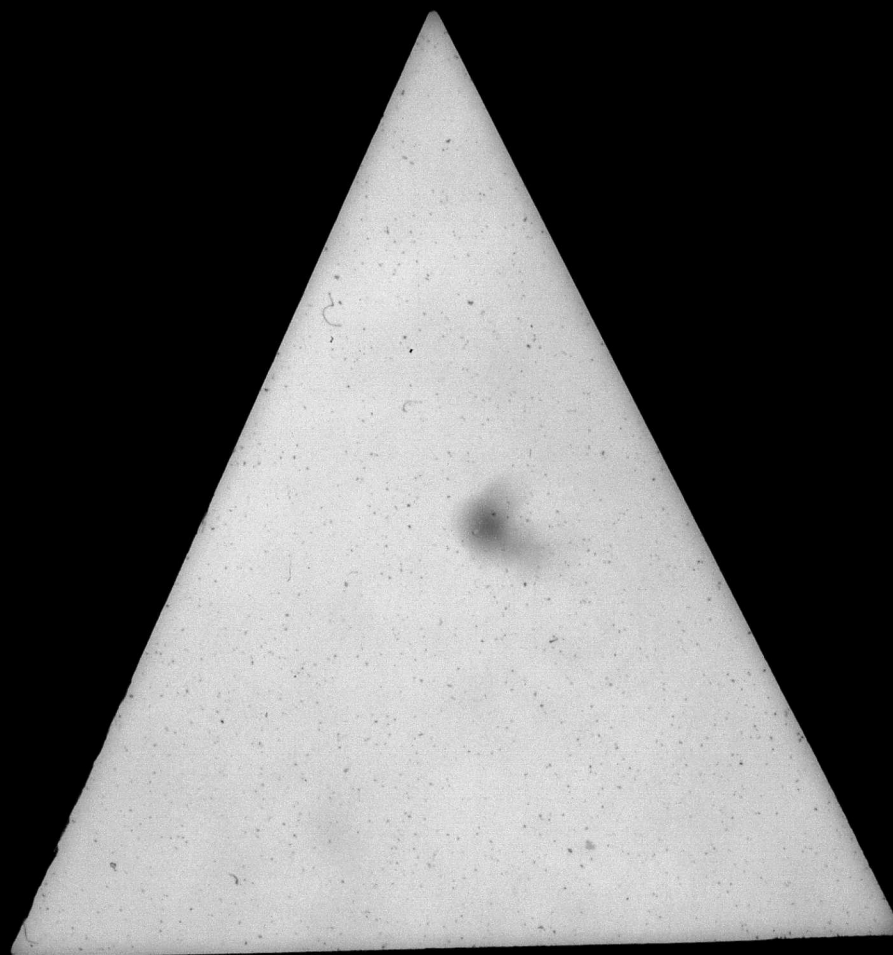
DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J M Mercer - same command -

No data

mh



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____, hereby authorize

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

CODE SEC. 1254.
(For Those Already Enrolled.)

NO. ✓✓✓

INDIGENT
SOLDIER'S PENSION,
1900.

Name J. T. Rodgers
County DeKalb

WARRANT ISSUED

Jan 17 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

[Signature]
Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of

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

at

by _____

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

[L. S.]

Executed in presence of _____

CODE SEC. 1284.

(For Those Already Enrolled.)

NO. 557

INDIGENT

SOLDIER'S PENSION,

1900.

Name J. T. Rodgers

County DeKalb

WARRANT ISSUED

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

App

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of

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

at

by _____

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

[L. S.]

Executed in presence of _____

CODE SECTION 1284
(For Those Already Enrolled.)

No. 664

INDIGENT

SOLDIER'S PENSION.

1901.

Name J. T. Rodgers

County DeKalb

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

App

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears

J. T. Rodgers 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 *2* day of *Dec* 1843; that he is *57* years old and by occupation a *Farmer*; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States,

and served for the term of *3 years* in Company *B*, of *35*th Regiment of *La Vol*; that his physical condition is as follows: *Had fever and Erysipelas while in service now unable to work affecting brain and head.*

that his property consists of the following items. *None*

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of _____ county been allowed a pension for the year 189 _____ *Miss Time.*

Sworn to and subscribed before me, this, the

J. T. Rodgers

18 day of *Jan* 1900.

M. M. Ragadace Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal, this *10*

day of *Jan* 1900.

M. M. Ragadace

Ordinary *De Kalb* County.



NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears

J. T. Rodgers 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 *24* day of *Dec* 1843; that he is *57* years old and by occupation a *Farmer*; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of *3 years* in Company *B*, of *35*th Regiment of *La Vol*; that his physical condition is as follows: *Had fever in the war followed by Erysipelas, now chronic and left in debilitated condition*

that his property consists of the following items. *None*

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

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

Sworn to and subscribed before me, this, the

18 day of *Jan* 1901.

M. M. Ragadace Ordinary.

STATE OF GEORGIA,

De Kalb County.

I, *M. M. Ragadace* Ordinary of said County, do certify that I am well acquainted with *J. T. Rodgers* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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* 1901.

M. M. Ragadace

Ordinary *De Kalb* County.



NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

CODE SECTION 124.
(FOR THOSE ALREADY ENROLLED.)

No. 688

INDIGENT

**SOLDIER'S PENSION
1902.**

Name Rodgers J.T.

County DeKalb

Co. B Regiment 35

WARRANT ISSUED

117 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

M

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

CODE SECTION 124.
(FOR THOSE ALREADY ENROLLED.)

No. 157

INDIGENT

**SOLDIER'S PENSION
1903.**

Name Rodgers J.T.

County DeKalb

Co. B Regiment 35

WARRANT ISSUED

113 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

M

Geo. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *J. T. Rodgers* 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 *2* day of *Dec* 18*43*; that he is *59* years old and by occupation a *Farmer* that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 Years* in Company *B*, of *35*th Regiment of *La Vol*; that his physical condition is as follows: *Suffering from erysipelas and effects of fever unable to work* that his property consists of the following items *None*

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

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

Sworn to and subscribed before me, this the *5* day of *Jan* 1902.

J. T. Rodgers

W. M. Ragsdale Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

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

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



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *J. T. Rodgers* 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 *2* day of *Dec* 18*43*; that he is *60* years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 Years* in Company *B*, of *35*th Regiment of *La Vol*; that his physical condition is as follows: *Disease and Poverty Infirmary from erysipelas unable to work* that his property consists of the following items: *None*

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

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

Sworn to and subscribed before me, this the *9* day of *Jan* 1903.

W. M. Ragsdale Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

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 _____

Rogers, J. I.
DeKalb County

CODE SECTION 1354.

(FOR THOSE ALREADY ENROLLED.)

No.

578

INDIGENT

SOLDIER'S PENSION

1904.

Name

J. I. Rogers

County

DeKalb

Co.

B Regiment *35*

WARRANT ISSUED

1904

11 22

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Opp

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no date

Rodgers, J. I.
DeKalb County

CODE SECTION 1354.

(FOR THOSE ALREADY ENROLLED.)

No.

178

INDIGENT

SOLDIER'S PENSION

1905.

Name

J. I. Rogers

County

DeKalb

Co.

B Regiment *35*

WARRANT ISSUED

1905

11 23

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Opp

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

[L. S.]

Executed in the presence of _____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

DeKalb County.

Personally appears J. T. Rodgers 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 2 day of Dec 1842; that he is 66 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 years in Company B, of 35th Regiment of Georgia; that his physical condition is as follows: Never and Ervylous Affecting
Brain and general health.

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 J. T. Rodgers

Sworn to and subscribed before me, this the 13 day of Jan 1904.

James R. George Ordinary.

STATE OF GEORGIA,

DeKalb County.

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

STATE OF GEORGIA,

DeKalb County.

Personally appears J. S. Rogers 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 B, of 35th Regiment of Georgia; that his physical condition is as follows: _____

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 10 day of Jan 1905.

James R. George Ordinary.

STATE OF GEORGIA,

DeKalb County.

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

Given under my official signature and seal, this 10th

day of Jan 1905.

James R. George Ordinary DeKalb County.



NOTE.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb COUNTY.

I, J. T. Rodgers, hereby authorize
D. B. Bond of Lithonia Ga
to receive and receipt for the pension allowed, and request that he remit same to
J. T. Rodgers at Lithonia Ga
by _____

WITNESS my hand and seal, this 11th day of Jan 1906.

J. T. Rodgers [L. S.]

Executed in the presence of

James R. George
Ordinary

Rogers, J. T.
De Kalb Co.

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 760

INDIGENT
SOLDIER'S PENSION
1906.

Name J. T. Rogers
County De Kalb
Co. 13 Regiment 35th

WARRANT ISSUED
1 1/2 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
D. B. Bond

THE FARMERS' PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MAN.

no data

Rogers, J. T.
De Kalb Co.

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 761

INDIGENT
SOLDIER'S PENSION
1907.

Name J. T. Rogers
County De Kalb
Co. 13 Regiment 35th

WARRANT ISSUED
1 1/2 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
D. B. Bond

THE FARMERS' PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MAN.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb COUNTY.

I, J. T. Rogers, hereby authorize
D. B. Bond of Lithonia De Kalb Co Ga
to receive and receipt for the pension allowed, and request that he remit same to
J. T. Rogers at Lithonia Ga
by _____

WITNESS my hand and seal, this 8 day of January 1907.

J. T. Rogers [L. S.]

Executed in presence of

James R. George
Ordinary

State of Georgia,

De Kalb County.

Personally appears J. T. Rogers 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 1837; 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 B, of 35th Regiment of Georgia Sold; that his physical condition is as follows: Infirmary & 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 26 day of January 1906.

James R. George Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal, this 26

day of 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 J. T. Rogers 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 2 day of January 1843; that he is 64 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company B, of 35th Regiment of Georgia Sold; that his physical condition is as follows: Infirmary 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 26 day of January 1907.

James R. George Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal this 26

day of January 1907.

James R. George Ordinary De Kalb County.



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

J. W. Lindsey,
Commissioner of Pensions,
Atlanta, Ga.

Dec. 22, 1899.

HON. ORDINARY,

Dear Sir:

Claims stated below have been approved and will be paid with others of like class in 1900 if the appropriation to be made by this General Assembly so warrants. Each claimant must make the same affidavit in your presence as those heretofore paid, and you will forward with other claims of same class. Rejected claims have been mailed to you. Blanks will be mailed about 26th Dec.

Respectfully,

J. W. LINDSEY,
Com. of Pensions.

Rank data
Indigent added in 1900
Repro. D. V.

Courtesy in Jan 47
Since above pension was granted
Mr J. A. Rogers has removed to
and is now a Resident of
De Kalb County Ga
Georgia
De Kalb County
Witnesses
and for said County
hereby certify that Mr J. A. Rogers is the
identical person referred to in above
and that he now resides in De Kalb County
Witness my hand and seal of office
Jan 17th 1900. *M. M. Read, ordinary.*

NAME Rodgers, J.T.

YEAR 1900 COUNTY DeKalb

WHEN AND WHERE BORN? December 2nd. 1843- he is 57 years old.

ENLISTED WHEN AND WHERE?

RANK

COMPANY AND REGIMENT? Co. B, 35th. Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Contracted fever and erysipelas- affecting brain.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

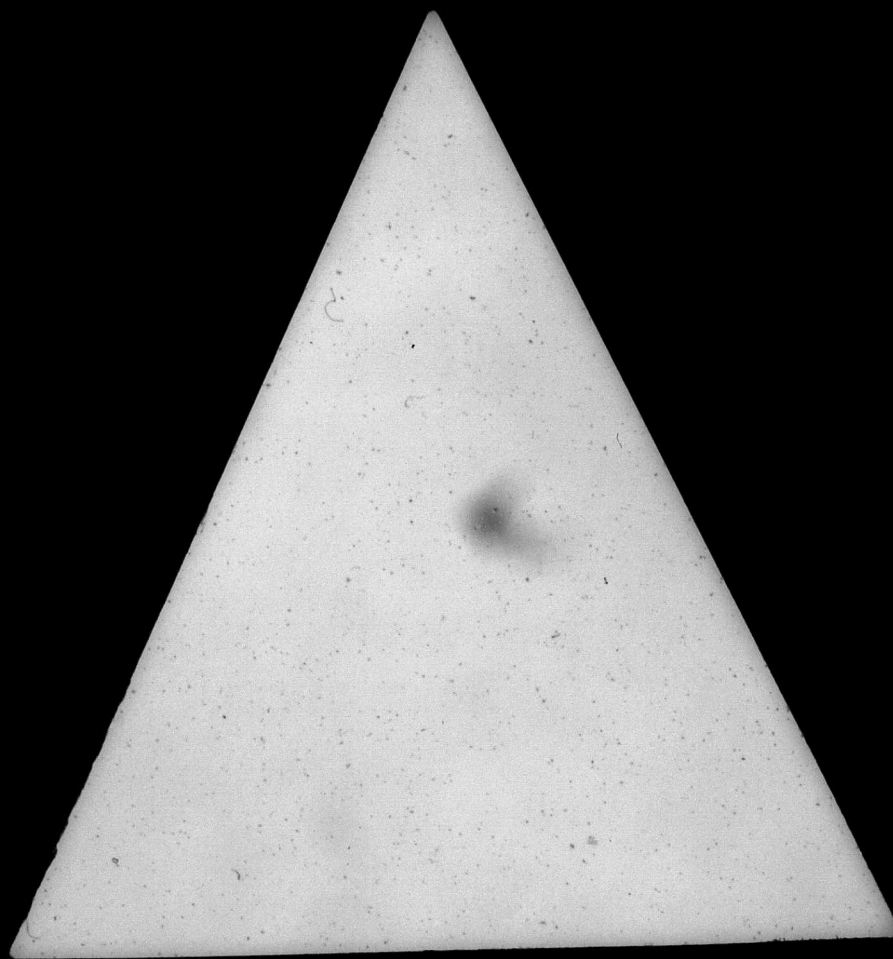
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.

JWT



POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of _____

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

at _____ by _____

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

[L. S.]

Executed in presence of _____

Register Office, 10/1/07.
This is not an aged pen. It is proved, on 10/1/07, by J. W. Lindsey, Com. of Penit.

J. W. Lindsey,
Com. of Penit.

Rodgers, James W.
Dekalb Co.
Dekalb Co. Regt.
No. 1907

INDIGENT PENSION. 1907

Name James W. Rodgers
County Dekalb
Co. Thompson's Art. Regt.
Approved _____ 190 _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

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

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

1/3/08 9/28/07

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

at _____ by _____

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

[L. S.]

Executed in presence of _____

10/1/07.

J. W. Lindsey,
Commissioner of Pensions.

INDIGENT PENSION.

1907

Name James W. Rodgers

County DeKalb

Ca. Thompson Det. Regt.

Approved _____ 190 _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

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

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

1/3/08 9/24/07

Every question must be answered.

STATE OF GEORGIA,

COUNTY.

James W. Rodgers 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:

- What is your name and where do you reside? (Give, State, County and Postoffice) James W. Rodgers, near Decatur, in DeKalb Co. Ga.
- How long and since when have you been a resident of this State? Since my life over since November 8, 1845.
- When and where were you born? Nov. 8 - 1845, in DeKalb Co. Ga.
- When and where and in what company and regiment did you enlist or serve? Jan'y, 1864, in the 38th U.S. Artillery, Capt. C. R. Hamblen's, in 38th U.S. Regt.
- How long did you remain in such company and regiment? From Jan'y 1864 till April 23, 1865, when I was surrendered at Camden S. C. where I was on special detail duty.
- When and where was your company and regiment surrendered and discharged? At Bentonville, in N. C., the Battery was detached from the regiment and served on the coast, then in Johnston's army.
- Were you present with your company and regiment when it was surrendered? No, Sir.
- If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? Just left our camp with measles. I then went on special detail duty to guard ammunition trains.
- How much can you earn (gross) per annum by your own exertions or labor? Perhaps \$50.
- What has been your occupation since 1865? Farmer, and hickory.
- Upon which of the following grounds do you base your application for pension, viz: first, "old age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? 1st and 2nd.
- 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? Several years. Work in proxy, and have no property, and not able to do any active labor, no more support. My eyesight is not good.
- What property, real and personal, or income, do you possess, and its gross value? None at all, and no income at all, only a little hickory for occasional support.
- What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? Had none at all, and did not dispose of any.
- In what County did you reside during those years, and what property did you then return for taxation? In DeKalb County, near Decatur.
- How were you supported during the years 1901, 1902, 1903, 1904 and 1905? By little work I could do, selling vegetables, hickory, and some.
- How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Expenses about \$600. I then contributed \$10.00.
- What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? Selling vegetables from garden, and doing about as a constable.
- Have you a family? If so, who composes such family? Give their means of support. Have they a home, stand, or other property? Their ages and how employed? Yes, one wife, my son is of age and lives & himself, wife and I live together. She has a negro girl.
- Are you receiving any pension? If so, what amount and for what disability? No, Sir.
- Have you ever made an application for pension before? No, Sir.
- How many applications have you ever made and under what class? None at all.

Sworn to and subscribed before me this the _____

James W. Rodgers Ordinary of DeKalb County.

James W. Rodgers Applicant.

Campbell County.

William P. Cole

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

1. What is your name and where do you reside? William P. Cole resides at P.O. St. McPherson, R.F.D. No. 8
2. Are you acquainted with James W. Rodgers, the applicant? If so how long have you known him? Yes, I have known him since 1864.
3. Where does he reside, and how long and since when has he been a resident of this State? Near Decatur, Ga. all his life in Georgia.
4. When, where and in what company and regiment did he enlist, and how do you know? Jan'y. 1864, at Savannah, Ga. Hamilton's (see Thompson's) Infantry, with 38th Va Regt. Was Sir.
5. Were you a member of the same company and regiment? No.
6. How long did he perform regular military duty? From 1864 to Surrender in 1865.
7. When and where was he captured or surrendered? At Petersburg, Va. in 1865.
8. Were you present when he surrendered? No. I was surrendered at Camden S.C.
9. Was applicant present? No. He was surrendered at Camden S.C.
10. If he was not present, where was he? He was at Camden S.C.

When did he leave his command? About Feb'y 1865. For what cause? Special duty.

By what authority he left? He was detailed on special duty. How do you know all of that? I was with him all the time and know it because I remember the circumstances.

11. What property, effects or income has the applicant? (Give your means of knowledge.) I do not know about this.
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? I do not know of any.

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

14. What is the applicant's occupation and physical condition? He is truck farmer and in weak physical condition.

15. Is the applicant unable to support himself by labor of any sort; if so, why? Yes, he says he is not able to do much work, because he is old and weak.

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? I do not know.

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

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. I do not know personally, but he appears feeble, and says he is weak.

19. Who composes family? What property have they? Children's ages and their earning capacity? I do not know his family. He says he has a wife. One boy, but does not live with him.

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

Sworn to and subscribed before me, this the 24 day of Sept 1907. William P. Cole Witness, W. S. McSorley Ordinary.

Georgia, Campbell county.

I certify that Wm. P. Cole, the above named witness, is a man of trustworthy character, and that his statements are entitled to full faith & credit. Witness my hand & seal of office, this Sep 24 1907. W. S. McSorley Ord'y.

DeKalb County.

Personally came before me W. S. McSorley and

W. J. Houston, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully James W. Rodgers

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

Chronic Indigestion, stiff shoulder joint; Old age and a general break down of whole system all of which render him unable to make a living at any kind of labor.

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

Sworn to and subscribed before me, this the 26 day of Sept 1907. James R. George Ordinary.

ORDINARY'S CERTIFICATE.

DeKalb County.

I, James R. George Ordinary, in and for said County, hereby certify that the applicant James W. Rodgers resides in said County, and has been a bona fide resident of this State since the 8 day of Nov 1864 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 Nothing in County shows that applicant returned for taxation in his name in 1901 than 1905 Dollars of property; in 1902 than 1905 Dollars of property; in 1903 than 1905 Dollars of property; in 1904 than 1905 Dollars of property; in 1905 than 1905 Dollars of property.

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

Witness my hand and seal of office, this 26 day of Sept 1907. James R. George Ordinary, of DeKalb County.

NOTE.

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

Campbell County Ga.)

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

COUNTY.

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

1. What is your name and where do you reside? _____
2. Are you acquainted with _____, the applicant; if so, how long have you known him? _____
3. Where does he reside, and how long and since when has he been a resident of this State? _____
4. When, where and in what company and regiment did he enlist, and how do you know? _____
5. Were you a member of the same company and regiment? _____
6. How long did he perform regular military duty? _____
7. When and where was his command surrendered? _____
8. Were you present when it surrendered? _____
9. Was applicant present? _____
10. If he was not present, where was he? _____
When did he leave his command? _____ For what cause? _____
By what authority he left? _____ How do you know all of this? _____

11. What property, effects or income has the applicant? (Give your means of knowledge.)

has none no income - we are his neighbors

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902,

and what disposition, if any, did he make of same? he did not own property in that years had none to dispose

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

he had none to dispose, he owns no property

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

he is a Packer a fraction of his time when able his physical condition is very feeble he is not able to make a living

15. As the applicant unable to support himself by labor of any sort, if so, why?

he is not able to support himself by any kind of labor on account of his feeble condition he is a pauper

16. How was he supported during the years 1896, 1897, 1898, 1899, 1900, 1901 and 1902?

by packing and by his wife support

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

about \$50.00

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

his physical condition is very feeble as stated above he is a very frail man

19. Who composes family? What property have they? Children's age and their earning capacity?

he has a wife and one child his wife owns twenty acres of poor land in the county

20. What interest have you in the recovery of a pension by this applicant?

none at all

Sworn to and subscribed before me, this the

25 day of Nov 1908

James R. George Ordinary.

W. S. Dumble Witness.

we are his neighbors and know the above facts to be true

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Dekalb Georgia.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know Mrs. J. W. Rodgers, the applicant, and that she is the lawful widow of J. W. Rodgers, and was on the DeKalb Pension Roll of said Dekalb County, and was paid a Pension from Dekalb County for 1924, and at the time of his death on the _____ day of _____, 192____, there was due to him and unpaid his Pension of _____ Dollars from the State of Georgia, and I know _____, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 3 of January, 1924.

(Seal of Ordinary)

V. S. Morgan, Ordinary
Dekalb County

Rodgers, J. W.

of Dekalb County

1924

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow or Dependent Children)

BY

Mrs. J. W. Rodgers
Widow of J. W. Rodgers
Date of Marriage Nov 17, 1870
Date of Death May 7 1924

Approved and ordered paid.

FEB 4 1924
A. E. Harris

Commissioner of Pensions.

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

GEORGIA, _____ County

I hereby authorize and constitute _____, of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 192____, through my deceased husband, _____, who was _____ Pension Roll and paid from _____ County for 19____.

Witness my hand this _____ day of _____, 192____.

Attested before me:

Application for Pension Due Deceased Soldier
(To Be Paid to His Widow or Dependent Children)

(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes Mrs. J. W. Rodgers
of said County, who after being duly sworn, on oath says that she is the widow of J. W. Rodgers
and that said Pensioner was on the Pension Roll of DeKalb County
and was paid a Pension of One Hundred (\$100 -) Dollars
from DeKalb County for 10 24, and that the said Pensioner
died in DeKalb County on
the 7 day of May, 1924, and at the time of his death a Pension of \$ 25
was due him from DeKalb County and unpaid for 1924.
Applicant further swears that she married the said J. W. Rodgers on
the 17 day of Nov, 18 24, in DeKalb County and
State of Ga, and resided with him from the date of marriage to his death as his
lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be
paid to her.

Sworn to and subscribed before me this 3 day of January, 1924
V. S. Morgan, Ordinary } Mrs J. W. Rodgers
DeKalb, County } (L. S.)
(Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, _____ County.

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

Sworn to and subscribed before me this _____ day of _____, 1924.
_____, Ordinary }
_____, County }
(Seal of Ordinary)

INSTRUCTIONS:

1st. This form is for widows of Service and Disabled Soldier pensioners, who died after November 1st. If pensioner died after January 1st, leaving dependent children but no widow, their guardian may use this form in their behalf.
2nd. Proof of marriage must be made, though the date of marriage need not be proven, it being only necessary to prove that pensioner and widow were living together as husband and wife at the time of death.
3rd. Do not use the enormously large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.
4th. The Ordinary should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seals affixed, and that back of application, when folded, is filled in.
5th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.
6th. Return this application with your final settlement to the Pension Department.
7th. The widow or person holding her proper power-of-attorney receipts for this pension by signing name, as widow, opposite the name of husband on the soldier pay roll.
8th. Only the one pension is covered by this application. If the marriage took place before 1881, take another application, on the white blank, to admit widow to rolls in her own right. November 1st is the last filing date for the next year's rolls.

MARRIAGE LICENSE

488



State of Georgia

County of DeKalb

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

YOU ARE HEREBY AUTHORIZED TO JOIN

James W. Rodgers
AND
Amanda Payton

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

Given under my hand and seal of office, this _____ day of _____ 19____
License obtained under oath by _____

L. S.

STATE OF GEORGIA CERTIFICATE DEKALB COUNTY

I Certify that *J. W. Rodgers* and *Amanda Payton*
were joined in Matrimony by me this *17* day of *Nov*
Recorded the Union of the State of Georgia this 24th 1900
W. L. Morgan Ordinary.

NAME *Rodgers, James W.*

YEAR 1909 COUNTY DeKalb

WHEN AND WHERE BORN? November 8th 1845, DeKalb County, Georgia.

ENLISTED WHEN AND WHERE? January, 1864, witness states; Savannah, Ga.

RANK.

COMPANY AND REGIMENT? 38th Georgia Regiment, Joe Thompson Artillery.

NAME OF CAPTAIN AND COLONEL? Captain C. R. Hahleiter.

WOUNDED? Sick with measles in service, then went on special detail duty to guard ammunition trains.

CAPTAIN, LIEUTENANT AND SERGEANT?

REMARKS.

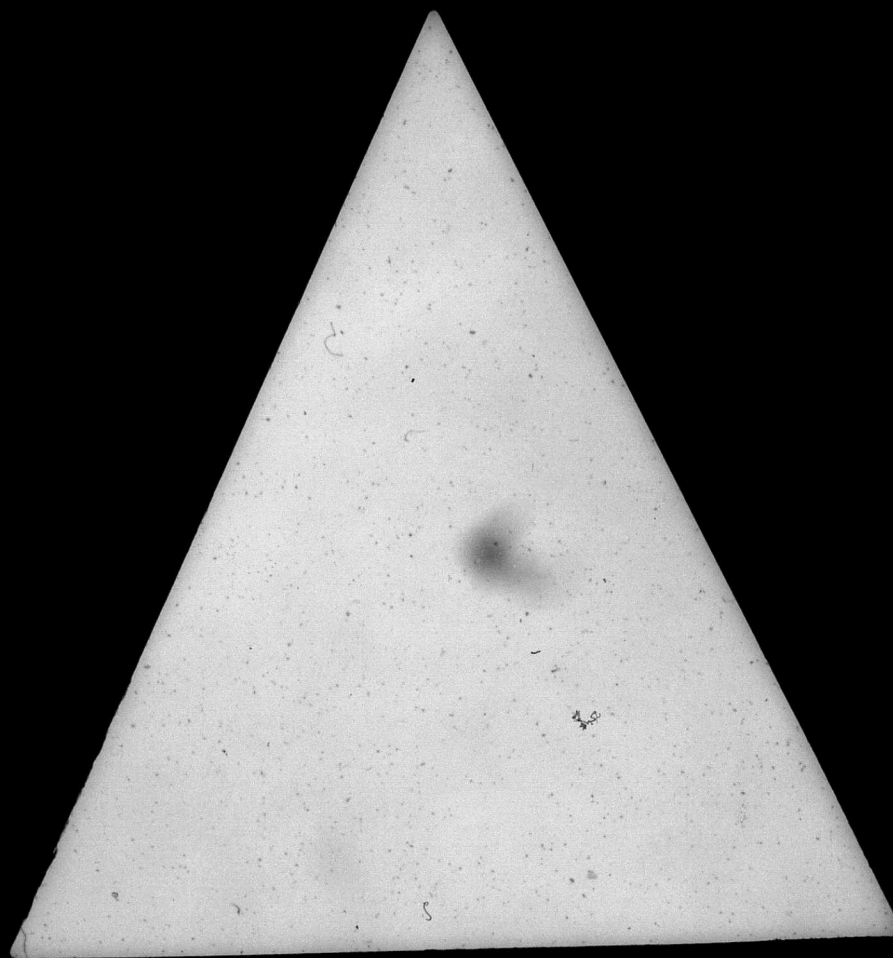
WHEN AND WHERE DISCHARGED? Command: Bentonville, North Carolina. The Battery was detached from the Regiment and served on the coast in Johnston's Army, from Jan. 1864 until April; 23rd, 1865, when applicant surrendered at Camden S. C. where applicant was on special detail duty. IF NOT DISCHARGED AT BENTONVILLE, WHERE WERE YOU?

DIED, WHEN AND WHERE?

REMARKS,

WITNESSES. William P. Cole - Same Command.

No data.



Rogers, Mary Jane
Widow of Osborn Rogers
De Kalb County
Jan 1907

**WIDOW'S
INDIGENT PENSION.
1904.**

Name *Mary Jane Rogers*
County *De Kalb*
Widow of *Osborn Rogers*

Approved _____ 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1904.

Geo. W. Harrison, State Printer, Atlanta.

9/30/05

Indecy
of Pensions.

SEAL

hereby authorize _____
County, to receive and receipt for the pension allowed and that he
remit the same to me at _____ by his check or registered mail.
Witness my hand this _____ day of _____ 190
Executed in presence of _____
Ordinary, _____
County, _____
L. S.

POWER OF ATTORNEY.

County, }
 hereby authorize _____
 of _____ County, to receive and receipt for the pension allowed and that he
 remit the same to me at _____ by his check or registered mail.
 Witness my hand this _____ day of _____ 190____
 Executed in presence of _____
 _____ Ordinary, _____ L. S.
 _____ County.

SEAL

Dickall County.
 Mrs. Mary Jane Rogers of said State and County, desiring to
 avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly,
 passed 1900, hereby submits her 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)
Mary Jane Rogers Dickall Co Ga Dickall Co
 2. How long and since when have you been a resident of this State?
73 27 1/2 years 1832
 3. When and where were you born?
Nov 18 1832 Newbern County Ga
 4. When and where was your husband born—state his full name, and when were you and he married?
 (Attach copy marriage license in every case.)
1838 Mount Co Ga John W. Rogers Doonington
 5. When and where, and in what Company and Regiment did your husband enlist or serve during the
 war between the States?
1862 13th Co North Co Company B Ga State Guard
 6. How long did your husband serve said Company and Regiment?
6 months or more
 7. When and where did your husband's company and Regiment surrender and was discharged?
at Rome Ga 7 1864
 8. Was your husband present at the time and place when his Company and Regiment surrendered?
he was discharged
 9. If not with his command at surrender, state clearly and specifically where he was, when he left com-
 mand, for what cause, and by what authority?
at home
 10. When and where did your husband die?
Savannah Ga 1895
 11. Which of the following grounds do you base your application for Pension, viz.: First—Age and
 Poverty; Second—Infirmary and Poverty; or Third—Blindness and Poverty?
Age Infirmary
 12. If upon the first ground, state how long you have been in such a condition that you cannot earn
 your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the
 third, state whether you are totally blind, and when and where you lost your sight?
My physical condition is very feeble I am not able to do any work
 13. What has been your occupation since your husband's death?
I have not any occupation
 14. How much can you earn gross, by your own exertion or labor?
nothing
 15. What property, real or personal, or income do you have or possess, and its gross value?
I own a life interest in a house and lot
 16. What property, real or personal, did you possess at death of husband or he left you, and of the
 years 1899, 1900, 1901, 1902, 1903, 1904, and what disposition, if any, by sale or gift, have you made of the same?
he left me no property
 17. In what counties did you reside in 1899, 1900, 1901, 1902, 1903 and 1904, and what property did you
 return for taxation?
Dickall Co house & lot
 18. How have you been supported since death of husband, and especially for 1899, 1900, 1901, 1902, 1903
 and 1904?
 19. How much did your support cost for each of those years, and how much did you contribute by your
 own labor or income?
\$1500 & nothing
 20. What was your employment during 1899, 1900, 1901, 1902 and 1903—how much did you receive
 for each year?
had no employment
 21. Have you a family? If so, who composes such family? Give their means of support? Have they
 any lands or other property?
I have no family. I live with my
 22. Have you ever made application for pension before?
not
 23. How many applications have you made for a pension, and under what class?
none
 Sworn to and subscribed before me, this _____ day of _____ 19____
James R. George Ordinary,
 of _____ County.

WIDOW'S
 INDIGENT PENSION.
 1904.

Name *Mary Jane Rogers*
 County *Dickall*
 Widow of *John W. Rogers*

Approved _____ 1904.
 JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

1904.
 Geo. W. Harrison, State Printer, Atlanta.
9300/00

Received by Mary Jane Rogers 12 13 1904
DP for 1907

Fulton County.

McCormick Neal of said State and County, having been presented as a witness in support of the application of Mrs. Mary Jane Rogers for a Pension under the Act of 1900, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? McCormick Neal
County of Fulton State of Georgia
2. Are you acquainted with the applicant, Mrs. Mary Jane Rogers, I am.
During her life
- If so, how long have you known her? Since her death
Remay New Decatur Ga
3. Where does she reside and how long and since when has she been a resident of this State?
4. When and where was she born? In Newton County Ga
5. Were you ever acquainted with her husband? Yes - Osborn Rogers
In Cornsboro Fulton Ga
6. Where did she reside in 1861? In Cornsboro Fulton Ga
7. When and to whom was he married? In Mary James Stokes
In Winnsboro, Co. Ga
8. When and where was he born? In Winnsboro, Co. Ga
9. How long have you known him? For fifty years & more
10. When and where did Osborn T. Rogers enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? In 1863. Co B. 10th Regt Ga State
County Georgia
11. Were you a member of the same Company and Regiment? I was
12. How long did he perform regular military duty? Six months
13. When and where was his Company and Regiment surrendered and discharged from service? At Rome Ga in July 1864
14. Were you with the Company when it surrendered? I was
15. Was Osborn T. Rogers the husband of applicant present?
16. If not present, where was he?
17. When and where did he leave his command? Rome Ga
June 1st 1864
- For what cause? Discharged
- By whose authority he left? Discharged
- How do you know all this? (State fully and clearly.) I was a member of
command and term of service
of him
18. When and where did Osborn T. Rogers die?
In Savannah Ga six or eight years ago
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
State of Georgia all his life since a few years ago
20. Do you of your own knowledge know that applicant is the lawful widow of Osborn T. Rogers?
I do
21. Has she remained unmarried since her soldier husband's death, and is now his widow?
She is still his widow news I heard since
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? No property save a little income
23. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903 and what disposition did she make of it? Had none that I know of
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? No property of none
She is an elderly lady about 65 years of age
and is in better health than she was
To make her living & is living with her
daughter
25. What is applicant's physical condition and her chances and ability to earn a support?

27. How was she supported for 1899, 1900, 1901, 1902 and 1903?

During life of her husband & then - None

28. How much did applicant contribute to her support for last two years?

She is an old lady in feeble health

30. What interest have you in the recovery of this pension by the applicant?

None

Sworn to and subscribed before me this

19thday of Sept 1905
John R. Williamson Ordinary,
Fulton County.McCormick Neal
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,

Dekalb County.Personally before me comes Joseph H. Green (M.D.) and W. L. Orr (M.D.), both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs.Mary Jane Rogers, applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this: a general break down and anemic and a physical exercise brings on symptoms of biliousness so that she is unable to make a comfortable living at any kind of work

Sworn to and subscribed before me this

30

day of Sept 1905
James R. George Ordinary,
Dekalb County.Joseph H. Green (M.D.)
W. L. Orr (M.D.)

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Dekalb County.I, James R. George Ordinary, in and for said County, hereby certify that the applicant, Mrs. Mary J. Rogers resides in said County, and has been a bona fide resident of this State since all her life
and that the witnesses, Mr. C. M. Gaudin and McCormick Neal are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed.

I further certify that the tax digest of Dekalb County shows that applicant returned for taxation in her own name in 1899 _____ dollars worth of property, and in 1900 _____ dollars worth of property, in 1901 _____ dollars worth of property, in 1902 _____ dollars worth of property, and in 1903 \$1400.00 dollars worth of property.

Witness my hand and official seal this

30thday of Sept

1905

SEAL

James R. George Ordinary, Dekalb County.

- NOTES—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will give true answers to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since the 9th April, 1863, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, Mary Jane Rogers, hereby authorize
James R. George of Decatur Ga
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 6th
day of January 1907.

Mary Jane Rogers [I. S.]

Executed in presence of
James R. George
Ordinary

Rogers, Mary Jane
De Kalb County
To Those Heretofore Paid

1907.

No. 259

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO
Mrs. Mary Jane Rogers
of

DeKALB. County,
Widow of Osborne Rogers
Co. B. State Guard Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/21 1907.

AND HANDLED TO
Ord.

CHAS. W. HARRISON, STATE PRINTER, ATLANTA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of DeKALB.

PERSONALLY COMES MRS.

Mary Jane Rogers

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

Osborn Rogers

who was a soldier in Company

B

of the State Guard

Regiment of

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

1st, and served in the Army up to

1st

That he died on

the day of

1st

Age and Infirmary

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 5th day of Jan'y 1907.

James R. George

Ordinary.

Post Office

Dicatur Gd

James R. George

State of Georgia,

DeKALB.

County.

Ordinary of said County, certify that I am well

acquainted with Mrs. Mary Jane Rogers, 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 6th day of Jan'y 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.

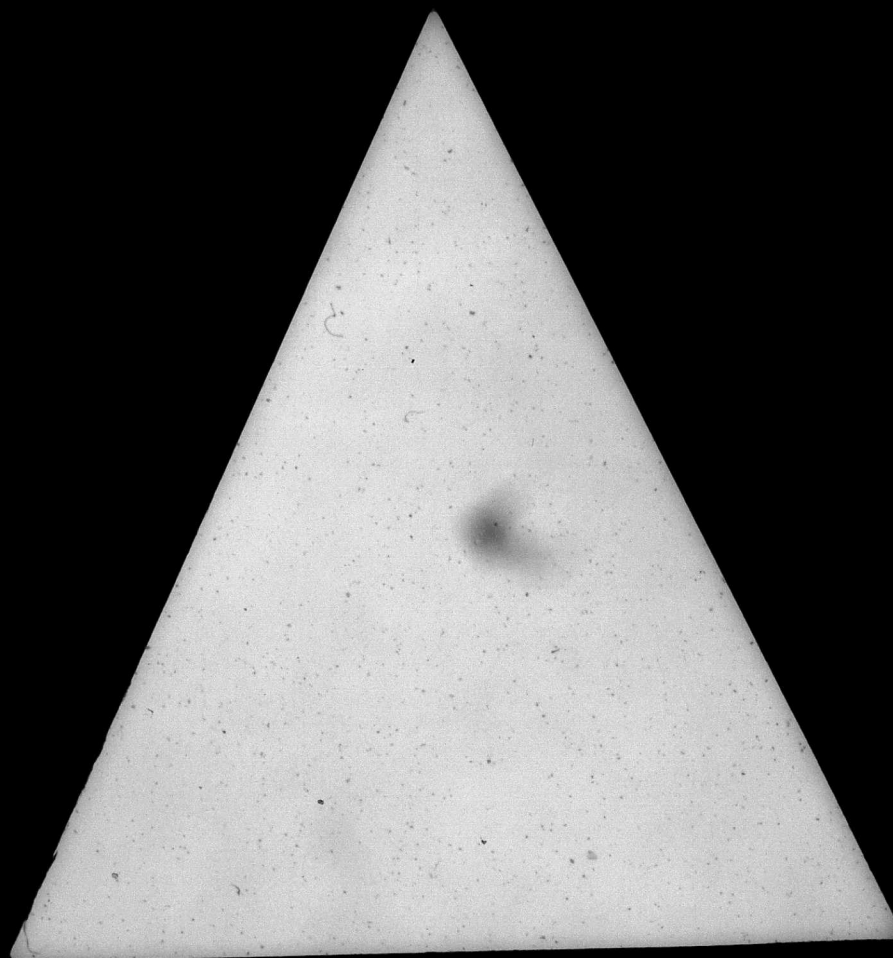
OFFICE OF
JAMES R. GEORGE,
ORDINARY DEKALB COUNTY,
DECATUR, GEORGIA.

DECATUR, GA.,

190

Georgia
DeKalb County } This is to certify that
I knew Osborn T. Rogers
of the County of Newton and State
of Georgia he enlisted in the Confe-
derate Service in August 1864 in
Company B 10 Regiment Georgia
State Guards. Col John A. Floyd
was Col of said Regiment also
said Osborn T. Rogers was Adjutant
of said Regiment. He enlisted for 6
months. His Company & Regiment
was disbanded at Rome Georgia
upon the expiration of his term of
enlistment Feb'y 1865. I was Captain
of Company A in said Regiment and
I know of this by my own knowledge
Sworn to and Subscribed
before me Sept 28th 1905
James R. George
Ordinary

William A. Candler
Capt. C. A.
104 E. St. E. S. E.



Ordinary's Certificate

STATE OF GEORGIA,

COUNTY,

I, Edw Rose of said County, certify that I know the applicant Edw Rose for pension is the person he represents himself to be and resides in said county. That I also know Edw Rose the witness swearing to the service; that Edw Rose of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 16 day of Oct 1919

Edw Rose of Upson County, (SEAL) Edw Rose

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "I am an ordinary sworn that you will true answers make to each of the questions asked you and the evidence you give shall be taken as true." 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.

Rose, E W.
Edw Rose
No. 114 Jan 1920

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County DeKalb
Name Edw Rose
Company W
Regiment 3rd Ga
Approved _____

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

10-20-1919

Upson COUNTY.

I, CE Butler Clerk of said County, certify that I know the applicant E W Rose for pension is the person he represents himself to be and resides in said county. That I also know Arthur C. Kersy the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 16 day of Oct 1919

CE Butler Clerk of said County.

of Upson County.

(SEAL)

CE Butler Clerk

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Questions For Applicants to Answer

STATE OF GEORGIA.

DeKalb COUNTY.

E W Rose of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office) E W Rose DeKalb County Atlanta Ga
2. How long and since when have you been a continuous resident citizen of this State? 72 years all my life
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Confederate States
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) March 1864 Upson County Ga Company 12 3 Ga Reg
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) March 1864 to April 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? Transferred to Company 12 3 Ga Reg April 1865 Greencroft N.C.
7. Were you actually present with your command when it was surrendered or discharged? I was
8. If you were not actually present, state specifically and clearly where you were. Present
- a. Where was your command when you left it? did not leave
- b. When did you leave the command? Surrendered
- c. For what cause did you leave? —
- d. By whose authority did you leave? —
- e. For how long was your leave granted? In what way? —
- f. Why did you not return to your command after leave expired? Surrendered
- g. In what way were you prevented? —
- h. What effort did you make to return? —
- i. Were you captured during the war? was not
- j. If so, when, and where? In what prison were you held and when were you released? —
9. Are you drawing a pension of any amount from this State or the United States? no
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Have not

Sworn to and subscribed before me, this the

17 day of Sept 1919

James R. Gorman Ordinary
of DeKalb County.

(SEAL)

Rose, E W.
DeKalb Co. E.

No. 1014 Jan 1920

Confederate

Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County DeKalb
Name E W Rose
Company 12
Regiment 3rd Ga Reg
Approved —

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-20-1919

STATE OF GEORGIA,

Upson COUNTY.

Arthur W Kersey of said State and County is hereby presented as a witness in support of the application of E. M. Rea for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? Arthur W Kersey
Thomaston, Upson Co Ga
2. How long and since when have you known E. M. Rea the applicant?
Since Feb. 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? In Atlanta - Resident at his Office & has known him nearly 40 years
4. When, where and in what Company and Regiment did E. M. Rea enlist during war from 1861 to 1865? (Give date and place.) Feb 1864 3rd Ga Heavy Art.
5. How did you obtain your information of this Service? Enlisted same Co. same time
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) From March 1864 to Feb 1865 - Then at Huntsville Ala.
7. When and where was his command surrendered or discharged (give date and place) April 1865 at Huntsville Ala.
8. Were you personally present at the surrender? No
9. If not, where were you and how came you there? At Huntsville Ala. with my Co
10. Was the applicant personally present with his command at surrender? Yes
11. If not where was he and how came him there? Don't know
12. When did he leave his command? Don't know Where was his command when he left it? Don't know For what cause did he leave? Don't know By whose authority did he leave? Don't know and how long was he granted leave? Don't know How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically. Of my own knowledge. He left was not present at
13. In what way was he prevented from returning to his command? He left Command How do you know? Don't know
14. What effort did he make to return to his command and how do you know? Don't know that he ever left
15. Was applicant captured as a prisoner? No If so, when and where? No In what prison was he held? No and when released? No

Sworn to and subscribed before me, this the

16 day of Oct 1919

E. M. Rea Ordinary

Upson County.

SEAL

Arthur W Kersey



COUNTY OFFICERS:
J. E. F. MATTHEWS, ORDINARY
C. E. BETHEL, CLERK SUPERIOR COURT
C. L. HOWELL, SHERIFF
JOHN A. THURSTON, COUNTY SCHOOL SUPERINTENDENT
C. S. VINING, TAX COLLECTOR
W. S. ELLINGTON, TAX RECEIVER
G. O. ZORN, TREASURER



BOARD COUNTY COMMISSIONERS,
ROADS AND REVENUES
SESSIONS FIRST TUESDAY EACH MONTH
F. M. GARNER, CHAIRMAN
W. O. BRITT, COMMISSIONER
P. F. BROWN, COMMISSIONER
M. H. SANDWICH, CLERK BOARD COMMISSIONERS

Wormaston, Ga.

October 16th, 1919.

Georgia, Upson County:-

I, C. E. Bethel, Clerk of the Superior Court in and for said county, do hereby certify that owing to the disability on account of the sickness of the Ordinary of said county of Upson, I have read over to the witness A. W. Kersey ~~the~~ the questions and answers in the foregoing application of E. W. Rose and that the Oath was administered by me before signing.

Given under my hand and Official seal of office Oct 16th, 1919.

C. E. Bethel

Clerk Superior Court, Upson County.

NAME Rose, E.W.

YEAR 1920

COUNTY Dekalb

WHEN AND WHERE BORN? A resident of Georgia since birth, 1847.

ENLISTED WHEN AND WHERE? March 1864, Upson County, Ga.

RANK.

COMPANY AND REGIMENT? Co. K. 3rd Ga. Reserves
Feb. 1865 transferred to Co. K. 5th Ga. Reserves.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

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

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

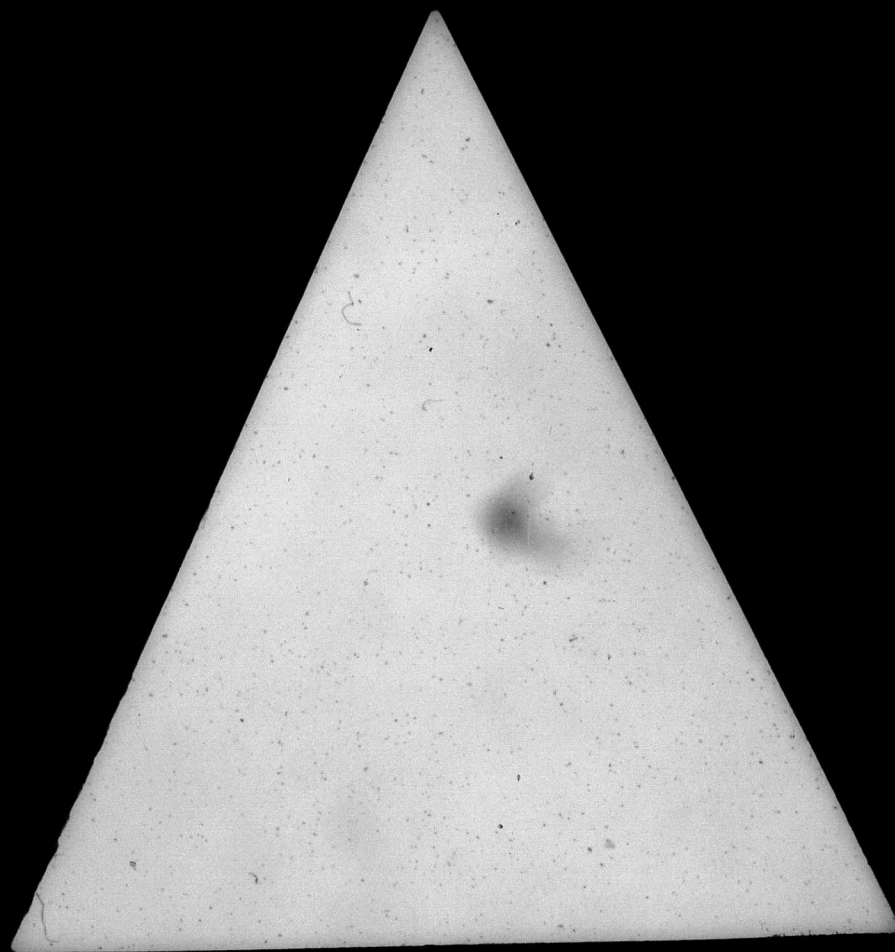
DIED, WHEN AND WHERE?

BURIED.

WITNESSES, A. N. Kersey

- Same command

- No data,



Ross, M. H. (Mrs)
DeKalb Co. Ga.
O. R. Jan 1911

Widow's Application

UNDER ACT 1910.

Who Lost a Husband During War as a
Soldier, Remarried and is Now
a Widow.

County DeKalb
Name Mrs M. H. Ross
Soldier Husband's Name By Miller
J. H. Ross
Company A
Regiment _____
Name of Last Husband _____

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer, Atlanta.

820/10

8/24/10
Chas. P. Boyd, State Printer, Atlanta

J. W. LINDSEY,
Commissioner of Pensions.

Approved

Name of Last Husband

Regiment

Company

Soldier Husband's Name

Name *J. M. S. Rose*

County *DeKalb*

Who Lost a Husband During War as a
Soldier, Remarried and is Now
a Widow.

UNDER ACT 1910.

Widow's Application

Rose, M. H. (Mrs)
DeKalb Ga
Oct 1911

STATE OF GEORGIA,
DeKalb County.

Personally before me come *Mrs M. H. Rose* of said county who after being sworn on oath says that she became the lawful wife of *D. H. Miller* on the day of *Sept 17* 1867 and that he did on the *17* day of *Sept* 1861 enlist in Company *N - 38* Regiment and was on the *17* day of *Sept* 1862 killed ~~and~~ as the result of an injury received while in line of duty on the *17* day of *Sept* 1862 leaving this applicant, his widow. That on the *13* day of *Jan* 1880 she was married to *J. N. Rose* of *DeKalb* County, and that on the *15* day of *May* 1886 in the county of *DeKalb* State of *Georgia*, the said *J. N. Rose* died and that this deponent is now a widow.

That she was on the 4th day of November, 1908 or at the death of her last husband left in the use possession and control of the property. Stated in schedule (A)
acres of land cash value of *none*
Horses or mules *none*
Hogs and cows and other stock *none*
money, notes, etc. *none*
actual income and savings *Property*
Total *none*

SCHEDULE B.

That since the 4 of November, 1908 or the death of her husband, she has sold or given away the following property of the cash value *no property* as follows
Total value *none*
and that the proceeds were disposed of *none*

SCHEDULE C.

That she is now in the use, possession and control of the following property at the cash value attached
acres of land of the cash value *nothing*
Horses and cows of the cash value *---*
Hogs and other stock *---*
Cotton and other farm Products, worth *---*
Total value of all property *---*

and that the valuation of all of said property, is stated at its true cash value
Sworn to and subscribed to by me this *17* day of *Aug* 1910
James R. George Ordinary.
DeKalb County *M. M. H. Rose*

Affidavit of the Witness to the Service and Death of Soldier
Husband and Her Marriage.

STATE OF GEORGIA,
DeKalb County.

Personally before me come *John Boyter* who after being duly sworn on oath says that he knew *D. H. Miller* that he enlisted in Company *N - 38* Regiment of *GA* 1861 and that on the *17* day of *Sept* 1862 he was killed ~~or died~~ as a result of the injury received while in line of duty as a soldier, in the Confederate army, and that he knows Mrs.

1807 and that she was his widow at his death, that he knows that the said Mrs. M. H. Ross married again on the 13 day of January 1880 to one J. N. Ross and that her said husband J. N. Ross died on the 15 day of May 1886 and that the applicant is now a widow.
Sworn to and subscribed before me this 18 day of August 1910
James R. George Ordinary.
of Dekalb County John Baxter

Affidavit of the Witness to the Property and its Value.

STATE OF GEORGIA,

Dekalb County.

Personally before me John Baxter who after being sworn on oath says that they are Free Holders of said County of Dekalb and that they know Mrs. M. H. Ross and that she was on the 4th day of November or at the death of her last husband, on the 15 day of May 1886 and that he left her in the use, possession and control of property at its true cash value, as follows.

SCHEDULE A.

—	Lands	whose cash value	<u>none</u>
—	Horses	mules	<u>11</u>
—	Cows hogs and other stock		<u>11</u>
—	Money, notes and accounts		<u>11</u>
—	All other property		<u>11</u>
Total cash value of all property			<u>11</u>

SCHEDULE B.

We know that since the 4th November, 1908 or since the death of her last husband she has sold or given away property of the cash value of to-wit:

—	land worth	<u>none</u>
—	Horses and mules	<u>11</u>
—	Cows, hogs and stock of all kind	<u>11</u>
—	any and all other property	<u>11</u>
—	Total cash value	<u>11</u>

and we know that the proceeds of this property were 11 its full cash value and was disposed of (State fully.) none

SCHEDULE C.

We know that the applicant is now in the use, possession and control of property of the actual cash value as follows, to-wit:

—	Land of the cash value of	<u>none</u>
—	Horses and mules, cash value of	<u>11</u>
—	Cows hogs, and other stock	<u>11</u>
—	Wagon and Buggy	<u>11</u>
—	Other personal property	<u>11</u>
—	Money notes and accounts	<u>11</u>
—	Actual income and savings	<u>11</u>
—	Total cash value of all property	<u>11</u>

Sworn to and subscribed before me this 18 day of August 1910.
James R. George Ordinary
of Dekalb County John Baxter
J. J. Lawhorn

STATE OF GEORGIA.

Dekalb County.

I, James R. George an ordinary of said County and do certify that I know Mrs. M. H. Ross the applicant for Pension and that I know that she is the person that she represents herself to be, and that she is a bona fide continuing resident of said county and was on the 4th day of November, 1908.

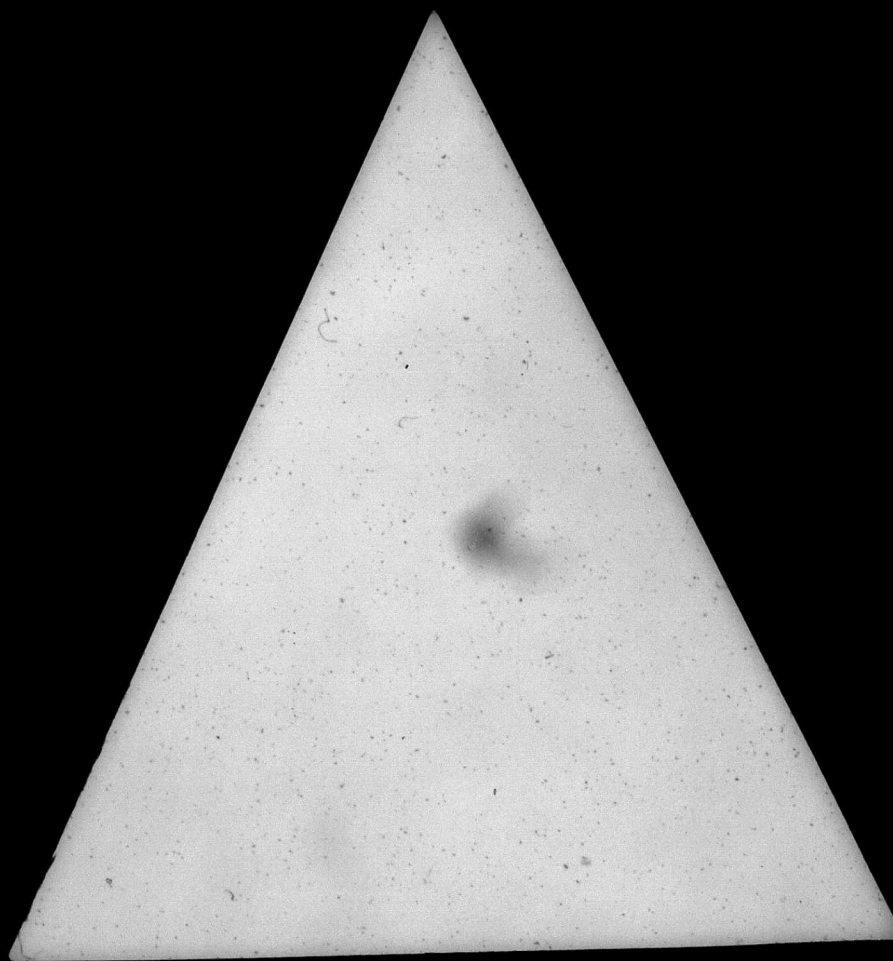
That I also know John Baxter & J. J. Lawhorn witness to the service, of Husband's marriage, and the death of Husband, and I also know whom I know to be resident and free-holder of said county, that all of said persons were duly sworn by me before signing their respective affidavits and that they are truthful and trustworthy persons and their statements are entitled to full faith and credit.

That the Tax Books of Dekalb County, shows Mrs. M. H. Ross returned property to the amount of 1908 none for 1909 none for 1910 none for 1911 none for 1912 none

Given under my hand and official seal of affix, this the 18 day of August 1910.
James R. George Ordinary
of Dekalb County

Read this note.
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. All affidavits must be made before the ordinary of the County of the residence of the person to be sworn.
4. Only widows whose husbands died from wounds or injuries, received in line of duty before 26 April 1865, since married and is now a widow are entitled to this Pension.
5. Attach copies of marriage license of both marriages or prove marriage, by some who know it, or by general reputation.

J. J. Sanborn



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 _____ day of _____ 1905.

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

[L. S.]

Executed in the presence of _____

Ross, P.
Dekalb County

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 492

INDIGENT
SOLDIER'S PENSION
1905.

Name P. Ross

County Dekalb

Co. D Regiment 7 Ga

State Troops

WARRANT ISSUED

1/20 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

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

NO DATA

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[L. S.]

Executed in the presence of _____

Ross, P.
DeKalb County
COGS SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No. *012*

INDIGENT SOLDIER'S PENSION 1905.

Name *P. Ross*
County *DeKalb*
Co. *D* Regiment *7 Ga*

WARRANT ISSUED
183 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
W. H.

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

NO DATA

Ross, P.
DeKalb Co.
COGS SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No. *009*

INDIGENT SOLDIER'S PENSION 1906.

Name *P. Ross*
County *DeKalb*
Co. *D* Regiment *7 Ga*

WARRANT ISSUED
112 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
W. H.

THE FINANCIAL PRINTER AND PUBLISHER CO., GEO. W. HARRISON, MAN.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, *P. Ross* hereby authorize

of *St. Mountain Ga*

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

at *St. Mountain Ga*

by _____

WITNESS my hand and seal, this *10th* day of *Jan* 1906.

[L. S.]

Executed in the presence of

James R. George
Ordinary

STATE OF GEORGIA,

De Kalb County.

Personally appears

P. Ross 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 _____ of _____ 7th Regiment of *Georgia state troops*; that his physical condition is as follows: *Suffering from 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 _____ the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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

P. Ross

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 _____ of _____ 7th Regiment of *Georgia state troops*; that his physical condition is as follows: _____

that his property consists of the following items:

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

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

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 _____ the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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,

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

Ross P.
De Kalb County

Code Section 1284.

(FOR THOSE ALREADY ENROLLED)

No. 789

INDIGENT
SOLDIER'S PENSION
1907.

Name

County

Co. D. Regiment 7th Ga.

State of Ga.

WARRANT ISSUED

1/21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

2-4 1907

FOR ALL PERSONS HERETOFORE ALLOWED PENSIONS
State of Georgia,

County.

Personally appears P. Ross of D

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 20 day of July 1848; that he is 63 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company D, of 7th Regiment of Sta State Troops; 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 11 day of January 1907. J. Ross
James R. George Ordinary.

State of Georgia,

County.

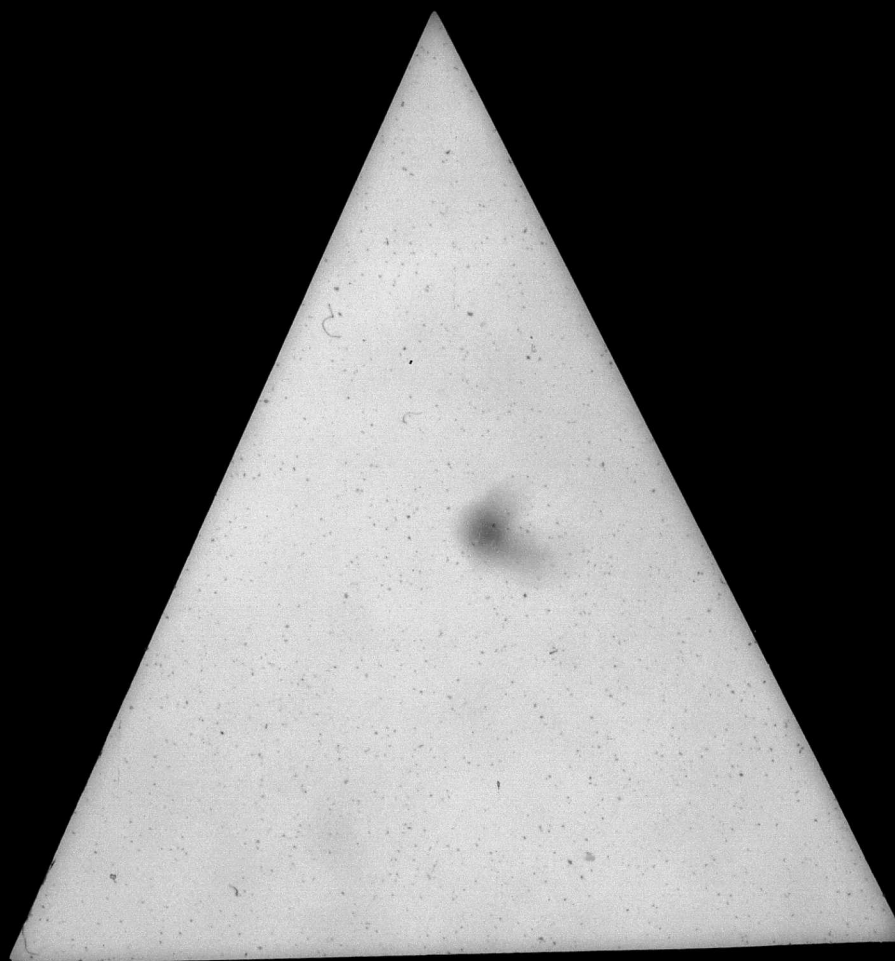
I, James R. George Ordinary of said County, do certify that I am well acquainted with _____ the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides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

Given under my official signature and seal this 11th 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.



Ross, M. C. Ross
On Roll
OK for 1916

De Kalb County
No.

Widow's Application

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

County... De Kalb

Name... Mrs. S. M. Ross

Widow of... S. Ross

Company... 7th La.

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

10/27-1916

STATE OF GEORGIA,

DeKalb County.

Personally before me comes Mrs. S. M. Ross of said County, who, after being duly sworn, on oath says, that she is the widow of S. Ross to whom in the County of DeKalb State of Georgia she was married on the 20th day of May 1868 and that she remained his wife, and resided with him to the date of his death in April 1914 and that she has not since his death remarried. At the time of his death he was a resident of DeKalb County, in Georgia said State of Georgia, and he was on the Volunteer 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 7th Regiment 7th (Volunteers of State Militia.)

At the death of S. Ross he was in the use and possession of the following property

of the cash value of \$

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.)

100 Acres land in Georgia 22 Sh. 100 \$ 200.00

Horses and Mules \$

1 Hogs, Cows, etc. any \$ 15.00

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 1876 day of 10

Sworn to and subscribed before me, this the

4 day of October 1915

James R. George Ordinary of DeKalb County.

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

STATE OF GEORGIA,

DeKalb County.

Personally before me come Mrs. S. M. Ross 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. S. M. Ross who made the foregoing affidavit, is the lawful widow of S. Ross who died in DeKalb County in said State of Georgia on 7 day of April 1914 and that she has not since remarried. That she became the wife of S. Ross on the 20 day of May 1868 and that she and he had resided together as man and wife continuously since 20 day of April 1868 and that the S. Ross was the

same man who was on the pension roll of said State, from DeKalb County, when he died.

Sworn to and subscribed before me, this the

20 day of Oct 1915

James R. 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 DeKalb

Name Mrs. S. M. Ross

Widow of S. Ross

Company 7th

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

1915-1916

GEORGIA, DeKalb County.
Personally before me, the Ordinary of said County, comes J. Arthur Dillon
of said County, who, after being sworn, on oath
says that he knew Mrs Sarah M Ross of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in Atlanta
County, in this State, on the 17 day of Sept, 1928,
and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral
expenses, which amounted to the sum of \$ 175.00, per sworn statements fully and completely
ITEMIZED hereto attached.

Sworn to and subscribed before me,
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. Arthur Dillon, who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full
faith and credit; that I also knew Mrs Sarah M Ross while in life and that this was
the same person whose name appears on the Pension Roll of DeKalb County, and
was paid a Pension of Two Hundred (\$200) Dollars
in said County for 1927, and I now believe said pensioner to be dead; and that the instructions at the
foot of this voucher have been carefully observed in making up this voucher and the bills which are at-
tached hereto.

Given under my hand and official seal, this 26 day of Jan, 1929
(Seal of Ordinary) V. L. Morgan, Ordinary
DeKalb County

INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill."
- 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

STATE OF GEORGIA,

DeKalb County.

Personally before me comes Mrs Sarah M Ross who after being sworn on
oath says, that they are freeholders of said County, and that they know the S. M. Ross of
said County and knew her said husband S. M. Ross at his death on the 2nd
day of June, 1916, that she and he were in the use, possession and control of the following
property at his death to wit: 100 acres of land in Land Sub 22
Stone Mountain district
of the value of \$ 1200.00. That she is now in the use, possession and control of the following
property to wit: 100 acres of land in Land Sub 22 Stone Mountain
district
of the value of \$ 1200.00.

Sworn to and subscribed before me, this the _____ day of Oct, 1915.
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. Mrs S. M. Ross 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
_____ 1915.

That I also know _____ witness as to marriage and I also know
Mrs Sarah M Ross who I know to be a resident free holder of said County
that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are
truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of DeKalb County shows that she returned property to the
amount of 100 for 1908 \$ 600.00 for 1909 \$ 585.00 for 1910 \$ 600.00 1911
675-1912-675-1913-1914-1915-1916-1917-1918-1919-1920-1921-1922-1923-1924-1925-1926-1927-1928-1929-1930-1931-1932-1933-1934-1935-1936-1937-1938-1939-1940-1941-1942-1943-1944-1945-1946-1947-1948-1949-1950-1951-1952-1953-1954-1955-1956-1957-1958-1959-1960-1961-1962-1963-1964-1965-1966-1967-1968-1969-1970-1971-1972-1973-1974-1975-1976-1977-1978-1979-1980-1981-1982-1983-1984-1985-1986-1987-1988-1989-1990-1991-1992-1993-1994-1995-1996-1997-1998-1999-2000-2001-2002-2003-2004-2005-2006-2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100-2101-2102-2103-2104-2105-2106-2107-2108-2109-2110-2111-2112-2113-2114-2115-2116-2117-2118-2119-2120-2121-2122-2123-2124-2125-2126-2127-2128-2129-2130-2131-2132-2133-2134-2135-2136-2137-2138-2139-2140-2141-2142-2143-2144-2145-2146-2147-2148-2149-2150-2151-2152-2153-2154-2155-2156-2157-2158-2159-2160-2161-2162-2163-2164-2165-2166-2167-2168-2169-2170-2171-2172-2173-2174-2175-2176-2177-2178-2179-2180-2181-2182-2183-2184-2185-2186-2187-2188-2189-2190-2191-2192-2193-2194-2195-2196-2197-2198-2199-2200-2201-2202-2203-2204-2205-2206-2207-2208-2209-2210-2211-2212-2213-2214-2215-2216-2217-2218-2219-2220-2221-2222-2223-2224-2225-2226-2227-2228-2229-2230-2231-2232-2233-2234-2235-2236-2237-2238-2239-2240-2241-2242-2243-2244-2245-2246-2247-2248-2249-2250-2251-2252-2253-2254-2255-2256-2257-2258-2259-2260-2261-2262-2263-2264-2265-2266-2267-2268-2269-2270-2271-2272-2273-2274-2275-2276-2277-2278-2279-2280-2281-2282-2283-2284-2285-2286-2287-2288-2289-2290-2291-2292-2293-2294-2295-2296-2297-2298-2299-2300-2301-2302-2303-2304-2305-2306-2307-2308-2309-2310-2311-2312-2313-2314-2315-2316-2317-2318-2319-2320-2321-2322-2323-2324-2325-2326-2327-2328-2329-2330-2331-2332-2333-2334-2335-2336-2337-2338-2339-2340-2341-2342-2343-2344-2345-2346-2347-2348-2349-2350-2351-2352-2353-2354-2355-2356-2357-2358-2359-2360-2361-2362-2363-2364-2365-2366-2367-2368-2369-2370-2371-2372-2373-2374-2375-2376-2377-2378-2379-2380-2381-2382-2383-2384-2385-2386-2387-2388-2389-2390-2391-2392-2393-2394-2395-2396-2397-2398-2399-2400-2401-2402-2403-2404-2405-2406-2407-2408-2409-2410-2411-2412-2413-2414-2415-2416-2417-2418-2419-2420-2421-2422-2423-2424-2425-2426-2427-2428-2429-2430-2431-2432-2433-2434-2435-2436-2437-2438-2439-2440-2441-2442-2443-2444-2445-2446-2447-2448-2449-2450-2451-2452-2453-2454-2455-2456-2457-2458-2459-2460-2461-2462-2463-2464-2465-2466-2467-2468-2469-2470-2471-2472-2473-2474-2475-2476-2477-2478-2479-2480-2481-2482-2483-2484-2485-2486-2487-2488-2489-2490-2491-2492-2493-2494-2495-2496-2497-2498-2499-2500-2501-2502-2503-2504-2505-2506-2507-2508-2509-2510-2511-2512-2513-2514-2515-2516-2517-2518-2519-2520-2521-2522-2523-2524-2525-2526-2527-2528-2529-2530-2531-2532-2533-2534-2535-2536-2537-2538-2539-2540-2541-2542-2543-2544-2545-2546-2547-2548-2549-2550-2551-2552-2553-2554-2555-2556-2557-2558-2559-2560-2561-2562-2563-2564-2565-2566-2567-2568-2569-2570-2571-2572-2573-2574-2575-2576-2577-2578-2579-2580-2581-2582-2583-2584-2585-2586-2587-2588-2589-2590-2591-2592-2593-2594-2595-2596-2597-2598-2599-2600-2601-2602-2603-2604-2605-2606-2607-2608-2609-2610-2611-2612-2613-2614-2615-2616-2617-2618-2619-2620-2621-2622-2623-2624-2625-2626-2627-2628-2629-2630-2631-2632-2633-2634-2635-2636-2637-2638-2639-2640-2641-2642-2643-2644-2645-2646-2647-2648-2649-2650-2651-2652-2653-2654-2655-2656-2657-2658-2659-2660-2661-2662-2663-2664-2665-2666-2667-2668-2669-2670-2671-2672-2673-2674-2675-2676-2677-2678-2679-2680-2681-2682-2683-2684-2685-2686-2687-2688-2689-2690-2691-2692-2693-2694-2695-2696-2697-2698-2699-2700-2701-2702-2703-2704-2705-2706-2707-2708-2709-2710-2711-2712-2713-2714-2715-2716-2717-2718-2719-2720-2721-2722-2723-2724-2725-2726-2727-2728-2729-2730-2731-2732-2733-2734-2735-2736-2737-2738-2739-2740-2741-2742-2743-2744-2745-2746-2747-2748-2749-2750-2751-2752-2753-2754-2755-2756-2757-2758-2759-2760-2761-2762-2763-2764-2765-2766-2767-2768-2769-2770-2771-2772-2773-2774-2775-2776-2777-2778-2779-2780-2781-2782-2783-2784-2785-2786-2787-2788-2789-2790-2791-2792-2793-2794-2795-2796-2797-2798-2799-2800-2801-2802-2803-2804-2805-2806-2807-2808-2809-2810-2811-2812-2813-2814-2815-2816-2817-2818-2819-2820-2821-2822-2823-2824-2825-2826-2827-2828-2829-2830-2831-2832-2833-2834-2835-2836-2837-2838-2839-2840-2841-2842-2843-2844-2845-2846-2847-2848-2849-2850-2851-2852-2853-2854-2855-2856-2857-2858-2859-2860-2861-2862-2863-2864-2865-2866-2867-2868-2869-2870-2871-2872-2873-2874-2875-2876-2877-2878-2879-2880-2881-2882-2883-2884-2885-2886-2887-2888-2889-2890-2891-2892-2893-2894-2895-2896-2897-2898-2899-2900-2901-2902-2903-2904-2905-2906-2907-2908-2909-2910-2911-2912-2913-2914-2915-2916-2917-2918-2919-2920-2921-2922-2923-2924-2925-2926-2927-2928-2929-2930-2931-2932-2933-2934-2935-2936-2937-2938-2939-2940-2941-2942-2943-2944-2945-2946-2947-2948-2949-2950-2951-2952-2953-2954-2955-2956-2957-2958-2959-2960-2961-2962-2963-2964-2965-2966-2967-2968-2969-2970-2971-2972-2973-2974-2975-2976-2977-2978-2979-2980-2981-2982-2983-2984-2985-2986-2987-2988-2989-2990-2991-2992-2993-2994-2995-2996-2997-2998-2999-3000-3001-3002-3003-3004-3005-3006-3007-3008-3009-3010-3011-3012-3013-3014-3015-3016-3017-3018-3019-3020-3021-3022-3023-3024-3025-3026-3027-3028-3029-3030-3031-3032-3033-3034-3035-3036-3037-3038-3039-3040-3041-3042-3043-3044-3045-3046-3047-3048-3049-3050-3051-3052-3053-3054-3055-3056-3057-3058-3059-3060-3061-3062-3063-3064-3065-3066-3067-3068-3069-3070-3071-3072-3073-3074-3075-3076-3077-3078-3079-3080-3081-3082-3083-3084-3085-3086-3087-3088-3089-3090-3091-3092-3093-3094-3095-3096-3097-3098-3099-3100-3101-3102-3103-3104-3105-3106-3107-3108-3109-3110-3111-3112-3113-3114-3115-3116-3117-3118-3119-3120-3121-3122-3123-3124-3125-3126-3127-3128-3129-3130-3131-3132-3133-3134-3135-3136-3137-3138-3139-3140-3141-3142-3143-3144-3145-3146-3147-3148-3149-3150-3151-3152-3153-3154-3155-3156-3157-3158-3159-3160-3161-3162-3163-3164-3165-3166-3167-3168-3169-3170-3171-3172-3173-3174-3175-3176-3177-3178-3179-3180-3181-3182-3183-3184-3185-3186-3187-3188-3189-3190-3191-3192-3193-3194-3195-3196-3197-3198-3199-3200-3201-3202-3203-3204-3205-3206-3207-3208-3209-3210-3211-3212-3213-3214-3215-3216-3217-3218-3219-3220-3221-3222-3223-3224-3225-3226-3227-3228-3229-3230-3231-3232-3233-3234-3235-3236-3237-3238-3239-3240-3241-3242-3243-3244-3245-3246-3247-3248-3249-3250-3251-3252-3253-3254-3255-3256-3257-3258-3259-3260-3261-3262-3263-3264-3265-3266-3267-3268-3269-3270-3271-3272-3273-3274-3275-3276-3277-3278-3279-3280-3281-3282-3283-3284-3285-3286-3287-3288-3289-3290-3291-3292-3293-3294-3295-3296-3297-3298-3299-3300-3301-3302-3303-3304-3305-3306-3307-3308-3309-3310-3311-3312-3313-3314-3315-3316-3317-3318-3319-3320-3321-3322-3323-3324-3325-3326-3327-3328-3329-3330-3331-3332-3333-3334-3335-3336-3337-3338-3339-3340-3341-3342-3343-3344-3345-3346-3347-3348-3349-3350-3351-3352-3353-3354-3355-3356-3357-3358-3359-3360-3361-3362-3363-3364-3365-3366-3367-3368-3369-3370-3371-3372-3373-3374-3375-3376-3377-3378-3379-3380-3381-3382-3383-3384-3385-3386-3387-3388-3389-3390-3391-3392-3393-3394-3395-3396-3397-3398-3399-3400-3401-3402-3403-3404-3405-3406-3407-3408-3409-3410-3411-3412-3413-3414-3415-3416-3417-3418-3419-3420-3421-3422-3423-3424-3425-3426-3427-3428-3429-3430-3431-3432-3433-3434-3435-3436-3437-3438-3439-3440-3441-3442-3443-3444-3445-3446-3447-3448-3449-3450-3451-3452-3453-3454-3455-3456-3457-3458-3459-3460-3461-3462-3463-3464-3465-3466-3467-3468-3469-3470-3471-3472-3473-3474-3475-3476-3477-3478-3479-3480-3481-3482-3483-3484-3485-3486-3487-3488-3489-3490-3491-3492-3493-3494-3495-3496-3497-3498-3499-3500-3501-3502-3503-3504-3505-3506-3507-3508-3509-3510-3511-3512-3513-3514-3515-3516-3517-3518-3519-3520-3521-3522-3523-3524-3525-3526-3527-3528-3529-3530-3531-3532-3533-3534-3535-3536-3537-3538-3539-3540-3541-3542-3543-3544-3545-3546-3547-3548-3549-3550-3551-3552-3553-3554-3555-3556-3557-3558-3559-3560-3561-3562-3563-3564-3565-3566-3567-3568-3569-3570-3571-3572-3573-3574-3575-3576-3577-3578-3579-3580-3581-3582-3583-3584-3585-3586-3587-3588-3589-3590-3591-3592-3593-3594-3595-3596-3597-3598-3599-3600-3601-3602-3603-3604-3605-3606-3607-3608-3609-3610-3611-3612-3613-3614-3615-3616-3617-3618-3619-3620-3621-3622-3623-3624-3625-3626-3627-3628-3629-3630-3631-3632-3633-3634-3635-3636-3637-3638-3639-3640-3641-3642-3643-3644-3645-3646-3647-3648-3649-3650-3651-3652-3653-3654-3655-3656-3657-3658-3659-3660-3661-3662-3663-3664-3665-3666-3667-3668-3669-3670-3671-3672-3673-3674-3675-3676-3677-3678-3679-3680-3681-3682-3683-3684-3685-3686-3687-3688-3689-3690-3691-3692-3693-3694-3695-3696-3697-3698-3699-3700-3701-3702-3703-3704-3705-3706-3707-3708-3709-3710-3711-3712-3713-3714-3715-3716-3717-3718-3719-3720-3721-3722-3723-3724-3725-3726-3727-3728-3729-3730-3731-3732-3733-3734-3735-3736-3737-3738-3739-3740-3741-3742-3743-3744-3745-3746-3747-3748-3749-3750-3751-3752-3753-3754-3755-3756-3757-3758-3759-3760-3761-3762-3763-3764-3765-3766-3767-3768-3769-3770-3771-3772-3773-3774-3775-3776-3777-3778-3779-3780-3781-3782-3783-3784-3785-3786-3787-3788-3789-3790-3791-3792-3793-3794-3795-3796-3797-3798-3799-3800-3801-3802-3803-3804-3805-3806-3807-3808-3809-3810-3811-3812-3813-3814-3815-3816-3817-3818-3819-3820-3821-3822-3823-3824-3825-3826-3827-3828-3829-3830-3831-3832-3833-3834-3835-3836-3837-3838-3839-3840-3841-3842-3843-3844-3845-3846-3847-3848-3849-3850-3851-3852-3853-3854-3855-3856-3857-3858-3859-3860-3861-3862-3863-3864-3865-3866-3867-3868-3869-3870-3871-3872-3873-3874-3875-3876-3877-3878-3879-3880-3881-3882-3883-3884-3885-3886-3887-3888-3889-3890-3891-3892-3893-3894-3895-3896-3897-3898-3899-3900-3901-3902-3903-3904-3905-3906-3907-3908-3909-3910-3911-3912-3913-3914-3915-3916-3917-3918-3919-3920-3921-3922-3923-3924-3925-3926-3927-3928-3929-3930-3931-3932-3933-3934-3935-3936-3937-3938-3939-3940-3941-3942-3943-3944-3945-3946-3947-3948-3949-3950-3951-3952-3953-3954-3955-3956-3957-3958-3959-3960-3961-3962-3963-3964-3965-3966-3967-3968-3969-3970-3971-3972-3973-3974-3975-3976-3977-3978-3979-3

Ross, SARAH M. (MRS.)

For DeKalb County

1928

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

V. S. Morgan Ordinary
For Mrs. Sarah M. Ross
Date of Death Sept 7 1928
Amount \$ 100.00

Approved and ordered paid of

John W. Clark
18 F 29 29 JOHN W. CLARK,
Commissioner of Pensions.

Received of V. S. Morgan and
one hundred and no dollars
funeral expense June 1928

J. Austin Dillon Co.
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.

ATLANTA, GA. Jan. 26 1929 19

For Funeral Expenses of Mrs. Sarah M. Ross

J. AUSTIN DILLON COMPANY

FUNERAL DIRECTORS

502 PRYOR STREET, S. W.

PHONES { MAIN 4680
MAIN 4681

PRIVATE AMBULANCE

Sept. 17 1928.

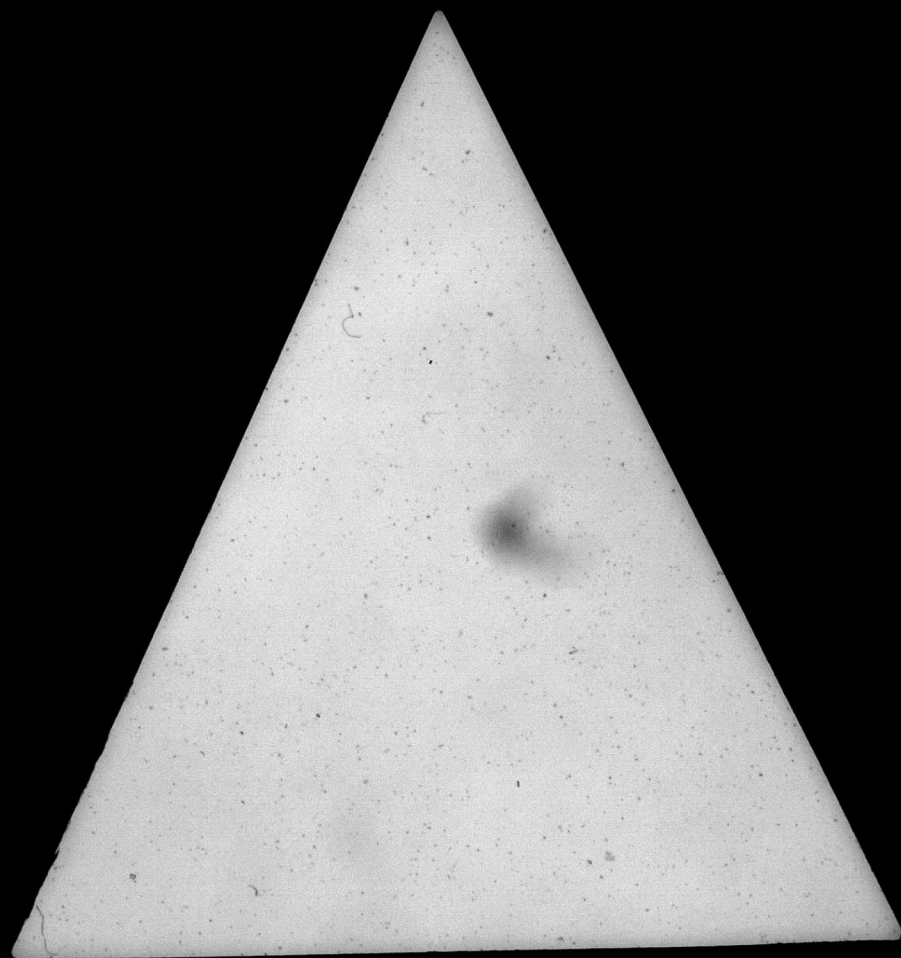
Casket & Box.
Embalming & Services.
Dress
Pallbearers Gloves.
Funeral Notices.
Box to cemetery.
Hearse

\$ 175.00

Georgia Fulton County.

Personally appeared before me, J. Austin Dillon
who after being sworn, says the above and foregoing
account is rendered for funeral expenses of Mrs. Sarah M
Ross, who died without owning sufficient property
to pay this. Bill.

J. Austin Dillon
A. Z. Kinnear



POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I

of

hereby authorize

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

at

by

Witness my hand and seal this

day of

1897.

Executed in presence of

Pension Office 5/23/1897
Applicant appears to have
a good cause but the law
positively requires that the
mistress be certified to be
trustworthy & this has not
been done -

Rich. Johnson
Com. of Pension

Pension Office 8/16/1898
Attention is again
called to the fact that
his mistress has not
been certified as the
law requires -

Rich. Johnson
Com. of Pension

Roughton, W.C.
DeKalb Co.
No. 3810

INDIGENT PENSION
1897.

Name W.C. Roughton

County DeKalb.

Approved 52

1897

WARRANT HANDED TO

JMT

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

12/21/1897/10.97-2/2399

STATE OF GEORGIA,

De Kalb County.

Personally came before me J. H. Llop and
A. S. Mayson, both known to me as reputable physicians
of said county, who being severally sworn, say on oath that they have examined carefully W. C.
Brighton, applicant for pension under the Act of 1894, and after
such personal examination say that his precise physical condition is as follows:

General
infirmitiy from age.

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 16th day of Jan 1897.
M. Ragsdale Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

De Kalb County.

I, M. Ragsdale Ordinary in and for said County, hereby certify that
the applicant W. C. Brighton resides in said County, and was a bona
fide resident of this State on the first day of January, 1894, and that the witnesses, viz:

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

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

I further certify that the tax digests of De Kalb County show that applicant
returned for taxation in his name in 1895, None dollars
of property, and in 1896, None dollars of property.

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

Witness my hand and seal of office, this 16th day of Jan 1897.

M. Ragsdale Ordinary
of De Kalb County.

NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall
true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
Additional affidavits may be attached if blank spaces are insufficient.

Bulloch County.

W. A. Martin

of said State and County, having been presented
as a witness in support of the application of Willie Rungtlan for pension
under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the
following questions, deposes and answers as follows:

1. What is your name and where do you reside? W. A. Martin
Union Springs, Ala.
2. Are you acquainted with Willie Rungtlan, the applicant, is of
how long have you known him? Yes; ever since he was a
boy.
3. Where does he reside, and how long has he been a resident of this State? He moved
from this County to Alabama soon after the war.
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you
know this? He served in the Confederate
Army in same Co. with me.
5. When, where and in what company and regiment did he enlist? 1862- in Co. D,
Union Springs Ala- Co. D. 3rd Ala. R. I.
6. Were you a member of the same company and regiment? Yes!
7. How long did he perform regular military duty, and what do you know of his service as a Confed-
erate soldier, and the time and circumstances of his discharge from the service? He made
a good soldier from 1862 to close
of war when he came to my house, and
may have. I saw him on a mule to ride
8. What property, effects or income has the applicant? (Give your means of knowledge.)
Don't know
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if
any did he make of same? Don't know
10. What is the applicant's occupation and physical condition? Don't know
11. Is the applicant unable to support himself by labor of any sort, if so, why?
Don't know
12. How was he supported during the years 1895 and 1896? Don't know
13. What portion of his support for these two years was derived from his own labor or income?
Don't know
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under the Act of December 15th, 1894? Don't know as I
have been separated from him for
more than twenty years
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this
the 12 day of Jan 1897.

S. T. Fraser Ordinary.
Judge of Probate

W. A. Martin
Witness.

STATE OF GEORGIA,

De Kalb County.

Willis L. Roughton of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)
Willis L. Roughton, East Lake, De Kalb Co. Ga.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
At East Lake - About 15 years.
3. When and where were you born?
In Alabama
4. When and where and in what company and regiment did you enlist or serve?
At Indian Springs, Ala. - in Co. L. 3rd Ala Regt Mounted in 1862.
5. How long did you remain in such company and regiment?
up to Surrender - until close of war.
6. For how long a period did you discharge regular military duty?
About 3 years.
7. When, where and under what circumstances where you discharged from service?
Was Surrendered at close of war.
8. What is your present occupation?
I have none being unable
9. How much can you earn (gross) per annum by your own exertions or labor?
Nothing. None
10. What has been your occupation since 1865?
Carpenter work - but I cannot.
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty"?
Age and poverty.
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?
I am nearly deaf - have not been well since exposure in the war. Age renders me weak & feeble.
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 and 1896 and what disposition, if any, did you make of same?
I owned nothing - cannot work.
15. In what County did you reside during those years and what property did you then return for taxation?
In De Kalb in '95. In De Kalb during others and now.
16. How were you supported during the years 1895 and 1896?
By relatives & friends
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
About \$100.00. Lived very cheap - I made nothing.
18. What was your employment during 1895 and 1896? What pay did you receive in each year?
I had no substantial employment being unable.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
I have an aged wife - no homestead or income. She is an invalid.
20. Are you receiving any pension, if so what amount and for what disability?
No.

Sworn to and subscribed before me this the

16th day of Jan 1897.Wm. J. Roughton Applicant.

Ordinary.

of De Kalb County.

Every Question MUST be Answered.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

CODE SEC. 1254.

(For Those Already Enrolled.)

NO. 311

INDIGENT.

SOLDIER'S PENSION,

1900.

Name W.C. Raughter

County De Kalb

WARRANT ISSUED

1900.

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

*De Kalb Co.
Raughter, W.C.*

CODE SECTION 1254

(For Those Already Enrolled.)

NO. 684

INDIGENT

SOLDIER'S PENSION.

1901.

Name W.C. Raughter

County De Kalb

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

Personally appears W. C. Roughton of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 6 day of Jan 1827; that he is 73 years old and by occupation a Mechanic; that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served for the term of 3 years in Company L, of 3d Regiment of GA Vol; that his physical condition is as follows: Impaired age and infirmity from disease

that his property consists of the following items. None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 15 day of Jan 1900. W. M. Regsdace Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal, this 15 day of Jan 1900.



W. M. Regsdace Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears W. C. Roughton 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 16 day of Jan 1827; that he is 73 years old and by occupation a Mechanic; that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served for the term of 3 years in Company L, of 3d Regiment of GA Vol; that his physical condition is as follows: Suffering from 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 1901. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this the 11 day of Jan 1901. W. M. Regsdace Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 11 day of Jan 1901.



W. M. Regsdace Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 278882

INDIGENT

**SOLDIER'S PENSION
1902.**

Name Roughton W.C.
County DeKalb
Co. L Regiment 3d Ala

WARRANT ISSUED

117 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 179

INDIGENT

**SOLDIER'S PENSION
1903.**

Name Roughton W.C.
County DeKalb
Co. L Regiment 3d Ala

WARRANT ISSUED

1182 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *Mc Roughton* 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 *16* day of *Jan* 1827; that he is *75* years old and by occupation a *Farmer* that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *3 Years* in Company *L*, of *3rd* Regiment of *Ala Vol*; that his physical condition is as follows: *Disabled by old age and Infirmary*

that his property consists of the following items *None*

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

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

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

W. M. Raggsdace Ordinary.

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Raggsdace* Ordinary of said County, do certify that I am well acquainted with *Mc Roughton* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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. Raggsdace 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 *Mc Roughton* 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 *16* day of *Jan* 1827; that he is *75* 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 *L*, of *3rd* Regiment of *Ala Vol*; that his physical condition is as follows: *Old age and Infirmary*

that his property consists of the following items: *None*

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

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

Sworn to and subscribed before me, this the *16* day of *Jan* 1903.

W. M. Raggsdace Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this *16* day of *Jan* 1903.



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

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

203

*Roughton, W.C.
DeKalb County*

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. *572*

INDIGENT

SOLDIER'S PENSION

1904.

Name *W.C. Roughton*

County *DeKalb*

Co. *4*

Regiment *3rd*

WARRANT ISSUED

1904.

25

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

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

no data

*Roughton, W.C.
DeKalb County*

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. *644*

INDIGENT

SOLDIER'S PENSION

1905.

Name *W.C. Roughton*

County *DeKalb*

Co. *3*

Regiment *4th*

WARRANT ISSUED

1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

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

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[L. S.]

Executed in the presence of _____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

DeKalb County.

Personally appears W. C. Roughton of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 16 day of June 1827; that he is 76 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 L, of 304th Regiment of (Ala. Vols); that his physical condition is as follows: Old age and Infirmary

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 21 day of January 1904.

Ordinary.

STATE OF GEORGIA,

DeKalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with W. C. Roughton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1904.

Ordinary DeKalb County.



NOTE.—The blank spaces must be filled.

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

STATE OF GEORGIA,

DeKalb County.

Personally appears W. C. Roughton 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 77 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 P, of 3th Regiment of (Ala. Vols); that his physical condition is as follows: Infirmary & old 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 19 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 W. C. Roughton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 19 day of January 1905.

Ordinary DeKalb County.



NOTE.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY. }

I, _____ hereby authorize

of _____

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

at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1906.

[L. S.]

Executed in the presence of _____

Roughton, W.C.

De Kalb Co.

Code Section 1254.

(FOR THOSE ALREADY ENROLLED.)

No 761 1407

INDIGENT

**SOLDIER'S PENSION
1906.**

Name

W.C. Roughton

County

De Kalb

Co.

L. Regiment 34th

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.

ms do to

State of Georgia,

De Kalb County.

Personally appears

W. B. Roughton 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 Con-
federate States (or of the State of _____) during the war between the
States, and served for the term of _____ in Company L, of 3th Regiment
of Alabama Vol; that his physical condition is as
follows: Infirmity & old age

that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this the
18th day of January, 1906.

James R. George Ordinary.

State of Georgia,

De Kalb County.

I, James R. George Ordinary of said County,
do certify that I am well acquainted with W. B. Roughton
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 De Kalb County.

NOTE.—The blank spaces must be filled.

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

Union Springs, Ala. Jan 26 1899

State of Alabama }
Bullock County } Personally appears before
Me the Probate Judge of Bullock County,
W. A. Martin who is well known to me
for truth and uprightness, and states
under oath that he knows Willis A
Roughton for many years, and that the
Said Roughton did enlist with himself
(W. A. Martin) in Company L-3^d Alabama Regt
in 1862 & that he (Roughton) made a good
faithful Soldier to the close of the war.
Said Martin also affirms that he himself was
Ordnance Sergeant and was in a position to
know that Said Roughton was faithful
in the discharge of his duties. Said W.
A. Martin now lives in Union Springs Bullock Co
Ala and has been known by me for thirty years
Sworn to and Subscribed

before me Jan 26th 1899. W. A. Martin

J. M. Andrew
Probate Judge
Bullock Co
Ala

NAME Roughton, W C

YEAR 1899 COUNTY DeKalb

WHEN AND WHERE BORN? Alabama

ENLISTED WHEN AND WHERE? 1862 - Union Springs, Ala.

RANK

COMPANY AND REGIMENT? Co I 3rd Alabama Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Applicant says he has never been a well man since so much exposure in the service during the war.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? 1865

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

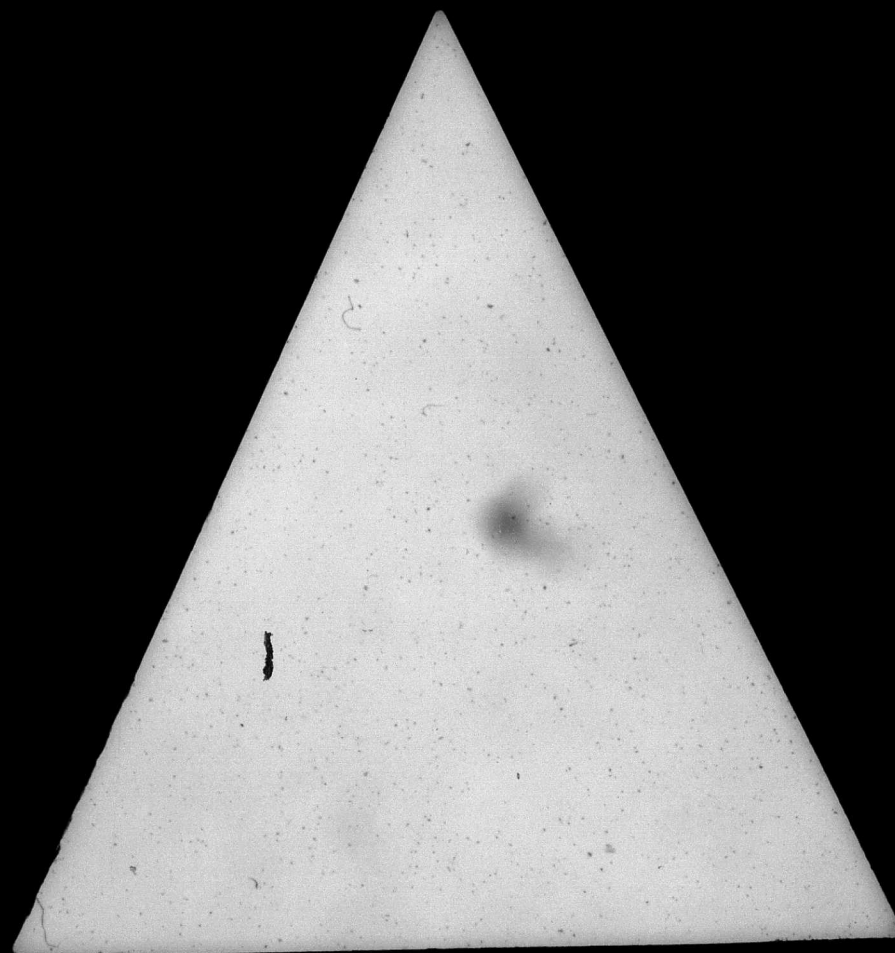
DIED, WHEN AND WHERE?

BURIED.

WITNESSES. W A Martin - same command -

No data

mh



Ordinary's Certificate

STATE OF GEORGIA

De Kalb COUNTY.

I, James R. Lindsey Ordinary of said County, do certify that I know Martha A. Rowden 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 John W. Rowden

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 25 day of Oct 1918
(SEAL) James R. Lindsey Ordinary,
De Kalb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Affidavits made by persons other than those named in this form, 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.

Rowden, Martha A.
De Kalb
County No. 101228

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County De Kalb
Name Martha A. Rowden
Widow of W. M. Rowden
Company F
Regiment 42 Ga Regt
Approved _____

61155

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

10-30-1919

STATE OF GEORGIA.

DeKalb COUNTY.

I, James R. George Ordinary of said County, do certify that I know Mrs Martha A. Rowden 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 John W. Rowden 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 25 day of Oct 1919

(SEAL)

James R. George Ordinary,
DeKalb County.

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

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County DeKalb
Name Martha A. Rowden
Widow of W. M. Rowden
Company 42 Ga Regt
Regiment 42 Ga Regt
Approved _____

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

10-30-1919

As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,

DeKalb COUNTY.

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

- What is your name, and where do you reside? Mrs Martha DeKalb
- How long and since when have you been a continuing resident of the State of Georgia? 85 yrs all my life
- When, where and to whom were you married? Oct 22nd 1884 Newton County W. M. Rowden
- 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 1862 Co. 42 Ga Regt
- When and where did the command of your husband surrender or discharge from the army? April 1865 Bentonville N.C.
- Was your husband personally present at the time of the surrender or discharge of this command? No was
- If he was not present state clearly where he was? Present
- Where was his command when he left? Left it at surrender
- For what cause did he leave his command? Surrender
- 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? Captured at Vicksburg
- If so, when and where captured and where held as a prisoner, and when and for what cause released? he was Paroled
- When and where did your first husband die? May 28th 1865
- Were you residing together when he died? we was
- If not, how long had you resided apart? _____
- Are you now a widow? I am
- Have you or your husband heretofore been paid a pension by the State? have not

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

Sworn to and subscribed before me this the

24 day of October 1919
James R. George Ordinary,
DeKalb County.

(SEAL)

Mrs Martha A. Rowden
Mark

DeKalb

COUNTY.

Personally before me comes John W. Brantley 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? John W. Brantley
DeKalb Co. Redan Ga
2. How long and since when have you known Rawden applicant?
50 years Since the war
3. How long and since when has he continuously resided in this State? (Give date.)
All his life
4. When and to whom was she married? W. M. Rawden How do you know?
W. M. Rawden
5. How long and since when did you know W. M. Rawden her husband?
60 years Since beginning of the war
6. When and where did W. M. Rawden the husband of applicant, die?
DeKalb
7. Were the applicant and her husband living together as husband and wife at the date of his death?
They was
8. If not, how long did they live apart before his death?
NO
9. When, where and in what Company and Regiment did W. M. Rawden enlist?
May 1862 Congress Company Co - 42 Ga Regt
10. Were you a member of the same Company?
I was
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment?
from May 1862 to April 1865
12. When and where did his Command surrender, and was discharged?
April 1865 - Bentonville N.Y.
13. Were you personally present when it was surrendered? I was If not, where were you Present and how came you there?
Present
14. Was the husband of applicant personally present at surrender? He was If not where was he? Present When, where and for what cause did he leave Command? (Give date.) 1865 Surrender By whose authority did he leave his Command? Surrender 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?
did not leave Command Surrender
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?
I know it of my own knowledge I was Present

Sworn to and subscribed before me this the

24 day of October 1918

James R. George Ordinary

of DeKalb County.

(SEAL)

State of Georgia, You are authorized and permitted to
Newton County join in the honorable state of matrimony
William M. Rowden and Martha A. Center according to the rites of your
church, provided there be no lawful cause to obstruct the same; in
accordance 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 17. day October 1854.

Wm D. Luekie Ordinary (L.S.)
To any minister of the gospel, Judge, Justice of the Peace Justice
of the Inferior Court to celebrate.

I hereby certify that William M. Rowden and Martha A. Center
were joined together in the holy bans of matrimony on the 19 day
of October 1854. by me .

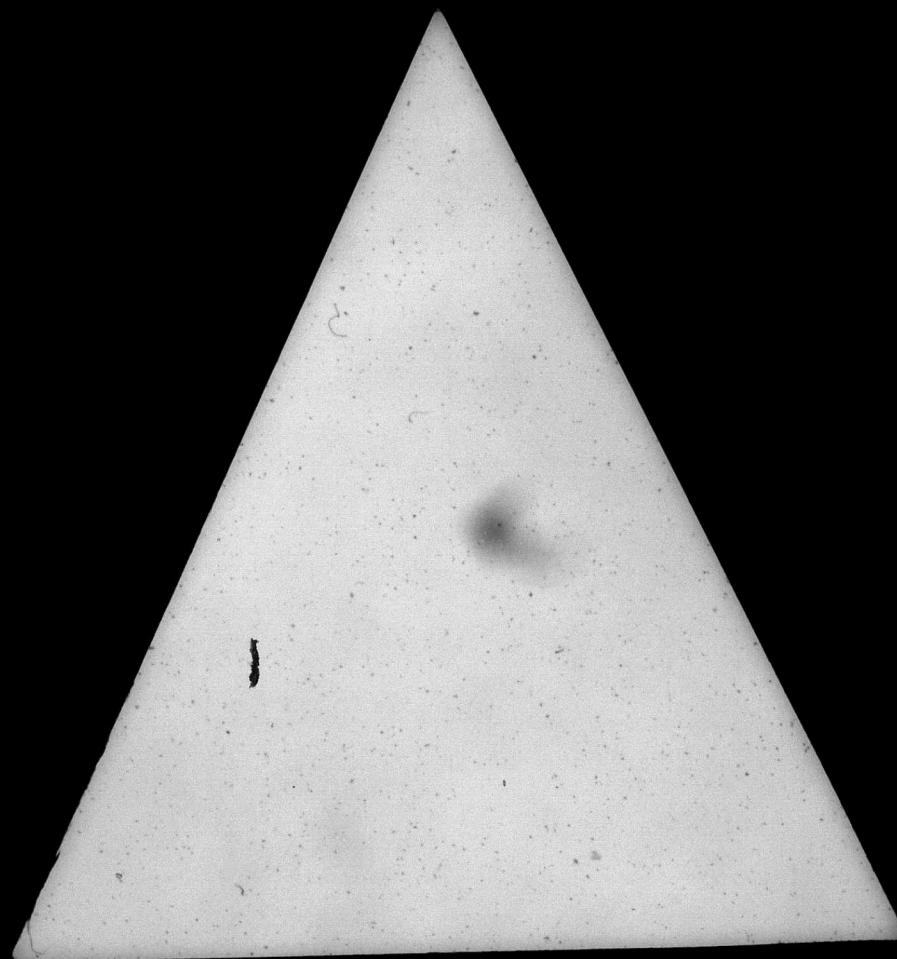
Reuben Woodruff J.P.

Georgia, Newton County;-

I, A. D. Meador Ordinary in and for said State and
County do certify the above and foregoing marriage license and certifi-
cate of William M. Rowden and Martha A. Center to be a true copy
as appears of record in this office recorded in marriage license
record, 1852-1859, Page 119.

Given under my hand and seal of office this Oct 29, 1919.

A. D. Meador
Ordinary



Pension office 11-16-1912.

Must submit some evidence of marriage. The law requires this, cannot be presumed. Must be proven.

J. F. Lindsey, Com of Pensions.

Jameson
1, 1861

Rowland, Susan
3rd of 11 for 1912
No. 1111
The Holt County

Widow's Pension

UNDER ACT 1910.

County Holt

Name Susan Rowland

Widow of J. H. Rowland

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

10/22/12 1/22-1913

STATE OF GEORGIA,

De Kalb County.

Personally before me comes Susan Rowland of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of _____ 1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? Susan Rowland De Kalb Co
2. How long and since when have you been a continuing resident in the State of Georgia? About 70 years, since 1842
3. When, where and to whom were you married? Aug 1863 Roswell Cobb Ga to
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) 1861 - Roswell Cobb County Ga Co H 9th Ga Reg Inftry
5. When and where did the Commands of your husband surrender or discharge from the army? April 9th Appomattox C. H. Va
6. Was your husband personally present at the time of the surrender or discharge of this Command? Yes
7. If he was not present state clearly where he was? He was present
8. Where was his Command when he left? At Appomattox C. H. Va
- a. For what cause did he leave his command? Surrender
- b. By whose authority did he leave his Command?
- c. For how long was he granted leave of absence?
- e. What was his physical condition when he left his Command?
- f. What effort did he make to return to his command?
- g. In what way was he prevented from going back to Command?
- h. Was he captured by the enemy at any time?
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released?
- j. When and where did your husband die? Aug 26 1893 Atlanta Ga
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart?
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) Nothing
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) Nothing
11. What property of any description of any value have you now? Nothing
Give list and cash value?
12. What are your annual earnings or income and their value? Nothing
I live with my children
13. Have you heretofore been paid a pension by the State? No
If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the _____

day of August 1912.

Susan Rowland
James R. George Ordinary
of De Kalb County.

Widow's Pension

UNDER ACT 1910.

County

De Kalb

Name

Susan Rowland

Widow of

J. H. RowlandJ. W. LINDSEY,
Commissioner of Pensions.

Date of State Pension

10/23/1912 1/22-1913

STATE OF GEORGIA,

Cobb

County.

Personally before me comes *J. W. Reed, J. A. Reed & W. M. Davis* who after being duly sworn true answers to make, to the following questions, answers as follows: *Cobb Co*

1. What is your name and where do you reside? *J. W. Reed, Roswell Ga. J. A. Reed & W. M. Davis*
2. How long and since when have you known *J. W. Reed* applicant? *12 months*
3. How long and since when has she continuously resided in this State? (Give date.) *Since 1863*

4. When and to whom was she married? *J. M. Rowland* How do you know? *By general reputation*
5. How long and since when did you know *J. M. Rowland* her husband? *31 years since 1863*

6. When and where did *J. M. Rowland* the husband of Applicant die? *Aug 26th 1893 Atlanta Fulton County Ga*
7. Where the Applicant and her husband living together as husband and wife at the date of his death?

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

9. When, where and in what Company and Regiment did *J. M. Rowland* enlist? *1861. Roswell Cobb Co Ga Co H. 8th Ga Reg Inftry*

10. Were you a member of the same Company? *Yes - All answers*

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? *12 months or more*

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

13. Were you personally present when it was surrendered? *Yes* If not where were you? *J. A. Reed in prison Fort Delaware* and how came you there? *Captured*

14. Was the husband of applicant personally present at surrender? *Yes* If not where was he? *He was in prison Louisville Ky. Captured* and on detail at headquarters

15. By whose authority did he leave his Command? *Surrender* and how long was he granted leave? *How do you know all this?*

16. *J. W. Reed was present the whole time*

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

18. 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 *13th* day of *September* 191*2* *J. W. Reed* Ordinary, *W. M. Davis* of *Cobb* County.

STATE OF GEORGIA,

DeKalb

County.

J. A. Stamp & B. W. Parker

Personally before me comes *J. A. Stamp & B. W. Parker* who on oath says that they are freeholders of said County and that they know *Eusan Rowland* of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows:

Personal property	<i>None</i>	\$
Notes and accounts due		\$
Total	<i>Nothing</i>	\$

Schedule (B).

We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:

Personal property	<i>None</i>	\$
Money, Notes and accounts	<i>None</i>	\$

Schedule (C).

We also know what property she has now in her possession, use and control to wit:

Acres of land	worth	<i>Nothing</i>	\$
Horses and Mules			\$
Cows and Hogs			\$
Other property			\$
Income and earnings	<i>Nothing</i>		\$
Total Value of all property and effects		<i>Nothing</i>	\$

Sworn and subscribed before me this the *19th* day of *Oct* 191*2* *J. W. Parker & J. A. Stamp* Ordinary, *DeKalb* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb

County.

I *James R. George* Ordinary of said County do certify that, I know *Eusan Rowland* the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov., 1908 *Had no property*

That I also know *the witness who swears to the service of husband, and no property* who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns *No property* Returned for Tax is for 1908 \$ *for 1910 \$ No property*

Sworn under my hand and official seal of office this *7* day of *Oct* 191*2*

SEAL. *James R. George* Ordinary, *DeKalb* County

(SEAL.)

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

TO PAY-
1930. \$127
Cig. & C. Tax. \$

150
Rowland, Susan (Mrs.)
For DeKalb County

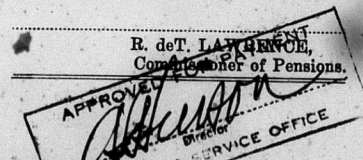
1932

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1904)

(To pay expenses of last illness and
funeral)

V. S. Morgan Ordinary
For Mrs. Susan Rowland
Date of Death Aug. 19 1932
Amount \$ 100.00 *127.00*
Approved and ordered paid



PAID TO ORDINARY ON THIS CLAIM:		
DATE	FUND FROM WHICH PAID	
1935		
2-25	1930	127.00
p		
a		
a		
r		
T		
	TOTAL	127.00

Received by V. S. Morgan, Ordry, check
for \$127.00 funeral expenses Mrs.
Susan Rowland. 3/1/35

A. S. Turner

C. D. WOOD

(SUCCESSOR TO C. J. PERRY)

DEALER IN

**DRY GOODS, NOTIONS, SHOES
AND FANCY GROCERIES**

Roswell, Ga. *July 9th* 1913

Personally appeared before
me O. M. Noble of Roswell Ga
who on oath say he
knows Mrs Susan Rowland
& further more knows
her to be the widow
of one J. M. Rowland Married
July 1870 O. M. Noble.

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes
A. S. Turner of said County, who, after being sworn, on oath
says that he knew Mrs. Susan Rowland 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 19 day of August, 1932,
and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral
expenses, which amounted to the sum of \$150.00, per sworn statements fully and completely
ITEMIZED hereto attached.

Sworn to and subscribed before me,
V. S. Morgan, Ordinary
DeKalb County
(Seal of Ordinary)

A. S. Turner

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify
that I personally know A. S. Turner, who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full
faith and credit; that I also knew Mrs. Susan Rowland while in life and that this was
the same person whose name appears on the Pension Roll of DeKalb County, and
was paid a Pension of Two Hundred and Ten and no/100 (\$210.) Dollars
in said County for 1932, 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 19 day of September, 1932
(Seal of Ordinary) V. S. Morgan, Ordinary
DeKalb County

INSTRUCTIONS

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

A. S. Turner

Funeral Director and Embalmer
Prompt Ambulance Service
Decatur, Georgia

September 19, 1932.

Funeral Expenses of Mrs Susan Rowland,
R F D #2, Stone Mountain, Georgia.

August 20, 1932.

To Casket
Embalming
Dress
Funeral Notices
Hearse Service and Service Rendered \$150 00

Georgia, DeKalb County,

I do hereby certify that the above and foregoing
account is rendered for the funeral expenses of Mrs Susan Rowland,
who died without owning sufficient property to pay this bill.
Sworn to and subscribed before me,
This September 19, 1932.

Ruby Johnston
Notary Public, State of Georgia, My Commission Expires Nov. 3, 1933.

A. S. Turner

A Certificate

STATE OF GEORGIA, County of DeKalb

IN RE: Expenses last illness and funeral Mrs. Susan Rowland

This is to certify that from an examination of the records in my office, and from personal
knowledge, or inquiry, it is ascertained that this pensioner:

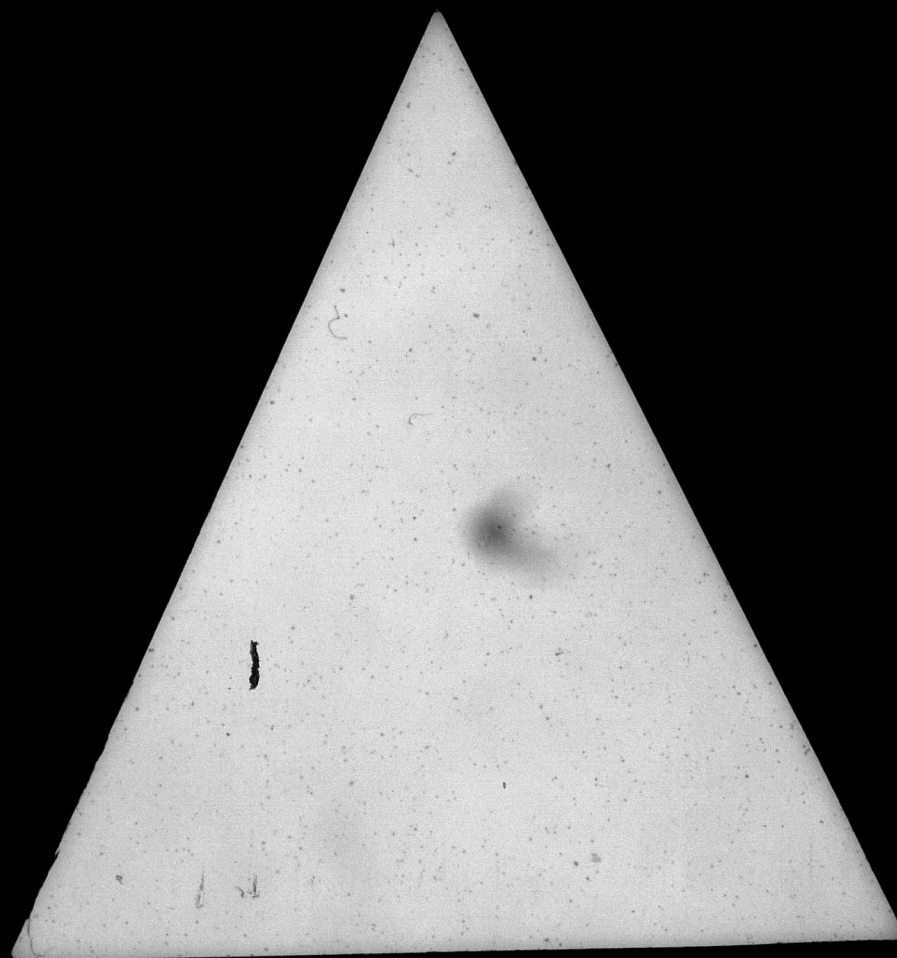
1. Died inside of the State of Georgia;
2. Left no estate of any kind or value, sufficient to pay these expenses.

This the 7 day of August, 1933.

(SEAL)

V. S. Morgan, Ordinary

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



NAME Rowlins, W. A.

YEAR 1911

COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of Georgia since Jan. 19th 1864. (64 yrs)

ENLISTED WHEN AND WHERE? Feb. 1863 , Lawrenceville, Georgia.

RANK

COMPANY AND REGIMENT? Company D, Lee's Battn.

NAME OF CAPTAIN AND COLONEL?

REASON FOR LEAVING? Sick while in service-

RECEIVED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Company and Battn. disbanded August 10th 1864,
Atlanta, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home on sick furlough.
Left command 1864, April , Atlanta, Georgia. Granted 20 days sick furlough.
DIED, WHEN AND WHERE? lough.

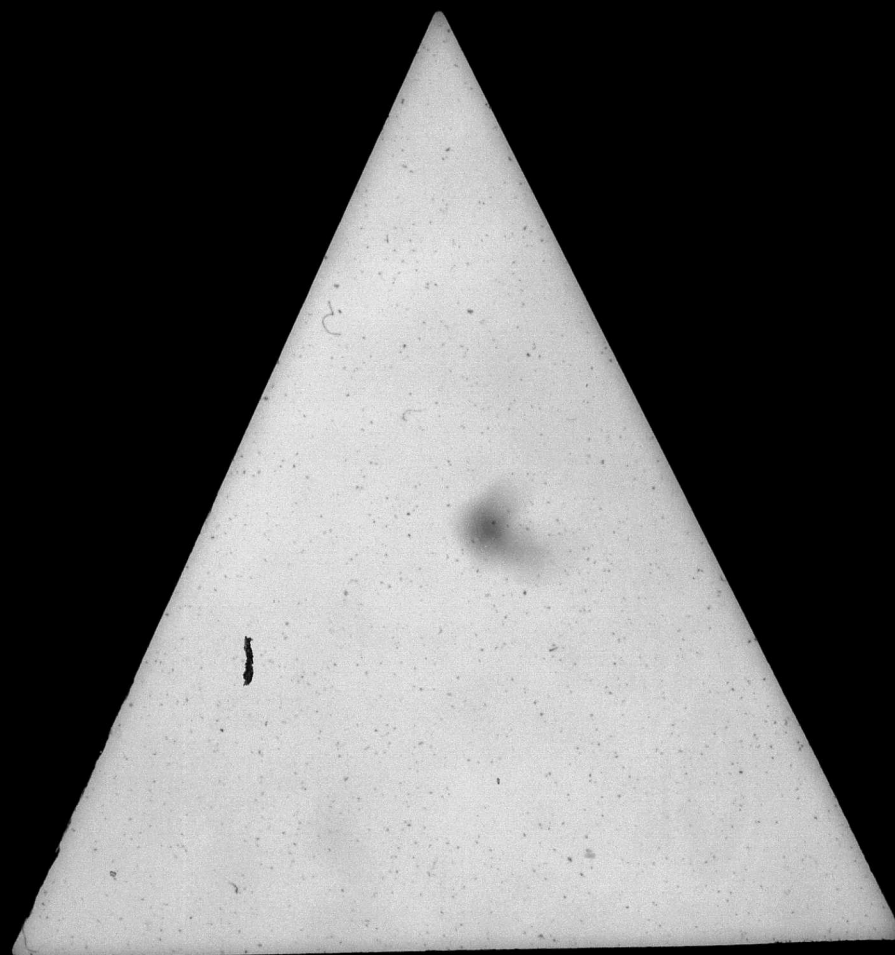
BURIED,

WITNESSES. W. T . Cates-

Same command-

No data.

CB



Pension Office 12/7/15.

Must attend and state when husband left and sick, or about what time he came home sick. With what sick and how it affected him, and prevented him from returning to his command. Proves all statements by witness who knows they are true.

J. W. Lindsey, Comm. of Pensions.

Rucker, R. J. C. Mass
1915
OK for 1916
4/13/16
De Kalb County
10-16
Widow's Pension

UNDER ACT 1910

County

De Kalb

Name

Mrs R. J. Rucker

Widow of

R. J. Rucker

Age - 28

11/19-1915

J. W. LINDSEY,

Commissioner of Pensions.

Chas. P. Byrd, State Printer

10/27-1915

known they are true. J. W. Lindsey, Comm. of Pensions.

STATE OF GEORGIA,
Muscogee County.

Personally before me comes Mrs. E. A. Rucker of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of _____ 1910, and submit testimony to make out the same; true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? Mrs. E. A. Rucker, Atlanta, Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? All my life.
3. When, where and to whom were you married? 1866, Columbus, Ga. to R. Z. Rucker.
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) 1861, Columbus, Ga. Co "A" 2nd Ga. Bt'n.
5. When and where did the Commands of your husband surrender or discharge from the army? April 9th 1865, Appomattox C.H. Va.
6. Was your husband personally present at the time of the surrender or discharge of this Command? No, he was at home sick, on furlough.
7. If he was not present state clearly where he was? _____
8. Where was his command when he left? in Virginia.
- a. For what cause did he leave his Command? on sick furlough.
- b. By whose authority did he leave his Command? Officer in Command.
- c. For how long was he granted leave of absence? _____
- e. What was his physical condition when he left his Command? sick.
- f. What effort did he make to return to his Command? was unable.
- g. In what way was he prevented from going back to Command? _____
- h. Was he captured by the enemy at any time? don't know.
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? _____
- j. When and where did your husband die? Atlanta Ga. about 1897.
- k. Were you residing together when he died? Yes.
1. If not, how long had you resided apart? _____
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908? (State same by items.) One lot worth about \$1000.
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) none.
11. What property of any description of any value have you now? One lot worth about \$1000.00
Give list and cash value. _____
12. What are your annual earnings or income and their value? Nothing.
13. Have you heretofore been paid a pension by the State? No.
If so, when and for what cause were you struck from the Roll? _____

Sworn to and subscribed before me this the

15th day of April 1915

at _____ Ordinary.

James R. George
Ordinary,
Muscogee County.

UNDER ACT 1910

Widow's Pension

Name Mrs. E. A. Rucker

Widow of R. Z. Rucker

A. 2 - 2a 1st

J. W. LINDSEY,
Commissioner of Pensions

10/27-1915

Muscogee. County.

Personally before me comes W.F. Snyder, 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? Wm. F. Snyder, Columbus, Ga.
2. How long and since when have you known Mrs. R.Z. Rucker, applicant? since 1865.
3. How long and since when has she continuously resided in this State? (Give date.) about 50 years.
4. When and to whom was she married? 1865 to R.Z. Rucker Knowledge
Columbus, Ga. How do you know? of my own
5. How long and since when did you know R.Z. Rucker, her husband? 1861.
6. When and where did R.Z. Rucker the husband of Applicant die? Atlanta, Ga. about 1897.
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? -----
9. Were they divorced? No
10. When, where and in what Company and Regiment did R.Z. Rucker, enlist? Columbus, Ga. 1861 Co "A" 2nd Ga Btln.
11. Were you a member of the same Company? Yes.
12. How long within your personal knowledge did he perform actual military service with his Company and Regiment? About 4 years until surrender.
13. When and where did his Command surrender, and was discharged? Appomattox April 9th 1861.
14. Were you personally present when it was surrendered? No. If not where were you? At home wounded on furlough and how came you there? By order officer in command.
15. Was the husband of applicant personally present at surrender? No. If not where was he? He was at home on sick furlough. when, where and for what cause did he leave Command? (Give date.) Dont know. By whose authority did he leave his Command? on furlough. and how long was he granted leave? dont know. How do you know all this? I was a member of same company and know from my own knowledge.

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

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? dont know any more than I have stated.

Sworn to and subscribed before me this the 15th day of April 1915, 1915.
Wm. Redd Jr. Ordinary.
Muscogee County.

County.

Personally before me comes ----- who on oath says that they are freeholders of said County and that they know of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows-----

Personal property	\$-----
Notes and accounts due	\$-----
Total	\$-----

Schedule (B).

We know the property sold or given away since Nov. 4th, 1908, its cash value to be as follows:

Personal property	\$-----
Money, Notes and Accounts	\$-----

Schedule (C).

We also know what property she has now in her possession, use and control to wit:

Acres of land worth	\$-----
Horses and Mules	\$-----
Cows and Hogs	\$-----
Other Property	\$-----
Income and Earnings	\$-----
Total Value of all property and effects	\$-----

Sworn and subscribed before me this the

day of ----- 19--

Ordinary.

of ----- County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Muscogee County.

I, Wm. Redd, Jr. Ordinary of said County do certify that, I know Mrs. R.Z. Rucker, the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov., 1908, -----

That I also know W.F. Snyder, the witness who swears to the service of husband, and R.Z. Rucker, who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns ----- Returned for Tax is for 1908 \$----- for 1910 \$-----

Sworn under my hand and official seal of office this forteenth day of April 1915, 19--
(SEAL.) Wm. Redd Jr. Ordinary.
Muscogee County.

(SEAL.)

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

GEORGIA, Muscogee County.

ADP

I, *Wm. R. Rucker*, Ordinary of said county, do certify that I personally know *Wm. R. Rucker*, the applicant, and that she is the lawful widow of *R. Z. Rucker*, and was on the *Pension Roll* of said *Muscogee* county, and ~~was~~ paid a Pension from *Muscogee* county for 19 *1914*, and at the time of his death on the *15* day of *June*, 1914, there was due to him and unpaid his Pension of *15* Dollars from the State of Georgia, and I know *Wm. J. Smider*, *Wm. H. Hallman*, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this *15* day of *June*, 191*4*
Wm. Rucker Ordinary,
Muscogee County.

No. _____
1914

Application for Pension Due
Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. *E. A. Rucker* on *Wm. R. Z. Rucker*

Widow of *R. Z. Rucker*

of _____ County

Co. *A* Regt. *2nd Va. Caval.* Vols.

Approved and paid _____
1914.

J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, _____ County.

I hereby authorize and constitute _____ of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 19 *1914*, through my deceased husband, _____, who was on _____ Pension Roll and paid from _____ for 19 *1914*.

Witness my hand this _____ day of _____, 19 *1914*.

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, Dalton County.

Personally before me comes Mrs. R. Z. Rucker, of said county, after being duly sworn, on oath says that she is the widow of R. Z. Rucker who was duly enrolled as a Confederate Soldier Pensioner from the county of Etowah and was paid a Pension of \$10.00 Dollars from 1891 county for 19...., and that the said R. Z. Rucker died in Atlanta, Ga. county on the 18th day of August, 1891, and at the time of his death a Pension of 10.00 was due him from 1891 county and unpaid for 1914. Applicant further swears that she married the said R. Z. Rucker on the 18th day of August, 1866, in Muscogee 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 21st day of April, 1914 (1891)

..... Ordinary. (L. S.)
..... County.

AFFIDAVIT OF WITNESS.

GEORGIA, Muscogee County.

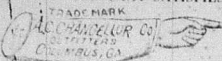
Personally before me comes Wm. F. Snyder Wm. H. Williams, who on oath says that he knew R. Z. Rucker while in life and that he knows (Miss) Emma Nance now - Mrs. R. Z. Rucker the above applicant; that he knows that the said R. Z. Rucker and Miss Emma Nance were in due form of law married in the county of Muscogee in the State of Georgia on the 18th day of August, 1866, and that they resided together as husband and wife from date of marriage to the day of his death on the 18th day of August, 1891, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 15th day of April, 1914

Wm. F. Snyder }
Muscogee County. } Wm. H. Williams

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

THE HOUSE THAT SATISFIES



LOOK FOR SIGN—THE GOLDEN ARM

STATE OF GEORGIA,
MUSCOGEE COUNTY,
OFFICE OF ORDINARY.

Columbus, Ga., Jan. 17, 1916

Georgia, Muscogee County.

Personally come before Wm. F. Snyder of said State and County, who after being duly sworn, on oath says he is the only surviving member of Co "A" City Light Guards, 2nd Georgia Volunteers, residing in this city; that he and R. Z. Rucker enlisted in that Company April 1861, that said Snyder was wounded about six months before the surrender, and at that time he left Mr. Rucker was with his Command - that said Rucker was a good soldier, and to the best of his belief Rucker remained with the Company until the surrender.

Sworn to and subscribed before me this the 20th day of January 1916.

W. F. Snyder

Ordinary.

WM. REDD, JR.,
Judge, Court of Ordinary.

H. J. HUNTER,
Deputy Clerk, Court of Ordinary

STATE OF GEORGIA
MUSCOGEE COUNTY
OFFICE OF ORDINARY

Columbus, Ga., 1/17/16. 191

Georgia, Muscogee County.

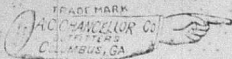
Personally come before Wm. F. Snyder of said State and County, who after being duly sworn, on oath says he is the only surviving member of Co "A" City Light Guards, 2nd Georgia Volunteers, ^{residing in this city} that he and R. Z. Rucker enlisted in that Company April 1861, that said Snyder was wounded about six months before the surrender, and at that time he left Mr. Rucker ^{with his} Command - that said Rucker was a good soldier, and to the best of his belief Rucker remained with the Company until the surrender. Sworn to and subscribed before me this the

20th day of January 1916.

Wm. F. Snyder
Ordinary

+ H. J. Hunter

THE HOUSE THAT SATISFIES



LOOK FOR SIGN--THE GOLDEN ARM

Jan. 21st, 1916.

Dear Sister Emma:-

I am inclosing a copy of statement from Wm. Bedd's office, and I do hope and pray it will help you get the pension.

Sister Bedd, R. L. Winter, and W. A. Snyder are gentlemen of the old school.

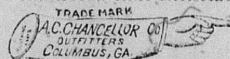
I am, as requested,

With love,

Your brother,

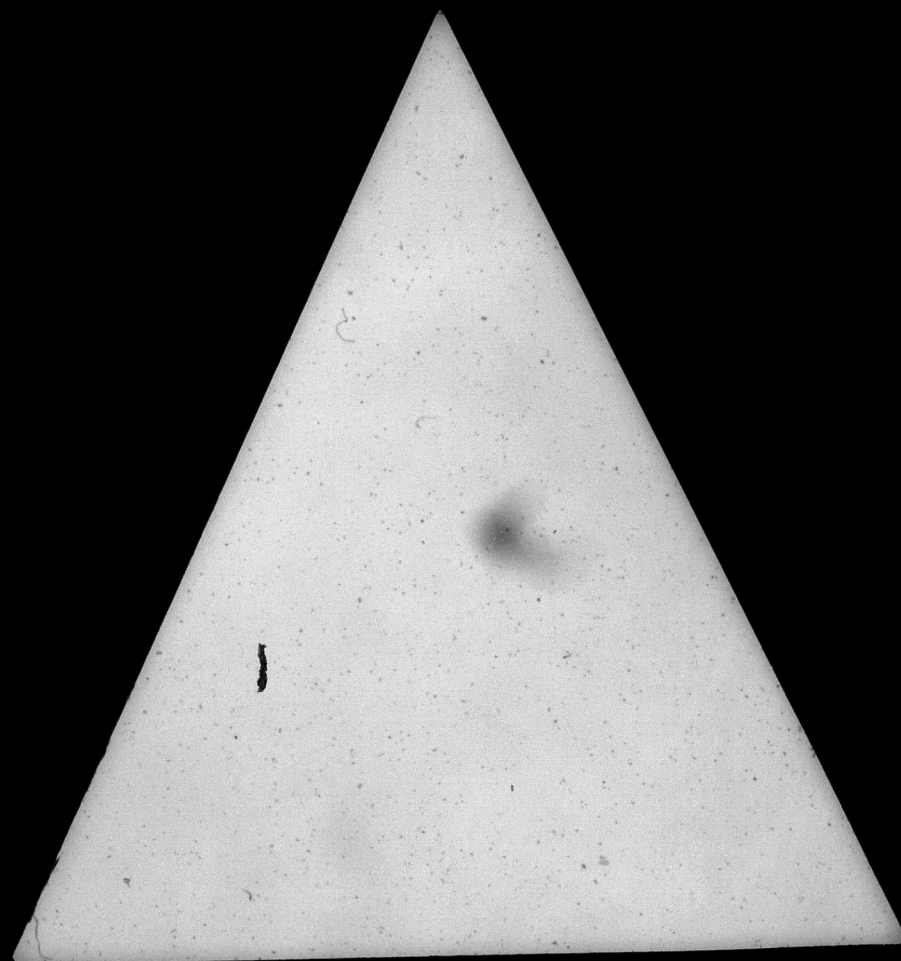
mailed the papers as requested
Charles A. Goodman

THE HOUSE THAT SATISFIES



LOOK FOR SIGN--THE GOLDEN ARM

1/21/16
My dear Emma
I am enclosing
a copy of statement
from Wm. Bedd's
office. I do hope
it will help
you get the pension.
Sister Bedd, R. L. Winter
& Wm. F. Snyder are
gentlemen of the old school.
With love
Charles A. Goodman



Pension Office, 12/14/10.

This Department cannot accept the valuation of property based on "tax valuation or approximately thereto. As a rule, the actual, salable, cash value will exceed the tax valuation from one half to one third in value. Apply this rule to applicant's tax valuation, and you will be able to get on to the actual cash value of the property. J. W. Lindsey, Sec. of Pensions.

Ruff, Minerva
De Kalb Co
No. 1000

Widow's Application

To Be Put on Roll in Her Own Right, when
Husband Was on Roll at Death.

✓ A W

Count De Kalb

Name Minerva Ruff

Widow of H. C. Ruff

Approved

J. W. LINDSEY,
Commissioner of Pensions

Chas. P. Byrd, State Printer, Atlanta.

8/21/10
5/10/11
7/15/11

value will exceed the tax valuation from one half to one third in value
Apply this rule to applicant's tax valuation, and you will be close on to
the actual cash value of the property.

J. W. Lindsey, C. M. of Pensions.

Approved

J. W. LINDSEY,

Commissioner of Pensions

Copied to: B. B. State Printer, Atlanta

Widow's Application

To Be Put on Roll in Her Own Right, when
Husband Was on Roll at Death.

County

DeKalb

Name

Minnie Ruff

Widow of

A. C. Ruff

Minnie Ruff

DeKalb Co

A. C. Ruff

STATE OF GEORGIA,

DeKalb County.

Personally before me comes *Mrs. Minerva Ruff* of said County,
who, after being duly sworn, on oath says, that she is the widow of *A. C. Ruff* to whom
in the County of *DeKalb* State of *Georgia* she was married on the *23*
day of *Sept* 18*97* and that she remained his wife, and resided with him to the date of his death
in *Sept 7* 19*07* and that she has not since his death remarried. At the time of his death
he was a resident of *Cobb* County, in *Indigent* said State of Georgia, and he
was on the *Cobb* Pension Roll of the State and paid a pension of *\$60*
in *Cobb* County for 1907 per annum, on account of being a soldier in Company
6 *1st En* Regiment (Volunteers of State Militia.)

At the death of *A. C. Ruff* he was in the use and possession of the following
property *No Property*

of the cash value of \$ *—*

What property of any kind and of any value have you in your use, control and possession now, and
the cash value (State fully.) *I have a one half interest*

in a house and lot in Edgewood Ga
whole interest value of \$1300.00

Total Cash value of all property *\$1300.00*

That she is now a bonafide resident citizen of said County *DeKalb* and she
has so continuously resided since *18* day *Dec* 1907

Sworn to and subscribed before me, this the *23* day of *Sept* 1910 *Mrs. Minerva Ruff*
James R. George Ordinary
of *DeKalb* County.

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

STATE OF GEORGIA,

DeKalb County.

Personally before me come *W. M. Gill* known to be responsible
and truthful persons, residing in said County, who after having duly sworn on oath, says that of their
own personal knowledge *Mrs. Minerva Ruff* who made the foregoing affidavit, is
the lawful widow of *A. C. Ruff* who died in *Cobb* County in
said State of *Georgia* on *7* day of *Sept* 1907 and that she
has not since remarried. That she became the wife of *A. C. Ruff* on the
day of *18* and that she and he had resided together as man and wife continuously since
day of *18* and that the *A. C. Ruff* was the
same man who was on the pension roll of said State from *Cobb* County
when he died.

Sworn to and subscribed before me, this the *23* day of *Sept* 1910 *W. M. Gill*
James R. George Ordinary
of *DeKalb* County.

STATE OF GEORGIA,

DeKalb

County.

Personally before me comes *W M Gill & Geo E Gill* who after being sworn
oath says, that they are freeholders of said County, and that they know *Mrs Manwira Ruff*
said County and knew her said husband *H C Ruff* at his death on the

day of *Sept* 1907 that she *is* in the use, possession and control of the following
property to wit: *one half interest in a house and lot*

in the town of Edgewood the whole value \$1300.00

of the value of \$650.00 That she is now in the use, possession and control of the following
property to wit: *one half interest in one house and lot*

in the town of Edgewood the whole value is

of the value of \$1300.00

Sworn to and subscribed before me, this the

23 day of *Sept* 1910
James R George
of *DeKalb* County.

W M Gill
Geo. E Gill
Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb

County.

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

13 day of *Dec* 1907

W M Gill

That I also know witness as to marriage and I also know
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
truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of *DeKalb* County shows that *Mrs Manwira Ruff* returned property to the
amount of for 1908 \$ — for 1909 \$ *1500.00* for 1910 \$ *1300.00*

Sworn under my hand and official seal of office this *23* day of *Sept* 1910
(SEAL.) *James R George* Ordinary.

- 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.

Mrs Manwira Ruff only has a one half interest in said property as said property is returned by her when daughter of H C Ruff as the only child
James R George
Ordinary
Sept 23 1910

No. *26*
C C Ruff
TO
Manwira A. Doyda
Recorded in Book
28 day of *April* 1868
John G Campbell
ORDINARY.

MARRIAGE LICENSE.



STATE OF GEORGIA, COBB COUNTY.


TO ANY MINISTER OF THE GOSPEL, JUDGE OF THE SUPERIOR COURT,
OR JUSTICE OF THE PEACE, TO CELEBRATE:

YOU ARE HEREBY AUTHORIZED TO JOIN IN THE HONORABLE STATE OF MATRIMONY
H C Ruff AND *Minerva A Douda*

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

20th DAY OF *April* 1868

James G Campbell 
ORDINARY.

I Hereby Certify That

Henry C Ruff and
Minerva A Douda were joined together in

HOLY BANS OF MATRIMONY

on the *23* day of *April* 1868, by me.

Robert Daniell M E

Ruff, M. (Mrs.)

For DeKalb County

1930

Application for Pension Due Deceased Pensioner

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

V. S. Morgan Ordinary

For Mrs. M. Ruff

Date of Death Oct. 27, 1930

Amount \$ 100.00

Approved and ordered paid

Dec 9, 1930 R. deT. Lawrence
JOHN W. CLARK,
Commissioner of Pensions.

Received of V. S. Morgan etc
One Hundred Dollars for
funeral expenses of Mrs. M. Ruff.
Awtry & Lowndes

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.

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

PHONES: WALNUT 7066
WALNUT 7067

AWTRY & LOWNDES COMPANY FUNERAL DIRECTORS

AMBULANCE SERVICE

21 Cain Street, N. W.

ATLANTA, GA.

Nov 13/30

IN ACCOUNT WITH

Mr. H. C. Ruff,

F. F. D. Smyth, Jr.

For Mrs. Henry C. Ruff (Minerva)

Oct 7/30

Casket.	175.00
Burial case.	15.00
Embalming.	5.00
Hearse.	15.00
Underwear and Hose.	4.50
Palbearers Gloves.	2.00
Constitution.	8.80
Journal.	3.75
Georgian.	4.55
	54.90

The above and foregoing account is rendered for
funeral expenses of Mrs. Henry C. (Minerva) Ruff, who
died without owning sufficient property to pay this bill.

J. W. Awtry

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. W. Awtry

of said County, who, after being sworn, on oath

says that he knew Mrs. M. Ruff

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 2nd day of October 1930,

and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$250.00 per sworn statements fully and completely

ITEMIZED hereto attached.

Sworn to and subscribed before me,

V. S. Morgan

Ordinary

DeKalb

County

(Seal of Ordinary)

x J. W. Awtry
J. W. Awtry

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify

that I personally know J. W. Awtry, 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. M. Ruff 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 Fifty (\$150) Dollars

in said County for 1930, and I now believe said pensioner to be dead; and that the instructions at the

foot of this voucher have been carefully observed in making up this voucher and the bills which are at-

tached hereto.

Given under my hand and official seal, this 8th day of December, 1930.

(Seal of Ordinary)

V. S. Morgan
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 for funeral expenses, as the case may be, of who died without owning sufficient property to pay this bill.

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

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

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

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

OFFICE OF ORDINARY.

GEORGIA, COBB COUNTY.

I, J. M. GANN, Ordinary and ex-officio Clerk of the Court of Ordinary (I having no Clerk)

do hereby certify that I have compared the foregoing copy of

Marriage License
J. W. C. Ruff and Minerva A. Dwyer

with the original record thereof, now remaining in this office, and the same is a correct transcript

therefrom, and of the whole of such original record as found in book A, records of

Marriage License, folio 183

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the seal of the Court of

Ordinary, this the 17th day of August 1930.

J. M. Gann
ORDINARY AND EX-OFFICIO C. C. O.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, Mrs. Minerva Ruff and being first duly sworn according to law, deposes and says, that she owns a one half interest in a house and lot in the town of Edgewood, DeKalb County, that said property has been returned for taxation at the price of \$1,500.00, and that this sum is the true worth of the property, and that if it was put up and sold she does not believe that it would bring more than that amount.

Sworn to and subscribed before me, }
this 6th day of April, 1911.

Mrs. Minerva A. Ruff

James R. George
Ordinary.

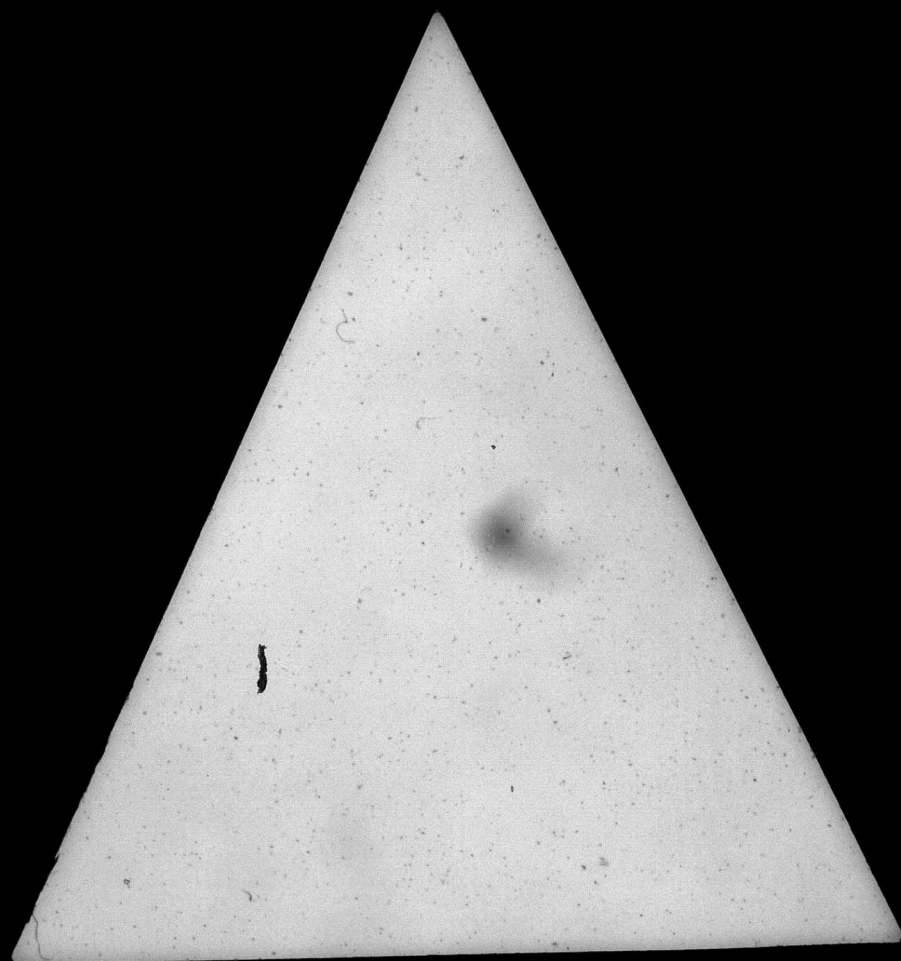
Georgia, DeKalb County.

Personally appeared before me, the undersigned, W. M. Gill and George E. Gill and both being first duly sworn according to law, depose and say that they are acquainted with Mrs. Minerva Ruff, and know the real estate owned by her in DeKalb County, Georgia, and that said property is not worth more than six hundred and fifty (\$650.00) dollars, and that the same has been returned for taxation at its true market value, to wit \$1,500.00, Mrs. Ruff owning only a one half interest in said property. If the property was sold it would not bring more if as much.

Sworn to and subscribed before me, }
This 6th day of April, 1911.

W. M. Gill
Geo. E. Gill

James R. George
Ordinary.



Let for the pension
Ruggles, FRANK A.
Disappeared 1937
(e)

CONFEDERATE SOLDIER'S APPLICATION

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

County DeKalb
Name Frank A. Ruggles
Company _____
Regiment _____
Approved _____

JOHN W. CLARK,
Commissioner of Pensions.

Her E. Glenn
For Nat
Pena wa 0220
Entered 228

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, W. B. Morgan Ordinary of said County, certify that I know
Frank A. Ruggles 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 X 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 10 day of July 1937

(SEAL OF 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 give shall be the whole truth. So help you God."
2. All affidavits and answers may be attached if blank spaces are insufficient.
3. All affidavits and answers must be 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.

Ruggles, FRANK A.
Approved 1937

CONFEDERATE
SOLDIER'S APPLICATION

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

County DeKalb
Name Frank A. Ruggles
Company _____
Regiment _____
Approved _____

JOHN W. CLARK,
Commissioner of Pensions.

Wes E. Blean
1st Nat
Recd. Wn 0230
Ext. 228

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, T. B. Morgan, Ordinary of said County, certify that I know
Frank A. Ruggles 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 X 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 10 day of Feb 1937

(SEAL OF ORDINARY.)

T. B. 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 give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
4. Fill out the back of the application carefully.

APPLICATION FOR PENSION BY A SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DeKalb COUNTY.

Personally appears before me, Frank A. Ruggles 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) Frank A. Ruggles - 167 Howard St. N.E. Atlanta, DeKalb Co. Ga
2. How long and since when have you been, continuously, a bona fide resident citizen of the State
of Georgia? 60 years
3. Did you enlist in the Army of the Confederate States, or in the organized militia, of this State
from 1861 to 1865? No
4. When and where, and in what Company and Regiment did you enlist? (State the arm and
class of service, and give name of Colonel and Captain.) Last time was in war. Company
B. Mississippi, Pike County, Under General Price & Capt. Brown
5. How long did you remain in the actual military service with said Company and Regiment?
(Give date of discharge.) Last time was in war. Discharge papers destroyed by fire 26 yrs. ago
6. When and where was your Company and Regiment surrendered or discharged from the Service?
Louisiana City, Missouri 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
X
- a. Where was your Command when you left it? About thirty-five miles west
of Bowling Green, Missouri
- b. When did you leave the Command? At the close of the war
- c. For what cause did you leave? War ended
- d. By whose authority did you leave? By the Captain
- e. For how long was your leave of absence granted? In what way? X
- f. Why did you not return to your Command after leave expired? X
- g. In what way were you prevented? X
- h. What effort did you make to return? X
- i. Were you captured by the enemy at any time? No
- j. If so, when, and where? In what prison were you held and when were you released? X
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

10 day of February, 1937

T. B. Morgan Ordinary

of DeKalb County

(SEAL OF ORDINARY.)

Frank A. Ruggles
Applicant.

STATE OF MISSOURI
ADJUTANT GENERAL'S OFFICE
JEFFERSON CITY

August 15, 1934

A. L. Henson
Director
Veterans Service Officer
Atlanta, Ga.

Dear Mr. Henson:

RE: Frank A. Ruggles

We regret to inform you that we are unable to locate the civil war record of the above named veteran. Our records are by no means complete, however, and it is suggested that you communicate with the Adjutant General of the Army, War Department, at Washington, D. C. from whom the desired information may be received.

Yours very truly,

H. W. Brown
H. W. Brown
The Adjutant General

Bp



THE VETERANS SERVICE OFFICE

STATE CAPITOL

ATLANTA

L. T. PAT GILLEN,
DIRECTOR
G. ARTHUR CHEATHAM,
ASST. DIRECTOR
MISS LILLIAN HENDERSON,
ASST. DIRECTOR

April 2nd, 1937.

Mr. Thomas F. Glenn,
First National Bank,
Atlanta, Georgia.

Dear Mr. Glenn:

Permit me to advise that we have made efforts to obtain some proof of the Confederate military service performed by Mr. Frank A. Ruggles, but without any success at all.

It is not the policy of the office to assist in securing evidence in support of an application for pension, but an exception was made in this case for the reason that the circumstances are unusual and we are morally certain that the service was performed as claimed.

It appears that no official record of the service is preserved, and the Mr. Ruggles will, therefore, have to rely upon testimony of individuals who have personal knowledge of the service.

I deeply regret that we are unable to assist Mr. Ruggles in this matter.

With personal regards,

Yours very truly,

W. Sam Askew.

A. L. HENSON,
DIRECTOR

C. ARTHUR CHEATHAM,
ASST. DIRECTOR

MISS LILLIAN HENDERSON,
ASST. DIRECTOR



THE VETERANS SERVICE OFFICE

STATE CAPITOL
ATLANTA

COPY.

War Department,
The Adjutant General's Office,
Washington, May 11, 1934.

The name Frank A. Ruggles has not been found on the rolls on
file in this office of any Confederate States Army organization.

(Signed) James F. McKinley.
Major General,
The Adjutant General.

Sent 5-4-34

Frank A. Ruggles - Apr 56

General Francis Guerras
Company B of Captain Brown

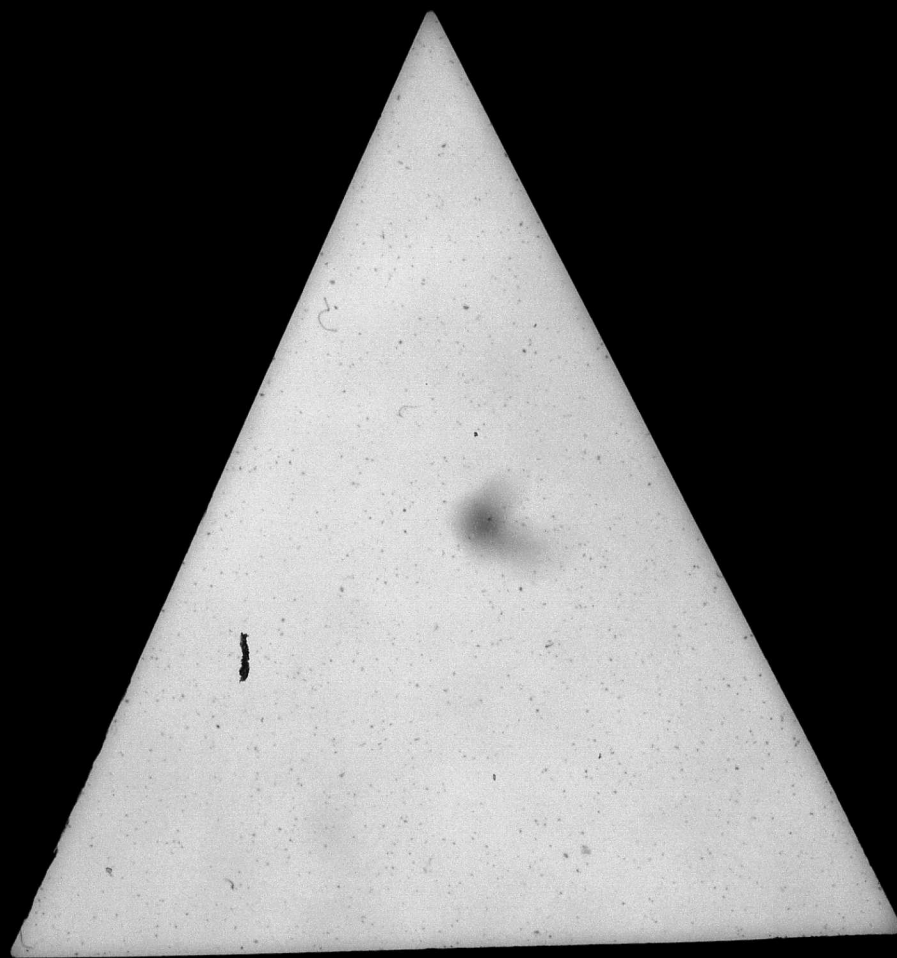
Enlisted in fall of
1864 - served until
end of War

Was present at burning
of Bowling Green

See list number 10
paroled

Seaborn - 5094 - W

167 Howard St NE
Atlanta, Ga



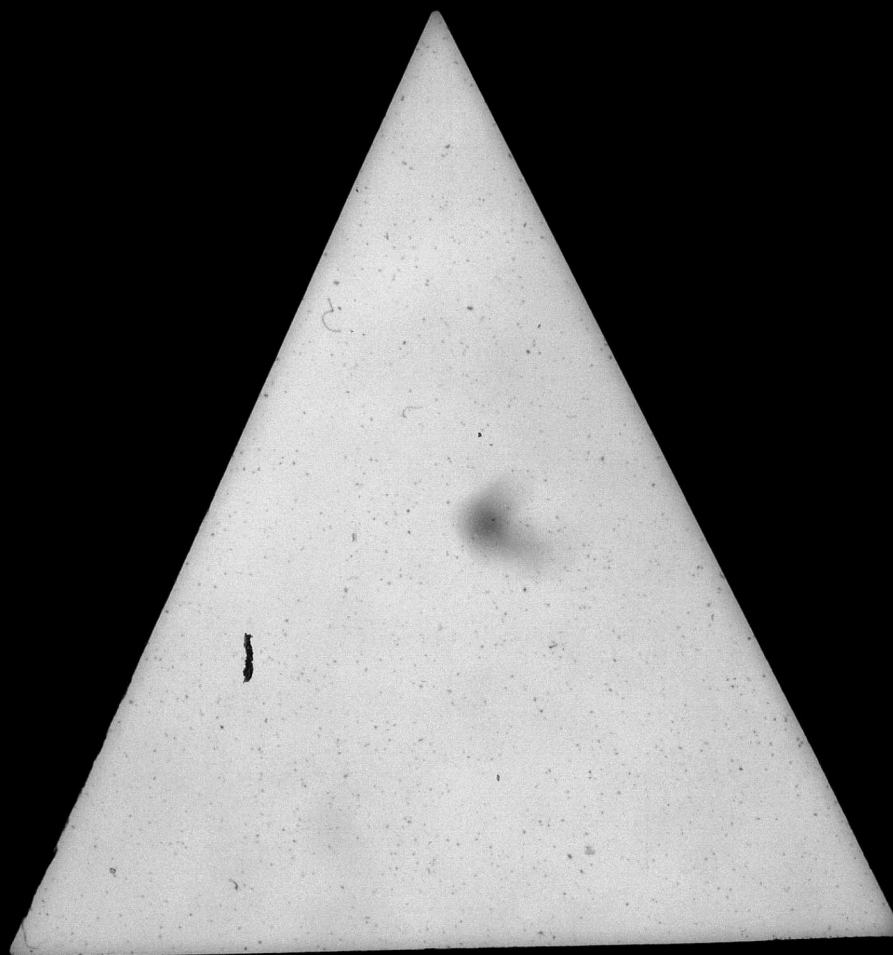
COPY.

War Department, The Adjutant
General's Office, Washington,
Feb. 24, 1937.

....The name John A. Ruggles has not been found on the
muster rolls on file in this office of any Confederate
States Army organization from the State of Missouri,
and no record has been found in this office of the ser-
vice, capture or parole of any man of that name in a
Missouri organization, S. C. A.

(Signed) E. T. Conley,
Major General,
The Adjutant General.

*See Pension application -
Horton Co.
D.H. 100*



Sanders, Britton
Sp. DeKalb County

OK for 1911
No

✓ **Confederate**
Soldier's Application.

✓ **UNDER ACT 1910.**

County *DeKalb*

Name *Britton Sanders*

Company *D*

Regiment *16 Ga*

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAR. P. BYRD, State Printer, Atlanta.

8/30/10

STATE OF GEORGIA,

Dekalb County.

Britton Sanders 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) Britton Sanders Stone Mountain Dekalb County
2. How long and since when have you been a continuous resident citizen of this State? 76 yrs August 19th 1834
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 15th 1861 Company D-16th Sa Regiment
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) August 8th 1864
6. When and where was your Company and Regiment surrendered or discharged from the Service? April 9th 1865 Appomattox C.N. Va
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 at home on a wound
- a. Where was your Command when you left it? Richmond Va
- b. When did you leave the Command? March 20th 1865
- c. For what cause did you leave? wound on foot
- d. By whose authority did you leave? Office in command
- e. For how long was your leave granted? In what way? 30 days was
- f. Why did you not return to your Command after leave expired? Surrender came
- g. In what way were you prevented? Surrender came
- h. What effort did you make to return? Made none
- i. Were you captured during the war? Was not
- j. If so, when, and where? In what prison were you held and when were you released?
9. What property of every description was owned, in the use, possession and control of yourself and wife and its cash value on the 4. Nov. 1908? (Make list by items and value.) One small house & lot in the town of Stone Mountain Ga value of \$600⁰⁰ House held Good up 175⁰⁰ and \$75⁰⁰
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? Nothing
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list.) One house & lot in the town of Stone Mountain value of 775⁰⁰
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? None None
13. Are you drawing a pension of any amount from this State or the United States? No
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? yes Not Property

Sworn to and subscribed before me, this the

17 day of August 1910 } Britton Sanders
James R. George Ordinary,
Dekalb County.

Soldier's Application.

UNDER ACT 1910.

Confederate

OK for 1911.

Sanders Britton
Stone Mountain Ga

County Dekalb

Name Britton Sanders

Company D

Regiment 16 Sa

Approved

J. W. LINDSEY,
 Commissioner of Pensions

CHAS. F. BYRD, STATE PRINTER, ATLANTA.

J. H. Payne & G. J. Scott County. of said State and County is hereby presented as a witness in support of the application of Britton Sanders 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? J. H. Payne & G. J. Scott
2. How long and since when have you known Britton Sanders the applicant? all his life
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? Stone Mountain Ga. all his life
4. When, where and in what Company and Regiment did Liberty July 15-1861 enlist during war from 1861 to 1865? (Give date and place). Sept 1, 1861 - Decatur Co. Madison Co.
5. How did you obtain your information of this Service? Member of same Co.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) from 1861 to 9th April 1865 Capt when taken on
7. When and where was his Command surrendered or discharged (give date and place). April 9, 1865 - Appomattox Court House Va.
8. Were you personally present at the Surrender? Yes
9. If not, where were you and how came you there? present
10. Was the applicant personally present with his Command at surrender? Yes, was taken on a
11. If not where was he and how came him there? present wounded, Gaslight
12. When did he leave his Command? March 1865 Where was his Command when he left it? Richmond Va. and Home Va. for what cause did he leave? X Wounded
By whose authority did he leave? Officer in Command and how long was he granted leave? 30 days while wounded How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). Present
Home, provided at the time
13. In what way was he prevented from returning to his Command? Command Surrendered
How do you know?
14. What effort did he make to return to his Command and how do you know? X
15. Was applicant captured as a prisoner? X If so, when and where? X
In what prison was he held? X and when released? X

Sworn to and subscribed before me, this the

20th day of Aug. 1910

James R. George

Ordinary.

of

DeKalb

County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

DeKalb County.

Personally before me comes B. N. Davis & L. H. Holley who on oath says that they are free holders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself

and wife and of its cash value to wit: (Make List by item and value.) one house and lot in the town of Stone Mountain Ga. value of \$800.00

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

2. When and to whom was it sold or given to? No one
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? Made no 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

17th day of Aug. 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 Britton Sanders for Pension is the person he represents himself to be and resides in said County. That I also know Clark County the witness swearing to the service and B. N. Davis & L. H. Holley 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 Britton Sanders and his value for tax is in 1908 \$ 800.00 for 1909 \$ 800.00 for 1910 \$ 775.00

Sworn under my hand and official seal of office this

26

day of Sept 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 Sanders, Britton

YEAR 1911

COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of Georgia since August 19th 1834.
(76 years)

ENLISTED WHEN AND WHERE? July 15th 1861.

Witness states; Danielsville, Madison County. Georgia.

RANK

COMPANY AND REGIMENT? Company D, 16th Georgia Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Sick while in service.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 9th 1865, Appomattox Court House, Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Was at home on wounded
furlough. Left command March 20th, 1865, Richmond, Va. on 30 days furlough.

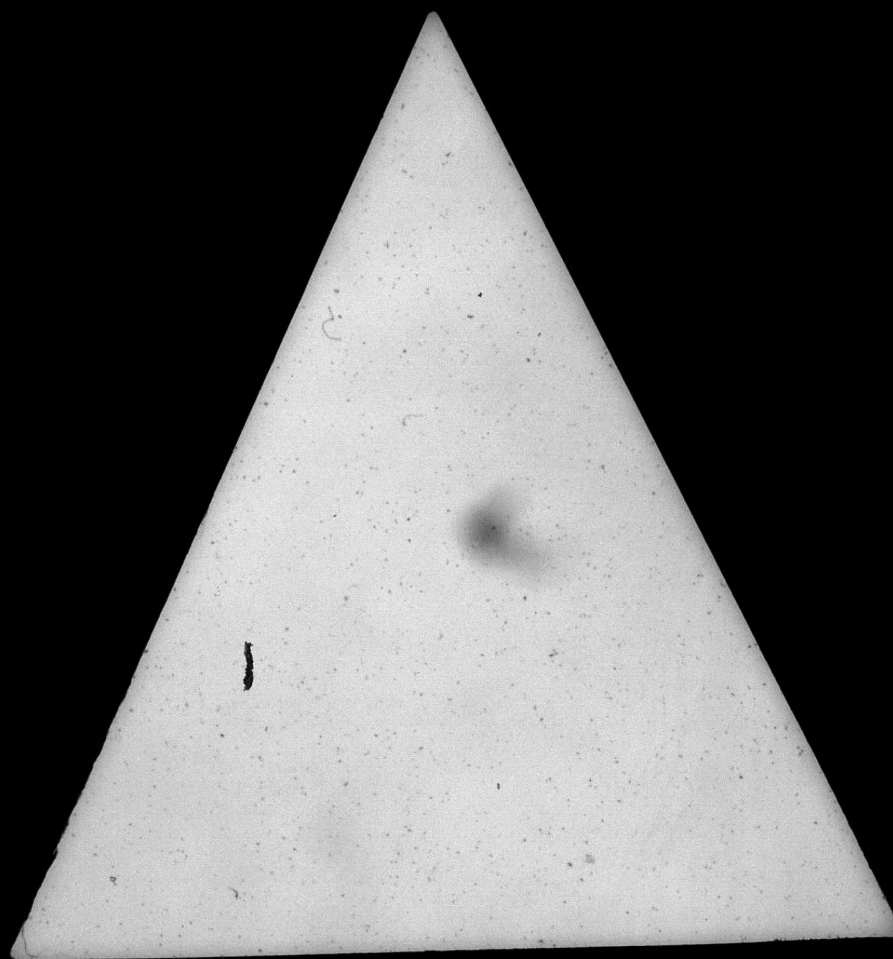
DIED, WHEN AND WHERE?

BURIED,

WITNESSES. J. F. Payne-
T. J. Scott-

Same Company-

No data.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I,

of

, hereby authorize

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

at

by

Witness my hand and seal this

day of

1900.

Executed in presence of

(L. S.)

No. OK.

INDIGENT PENSION,
1900.

Name James Sanders

County De Kalb

I - 48 ct.

Approved 1911 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____, hereby authorize

of _____

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

at _____ by _____

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

Executed in presence of

(L. S.)

INDIGENT PENSION,

1900.

Name James. Sanders

County De Kalb

I- 48 th

Approved _____ 1900.

1911

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Hutton, State Printer, Atlanta.

STATE OF GEORGIA,

County.

James Sanders 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)
James Sanders, Return De Kalb County, Georgia
2. How long and since when have you been a resident of this State? Home from 1832 until this State of Georgia
3. When and where were you born? Hall County Ga October 14th 1832
4. When and where and in what company and regiment did you enlist or serve?
1862 at Savannah Ga Co D 1st 48th In Regiment
5. How long did you remain in such company and regiment?
Served until at Savannah Capt. B. B. on the 9th day of April 1865
6. For how long a period did you discharge regular military duty? 3 years
7. When, where and under what circumstances were you discharged from service?
Here discharged until summer of 1865 at Savannah Ga. by Capt. B. B.
8. What is your present occupation? Farmer
9. How much can you earn (gross) per annum by your own exertions or labor? \$2500
10. What has been your occupation since 1865? Farmer
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Age and 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?
Total Blind
13. What property, effects or income do you possess, and its gross value? No property
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? No property during years of that year
15. In what County did you reside during those years, and what property did you then return for taxation? De Kalb County, and returned no property
16. How were you supported during the years 1898 and 1899?
By the help of 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? \$80 per year. Contributed \$2500
18. What was your employment during 1898 and 1899? What pay did you receive in each year?
Farmer \$2500
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
Yes, wife and daughter. No means of support. No homestead
20. Are you receiving any pension? If so, what amount, and for what disability?
Am not receiving any pension

Sworn to and subscribed before me this the

17 day of Aug 1900.

James Sanders

Applicant.

of De Kalb County.

Every Question MUST Be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

COUNTY.

D. J. Bailey, of said State and County, having been presented as a witness in support of the application of James Sanders 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? D. J. Bailey
De Kalb Co Ga Western P.O.
2. Are you acquainted with James Sanders, the applicant; if so how long have you known him? Ever since 1862
3. Where does he reside, and how long and since when has he been a resident of this State?
Lithonia De Kalb Co Ga Ever since I knew him
4. When, where and in what company and regiment did he enlist, and how do you know? 1862
Chatham Co Ga 48th Regt
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? 3 years, was a
good soldier, ended at surrender
7. What property, effects or income has the applicant? (Give your means of knowledge.) None
I know from close personal acquaintance of
him, and from local knowledge
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
9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
He has not
10. What is the applicant's occupation and physical condition? Farmer Very weak
Physical condition
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is, on
account of age and infirmity.
12. How was he supported during the years 1898 and 1899? By his children
and his own efforts
13. What portion of his support for these two years was derived from his own labor or income?
Each year about \$25 dollars
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He has Rheumatism and Stells
& smothering.
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this } D. J. Bailey
the 17th day of Aug, 1900. }
M. Magdalen Ordinary. Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

COUNTY.

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

Old age - in - early 18 months -
Chronic General debility

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 } 17 day of Aug, 1900. }
M. Magdalen Ordinary. T. S. Amley M.D.
W. J. Hamilton M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

COUNTY.

I, M. M. Magdalen, Ordinary in and for said County, hereby certify that the applicant James Sanders resides in said County, and has been a bona fide resident of this State since the 14 day of Oct, 1862, and that the witnesses, viz: D. J. Bailey

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 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 17 day of Aug, 1900.
M. M. Magdalen 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,

County, }

I, _____ hereby authorize _____

of _____

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

by _____

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

[L. S.]

Executed in presence of _____

CODE SECTION 124

(For Those Already Enrolled.)

No. 848

INDIGENT

**SOLDIER'S PENSION.
1901.**

Name James Sanders
County De Kalb
W. J. 48 1/2 Reg 247

WARRANT ISSUED

Jan 31 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

AM

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

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

[L. S.]

Executed in presence of _____

CODE SECTION 124

(FOR THOSE ALREADY ENROLLED.)

No. 683

INDIGENT

**SOLDIER'S PENSION
1902.**

Name Sanders Jas
County De Kalb
Co. I Regiment 48.

WARRANT ISSUED

47 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

AM

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb

County.

Personally appears

James Sanders 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 1st day of Oct 1830; that he is 70 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 2 years in Company I, of 48th Regiment of Ga Vol; that his physical condition is as follows:

Suffering from Rheumatism and heart trouble unable to work

that his property consists of the following items *None*

of the value of 0 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this the 21 day of Jan 1901.

W. M. Ragsdale

Ordinary.

STATE OF GEORGIA,

De Kalb

County.

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

Given under my official signature and seal, this 21st day of Jan 1901.



Ordinary

De Kalb

County.

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

James Sanders 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 4 day of Oct 1830; that he is 72 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 2 in Company I, of 48th Regiment of Ga Vol; that his physical condition is as follows:

Rheumatism & Heart Trouble

that his property consists of the following items *None*

of the value of 0 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

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

W. M. Ragsdale

Ordinary.

STATE OF GEORGIA,

De Kalb

County.

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



Ordinary

De Kalb

County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

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

[L. S.]

Executed in presence of _____

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 547

INDIGENT

**SOLDIER'S PENSION
1903.**

Name Sanders James
County De Kalb
Co. I Regiment 44th

WARRANT ISSUED

123 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. Harrison, State Printer, Atlanta.

no data

23d

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 520

INDIGENT

**SOLDIER'S PENSION
1904.**

Name James Sanders
County De Kalb
Co. 7 Regiment 48th

WARRANT ISSUED

1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, James Sanders hereby authorize R. W. Perkins
of Lithonia

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

by _____

Witness my hand and seal, this 30th day of Jan 1904.

Executed in presence of

W. H. Harrison
W. H. Harrison

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears James Sanders 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 11 day of Oct 1892; that he is 71 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 2 Years in Company I, of 48th Regiment of La Inf; that his physical condition is as follows: Suffering with Rheumatism and Heart Trouble

that his property consists of the following items: None

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

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

Sworn to and subscribed before me, this the 16 day of Jan 1903.

W. M. Regsdale Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 16 day of Jan 1903.

W. M. Regsdale 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 James Sanders of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 14 day of Oct 1892; that he is 74 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 2 years in Company I, of 48th Regiment of _____; that his physical condition is as follows: Rheumatism and Heart Trouble

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 13 day of January 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 James Sanders the applicant in the foregoing affidavit, and am well-satisfied that the statements made by him in his said affidavit are true, and I know 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.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

No.

INDIGENT PENSION.

1904 ✓

Name of James Sanders

County Dekalb

Co. I 48 Ga. Regt.

Approved _____ 190 _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

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

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

STATE OF GEORGIA,

COUNTY.

I, _____ 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:

What is your name and where do you reside? (Give State County and post-office).

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

74 Jan Oct 22nd 18323. When and where were you born? Oct 22nd 1802

Hall County Ga

4. When and where and in what company and regiment did you enlist or serve?

Spring 4/1864 48 Ga Regiment Company I

5. How long did you remain in such company and regiment?

8 month & 20 days

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

1868

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? about \$5.00

10. What has been your occupation since 1865? Hammering & Stone cutting

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty,"

second, "infirmity and poverty," or third, "blindness and poverty"? age & Poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your
support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third,
state whether you are totally blind and when and where you lost your sight?

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

made no disposition I had none

15. In what County did you reside during those years and what property did you then return for taxation?

In Dekalb county

16. How were you supported during the years 1899, 1900, 1901 and 1902? what little

I could do and by my children

17. How much did your support cost for each of those years, and what portion did you contribute thereto by

your own labor or income? \$100.00

18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?

Hammering & Stone cutting

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? myself & wife children

all married

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

I did receive a Pension until I was dropped

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

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

Sworn to and subscribed before me this the

12 day of April 1904

James R. Lindsey, Ordinary,

of Dekalb County.

Applicant.

Every Question MUST Be Answered.

V O DATA

Sanders, James
Dekalb County

STATE OF GEORGIA,

Dekalb COUNTY.

J. V. Kinnitt of said State and County, having been presented as a witness in support of the application of *James Sanders* 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. V. Kinnitt and
2. Are you acquainted with _____, the applicant; if so, how long have you known him?
40 years
3. Where does he reside, and how long and since when has he been a resident of this State?
Dekalb Co. 74 years
4. When, where and in what company and regiment did he enlist, and how do you know?
Spring 1864. I do not know.
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty?
7. When and where was his command surrendered?
8. Were you present when it surrendered?
9. Was applicant present?
10. If he was not present, where was he?
home after the war was over

When did he leave his command? *he came after the war was over*

By what authority he left? *I do not know* How do you know all of this?
I know he went to the army

11. What property, effects or income has the applicant? (Give your means of knowledge.)
nothing
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same?
nothing
Made no disposition
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
had nothing to convey
14. What is the applicant's occupation and physical condition?
he has no occupation. Physical condition is bad
15. Is the applicant unable to support himself by labor of any sort; if so, why?
I do not think he is

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
what little he did & by his children

17. What portion of his support for those four years was derived from his own labor or income?
I do not know

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

19. Who composes family? What property have they? Children's age and their earning capacity?
himself & wife

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

Sworn to and subscribed before me, this the

18 day of April, 1904

James R. George Ordinary.

J. V. Kinnitt
Witness.

STATE OF GEORGIA,

Dekalb COUNTY.

Personally came before me *Benj. A. Jones M.D.* and *G. O. James M.D.*, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

James Sanders, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Applicant, James Sanders, has chronic rheumatism contracted while serving in civil war. His heart has become affected from the rheumatism & he is now very much exhausted and unable to do any work. His vision is greatly dimmed and he is unable to see at night. His sight is greatly impaired.

and that we have no interest in said pension being allowed. *Benj. A. Jones M.D.*

Sworn to and subscribed before me, this, the

12 day of April, 1904

James R. George Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Dekalb COUNTY.

1. *James R. George* Ordinary, in and for said County, hereby certify that the applicant *James Sanders* resides in said County, and has been a bona fide resident of this State since the 22 day of Oct 1832 and that the witnesses, viz.: *J. V. Kinnitt*

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

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

I further certify that the tax digest of *Dekalb* County shows that applicant returned for taxation in his name in 1899 *nothing* Dollars of

property, and in 1900 *nothing* Dollars of property; in 1901

nothing Dollars of property; in 1902

nothing Dollars of property.

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

Witness my hand and seal of office, this 12 day of April, 1904

James R. George Ordinary,
of *Dekalb* County.

NOTE.

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

1904
James Sanders

Continued to
32-1904-
Continue to 34-1904
Dr.

June 9-1904
This man is *Stark*
for Ralls of 1904
or payment to him of
Prison certificate for
1904

W. H. Lindsey
Clerk of Prison

Georgia, I *James Sanders*
DeKalb County, make this affidavit
that I was not before the
Grand Jury of DeKalb County at the
March Term 1903 neither was I
gratified to appear before the Grand
Jury and make out a claim for
Pension. or Pique. I was
dressed *James Sanders*
Sinner to and
Subscribed before me
April 18th 1904
James R. George
Ordinary

3no. W. Lindsey,
Commissioner of Pensions,
Atlanta, Ga.

PENSION OFFICE,

March 26, 1904.

To James Sanders

Decatur, DeKalb County, Ga.

Sir:

You are hereby notified to furnish to this office on or by the 10
day of April 1904, sufficient competent evidence, why you should
not be stricken from the Indigent Pension Roll of
DeKalb County, for cause stated below, preferred against you
by Grand Jury.

This evidence must be first-class, made before Ordinary of your County, clearly
and distinctly showing, beyond doubt, your right to this Pension under the law.

1-- Were you before the Grand Jury of DeKalb County at the March
Term 1903. Were you notified to appear before the Grand Jury
and take out your claim for a Pension.

2-- Show cause by a new application and proof your Indigency and
Inability to earn a support; and your full right to the Indi-
gent Pension of Georgia.

Respectfully,

Commissioner of Pensions.

DISAPPROVED

NAME Sanders, James . YEAR 1904 COUNTY DeKalb
(previously drew a pension)

WHEN AND WHERE BORN? Resident of Georgia continuously since
October 14, 1830 (74 years old)

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Company , 48th Regt.

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.

lw

(Additional information)

NAME Sanders, James

YEAR 1901 COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Ga. since October 14th. 1830.

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Co. I, 48th. Regt. Ga. Infantry

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.

JWT

NAME Sanders, James

YEAR 1911

COUNTY DeKalb

WHEN AND WHERE BORN? October 14th 1832, Hall County, Georgia.

ENLISTED WHEN AND WHERE? 1862, Lawrenceville, Georgia.

RANK

COMPANY AND REGIMENT? Company I, 48th Georgia Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 9th 1865, Appomattox Court House, Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

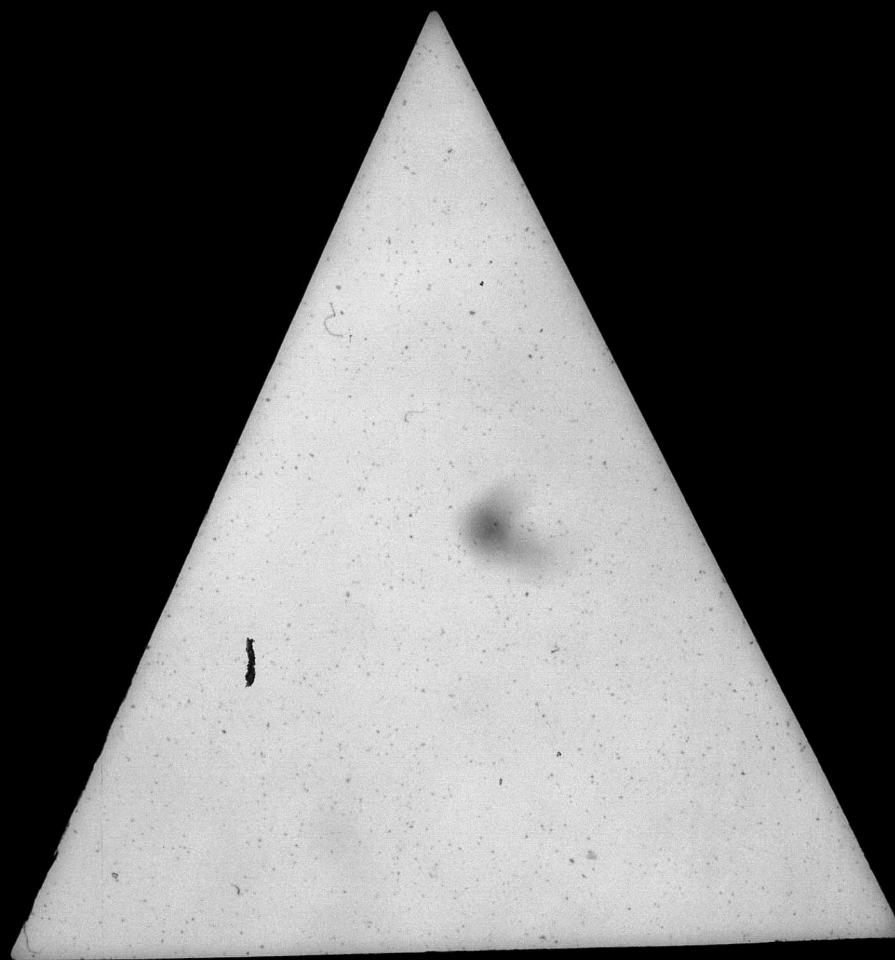
BURIED,

WITNESSES. D. J. Bailey-

Same command-

No data.

CB



Not on 9/2th
Bottles

Sanders, Julia
Oct 1915
DeKalb Co

Widow ^{No.} John Henderson

Widow's Application

UNDER ACT 1910.

☒ Who Lost a Husband During War as a
Soldier, Remarried and is Now
a Widow.

County DeKalb
Name Julia Sanders

Soldier Husband's Name

John Henderson

Company A

Regiment 12th Battalion

Name of Late Husband

James Sanders

Approved Mr. J. W. Lindsey

J. W. LINDSEY,

Commissioner of Pensions.

Chas. F. Byrd, State Printer, Atlanta.

10/20/14

STATE OF GEORGIA,

Dekalb County.

Personally before me comes Mrs. Julia Sanders of said county who after being sworn on oath says that she became the lawful wife of John Henderson on the day of Oct 12th 1862 and that he did on the 28 day of Sept 1862 enlist in Company A-12 Ga Regiment and was on the 13 day of Sept 1863 ~~enlist~~ died as the result of an injury received while in line of duty on the 13 day of Sept 1863, leaving this applicant, his widow. That on the 7 day of Dec 1871 she was married to James Sanders of Dekalb County, and that on the 10 day of Aug 1874 in the county of Dekalb State of Ga, the said James Sanders died and that this deponent is now a widow.

That she was on the 4th day of November, 1908 or at the death of her last husband left in the use possession and control of the property. Stated in schedule (A)

acres of land cash value of Nothing
Horses or mules Nothing
Hogs and cows and other stock Nothing
money, notes, etc. Nothing
actual income and savings Nothing

Total Nothing

SCHEDULE B.

That since the 4 of November, 1908 or the death of her husband, she has sold or given away the following property of the cash value nothing as follows nothing

Total value nothing

and that the proceeds were disposed of nothing

SCHEDULE C.

That she is now in the use, possession and control of the following property at the cash value attached

acres of land of the cash value nothing
Horses and cows of the cash value nothing
Hogs and other stock nothing
Cotton and other farm Products, worth nothing

Total value of all property Nothing

and that the valuation of all of said property, is stated at its true cash value.

Sworn to and subscribed to by me this 22 day of Oct 1914
James R. George Ordinary. Julia Sanders
Dekalb County work

Affidavit of the Witness to the Service and Death of Soldier
Husband and Her Marriage.

STATE OF GEORGIA,

Dekalb County.

Personally before me comes J. B. Still who after being duly sworn on oath says that he knew John Henderson that he enlisted in Company A-12 Ga Regiment on the 28 day of Sept 1862 and that on the 13 day of Sept 1863 he was killed or died as the result of the injury received while in line of duty as a soldier, in the Confederate army, and that he knows Mrs.

Widow's Application

UNDER ACT 1910.

Who Lost a Husband During War as a
Soldier, Remarried and is Now
a Widow.

County Dekalb
Name Julia Sanders

Soldier Husband's Name
John Henderson

Company A
Regiment A-12 Ga Battalion

Name of Last Husband
James Sanders

Approved
J. W. LINDSEY,
Commissioner of Pensions.
Chas. P. Byrd, State Printer, Atlanta.

10/30/14

1872 and that she was his widow at his death, that he knows that the said James Sanders married again on the 19 day of 19 to one John Sanders and that her said husband John Sanders died on the 5 day of July 1914 and that the John Sanders applicant is now a widow.

Sworn to and subscribed before me this 22 day of August 1914
J. M. George Ordinary.
of DeKalb County J. B. Thompson

Affidavit of the Witness to the Property and its Value.

STATE OF GEORGIA.

DeKalb County. J. B. Thompson
Personally before me James R. George who after being sworn on oath says that they are Free Holders of said County of DeKalb and that they know John Sanders and that she was on the 4th day of November or at the death of her last husband, on the 5 day of July 1914 and that he left her in the use, possession and control of property at its true cash value, as follows.

SCHEDULE A.

Nothing
Lands.....whose cash value Nothing
Horses.....mules.....
Cows hogs and other stock.....
Money, notes and accounts.....
All other property.....
Total cash value of all property.....

SCHEDULE B.

We know that since the 4th November, 1908 or since the death of her last husband she has sold or given away property of the cash value of to-wit:
had no land
land worth.....
Horses and mules.....
Cows, hogs and stock of all kind.....
any and all other property.....
Total cash value.....
and we know that the proceeds of this property were.....its full cash value and was disposed of (State fully.)
Nothing

SCHEDULE C.

We know that the applicant is now in the use, possession and control of property of the actual cash value as follows, to-wit:
Nothing
Land of the cash value of.....
Horses and mules, cash value of.....
Cows hogs, and other stock.....
Wagon and Buggy.....
Other personal property.....
Money notes and accounts.....
Actual income and savings.....
Total cash value of all property.....
Nothing

Sworn to and subscribed before me this 22 day of Oct 1914
James R. George Ordinary
of DeKalb County James R. George
J. B. Thompson

STATE OF GEORGIA.

DeKalb County.

I James R. George an ordinary of said County and do certify that I know Mrs. John Sanders the applicant for Pension and that I know that she is the person that she represents herself to be, and that she is a bona fide continuing resident of said county, and was on the 4th day of November, 1908.

That I also know.....witness to the service, of Husband's marriage, and the death of Husband, and I also know James R. George whom I know to be resident and free-holder of said county, that all of said persons were duly sworn by me before signing their respective affidavits and that they are truthful and trustworthy persons and their statements are entitled to full faith and credit.

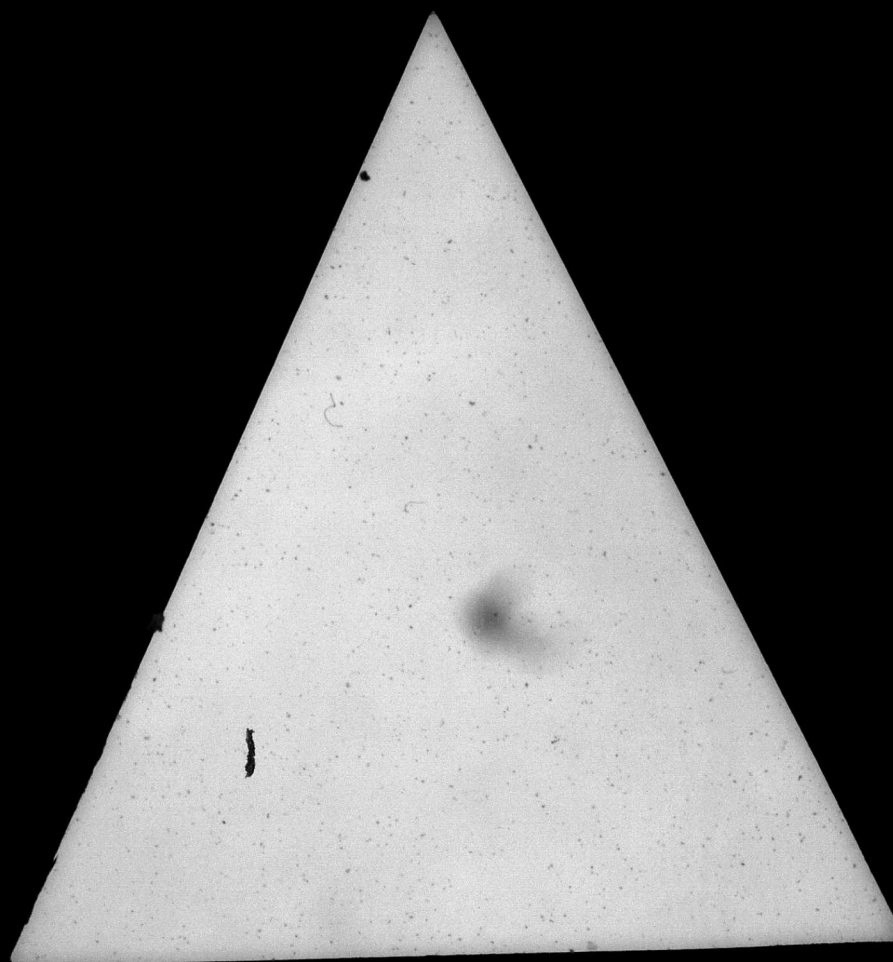
That the Tax Books of DeKalb County, shows nothing returned property to the amount of 1908.....for 1909.....for 190.....for 190.....

Given under my hand and official seal of affix, this 22 day of Oct 1914
James R. George Ordinary
of DeKalb County

Read this note.

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. All affidavits must be made before the ordinary of the County of the residence of the person to be sworn.
4. Only widows whose husbands died from wounds or injuries, received in line of duty before 26 April 1865, since married and is now a widow are entitled to this Pension.
5. Attach copies of marriage license of both marriages or prove marriage, by some who know it, or by general reputation.

Count Sanders was burned in Guinness County in 1870 so a copy of marriage license cannot be obtained I know of my own knowledge
Oct 22/14 James R. George Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I, _____ hereby authorize _____

of _____ County to receive and receipt for the pension allowed and that he
remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190 _____

Executed in presence of

Ordinary,

County.

L. S.

{SEAL}

Sanders, Mary Elizabeth
De Kalb County

No. _____

WIDOW'S
INDIGENT PENSION.

Name *Elizabeth Sanders*
County *De Kalb*
Widow of *Nathaniel L. Sanders*

Approved _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

9/27/08

County.

I, _____ hereby authorize _____
of _____ County to receive and receipt for the pension allowed and that he
remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190____

Executed in presence of

Ordinary,

L. S.

County.

SEAL.

WIDOW'S

INDIGENT PENSION.

No.

Name *Elizabeth Sanders*
County *Dekalb*
Widow of *Nathaniel L. Sanders*

Approved

JOHN W. LINDSAY,

Commissioner of Pensions.

WARRANT HANDED TO

OFFICE OF THE COMMISSIONER, STATE PRINTER, ATLANTA.

9/29/08

Dekalb County.

Elizabeth Sanders of said State and County, desiring to
avail herself of the pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly,
passed December 18, 1900, hereby submits her proofs, and after being duly sworn true answers to make to the
following questions, deposes and answers as follows:

1. What is your name and where do you reside? (*Give State, County and Postoffice.*)
Elizabeth Sanders, Dekalb County, Ga. Decatur
2. How long and since when have you been a resident of this State?
26 years July 14th 1832
3. When and where were you born?
July 14th 1832, Union County, Ga.
4. When and where was your husband born—state his full name, and when were you and he married?
(Attach copy marriage license in every case.) *Feb'y - 1852, Nathaniel L. Sanders*
5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States?
1862, Charleston, S.C.
6. How long did your husband serve in said Company and Regiment?
about 3 years
7. When and where did your husband's Company and Regiment surrender and was discharged?
April 1865, Greensboro, N.C.
8. Was your husband present at the time and place when his Company and Regiment surrendered?
he was
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority?
he was far from war was over
10. When and where did your husband die?
11. Which of the following grounds do you base your application for pension, viz.: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty?
Infirmary & Poverty
12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and when you lost your sight?
13. What has been your occupation since your husband's death?
I had no occupation
14. How much can you earn gross, by your own exertion or labor?
nothing
15. What property, real or personal, or income do you have or possess, and its gross value?
I have no property
16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1889, 1900, 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift have you made of the same?
nothing but household goods
17. In what counties did you reside in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what property did you return for taxation?
Dekalb County
18. How have you been supported since death of husband and especially for 1889, 1900, 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
by what little I could do by my own labor or income
19. How much did you support cost for each of these years, and how much did you contribute by your own labor or income?
about \$12.00
20. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907—how much did you receive for each year?
had no employment not able to work
21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property?
have no family no children
22. Have you ever made application for pension before?
one
23. How many applications have you made for a pension, and under what class?
one Indigent

Sworn to and subscribed before me this the

10 day of

August 1908

Ordinary

of

Dekalb County.

Elizabeth Sanders

Sanders, Mary Elizabeth
De Kalb County

STATE OF GEORGIA,

County.

Upson of said State and County, having been present as a witness in support of the application of Mrs. *Mary Elizabeth Sanders* for a Pension under the Act of 1900, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *John Stewart, Upson Co., Ga., P.O. Maconville, Ga. Phone No. 14*
2. Are you acquainted with the applicant, Mrs. *Mary Elizabeth Sanders*? *Yes - about 50 yrs.*
- If so, how long have you known her? *Yes - about 50 yrs.*
3. Where does she reside, and how long since when has she been a resident of this State? *In DeKalb Co. Ga. - representative of the State all of her life*
4. When and where was she born? *Aug. 14, 1872 in Upson Co. Ga.*
5. Were you ever acquainted with her husband? *Yes*
6. Where did she reside in 1891? *In DeKalb Co. Ga.*
7. When and to whom was he married? *Dec. 13, 1857 to Mary Eliza DeLoach*
8. When and where was he born? *Feb. 1832 in Upson Co. Ga.*
9. How long have you known him? *About 50 yrs.*
10. When and where did *William L. Sanders* enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? *March 1862 in 1st Co. 1st Regt. S.C. - Iowa member of same Co.*
11. Were you a member of the same Company and Regiment? *Yes*
12. How long did he perform regular military duty? *About 3 yrs.*
13. When and where was his Company and Regiment surrendered and discharged from service? *April 20, 1865 at Greensboro, N.C.*
14. Were you with the Command when it surrendered? *Yes*
15. Was *William L. Sanders* the husband of applicant present? *Yes*
16. If not present, where was he?
17. When and where did he leave his Command?

For what cause?

By whose authority he left?

How do you know all this? (State fully and clearly.) *I was a member of the same company*

18. When and where did *William L. Sanders* die? *He never came from prison to be a member of Georgia*
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
20. Do you of your own knowledge know that applicant is the lawful widow of _____
21. Has she remained unmarried since her soldier husband's death, and is now his widow?
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge?
23. What property, effects or income did applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition did she make of it?
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom?
25. What is applicant's physical condition and her chances and ability to earn a support?

27. How was she supported for 1903, 1904, 1905, 1906 and 1907?
28. How much did applicant contribute to her support for last two years?
29. Give a full and complete statement of applicant's physical condition?

30. What interest have you in the recovery of this pension by the applicant? *None*

Sworn to and subscribed before me this *14* day of *Aug* 190*8* *John Stewart* Ordinary, *Upson* County.

Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,

County.

Personally before me come *Dr. J. Houston M.D.* and *Dr. J. G. Goss J.M.D.*, both known to me to be reputable physicians of said County who, being severally sworn, say on oath that they have examined carefully Mrs. *Elizabeth Sanders*, applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this: *Fracture of neck of femur which causes her to use a crutch, when old age, physical condition extremely weak, eye sight bad, totally unable to make a living at any kind of labor. dependent of on County for support, and we have no interest in said pension if allowed.*

Sworn to and subscribed before me this _____ day of _____ 190____ *Dr. J. Houston M.D.* Ordinary, *Upson* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, *J. E. F. Matthews* Ordinary, in and for said County, hereby certify that the applicant, Mrs. _____, and has been a bona fide resident of this State since the _____ day of _____ 18____, and that the witnesses, Mr. *John Stewart* are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed.

I further certify that the tax digest of _____ County shows that applicant returned for taxation in her own name in 1899 _____ dollars worth of property, and in 1900 _____ dollars worth of property, in 1901 _____ dollars worth of property, in 1902 _____ dollars worth of property, and in 1903 _____ dollars worth of property.

Witness my hand and official seal this *14* day of *Aug* 190*8* *J. E. F. Matthews* Ordinary, *Upson* County.

- NOTE.—1 Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God."
2. Additional affidavits may be attached. If blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since the 9th of April, 1865, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy of marriage license in every case, or show why it cannot be obtained.



J. E. F. NEATHERS, ORDINARY
ATTORNEY AT LAW

Thomaston, Ga.

#764

Nathaniel L. Sanders & Mary Eliz. DeLoach

Dec. 7.

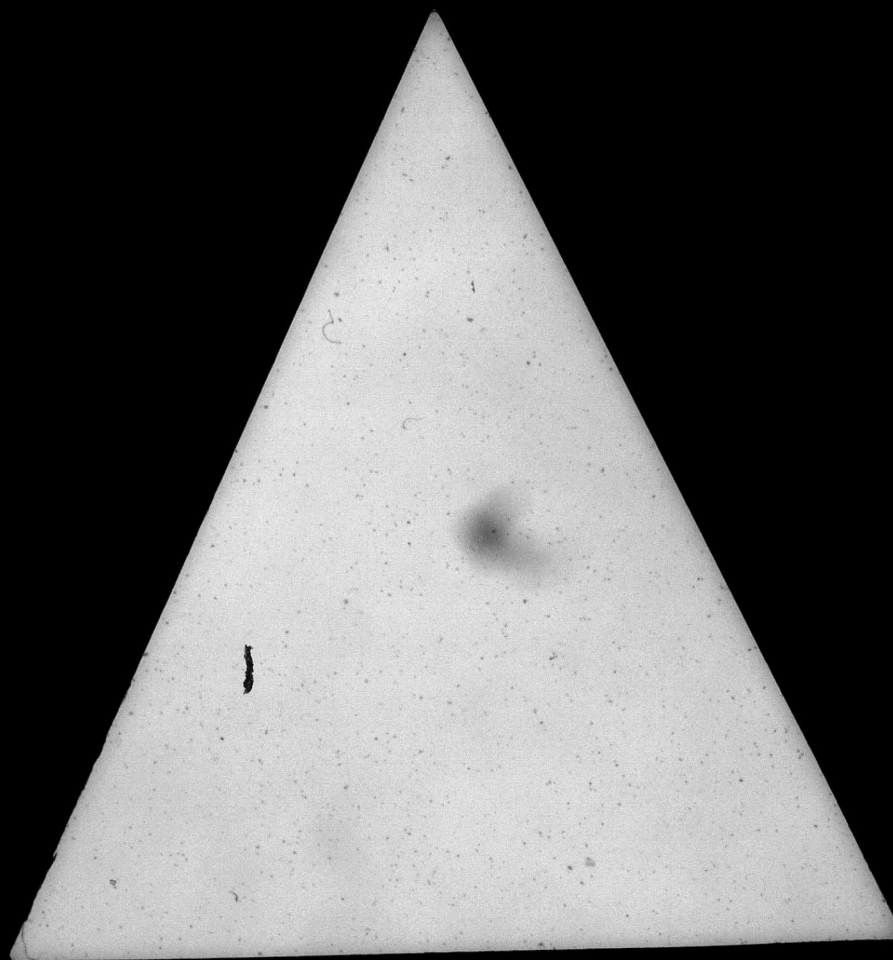
Georgia, Upson County.

I certify that Nathaniel L. Brown & Mary Elizabeth DeLoach were duly joined in Matrimony by me, this 13th day of December, 1857.

H. J. Wheless, J. P.

I hereby certify the foregoing to be a true copy from the record in my office, Given under my official signature and the Seal of the Court of Ordinary of Upson County, Georgia, this 14th day of August, 1908.

J. E. F. Neathers
Ordinary Upson County, Georgia.



*Certified copy
record inscribed.*

*Record Written by
S. Sanders, Wm. O. (Mrs)
E. J. W.
DeKalb Co. 1938*



Widow's Application

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

County DeKalb
Name Mrs. Willie O. Sanders
Widow of Newton Sanders
Date of Marriage Jan. 27 1897
Date of Husband's Death Apr. 30 1929
Company _____
Regiment _____
Approved DEC 27 1937 193
Wm. O. Sanders
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. Willie O. Sanders

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 Mrs. Fannie S. Wilkinson

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)

W. 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. 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. The application for marriage certificate is vague 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. Willie O. Sanders 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.

- What is your name, and where do you reside? (Give Post Office and County) Mrs. Willie O. Sanders - 279 Elmira Pl. Atlanta, DeKalb Co., Ga.
- How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All life
Give date, or year, of your birth. December 1, 1862 Age? 68
- (1) When, (2) where and (3) to whom were you married? Married January 27, 1887 in Gordon, Ga. to Newton Sanders
- a. Have you married since the death of first and soldier husband? No
- b. When and where did your first husband die? April 30, 1929 in Twiggs County
- c. Were you residing together when he died? Yes
- d. If not, how long had you resided apart? X
- e. Are you now a widow? Yes
- f. Have you or your husband heretofore been paid a pension by the State? Husband received pension from Twiggs County
- g. If so, when and for what cause were you or your husband placed on the roll? Service in Confederate Army

SECTION II.

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

- 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.

- When and where did the Commands of your husband surrender or discharge from the Service?
- Was your husband personally present with his Command when it was surrendered or discharged?
- If he was not present, state specifically and clearly where he was?
- 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?
- 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 his Command?
- Was he captured by the enemy at any time?
- If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

26 day of July, 1937.

V. S. Morgan Ordinary

of DeKalb County.

(SEAL OF ORDINARY)

Mrs. Willie O. Sanders
Applicant.

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. Willie O. Sanders 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 Mrs. Fannie S. Wilkinson 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:

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

AUG 11 1937

Certified copy
to San Diego, Cal.
Wm. H. H.



Widow's Application

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

County DeKalb
Name Mrs. Willie O. Sanders
Widow of Newton Sanders
Date of Marriage Jan. 27 1887
Date of Husband's Death Apr. 30 1929
Company _____
Regiment DEC 27 1937
Approved V. S. Morgan Director.

State of Georgia,

County of _____

Before me, the Ordinary of said County, comes Mrs. _____, 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 _____

_____ day of _____, 193_____

_____, Ordinary,

_____ County.

STATE OF GEORGIA,

DeKalb

COUNTY.

Mrs. Fannie S. Wilkinson of said State and County is hereby presented as a witness in support of the application of **Mrs. Willie O. Sanders** 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) **Mrs. Fannie S. Wilkinson - 279 Elmira Pl., Atlanta, DeKalb Co., Ga.**
2. How long and since when have you known **Mrs. Willie O. Sanders** applicant **All life - Sisters**
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? **279 Elmira Pl., Atlanta, Ga. Been citizen all life**
4. When and to whom was she married? **Jan 27, 1887 to Newton Sanders** How do you know? **Present at wedding**
5. How long and since when did you know **Newton Sanders** her husband? **January 27, 1887**
6. When and where did **Newton Sanders** the husband of applicant, die? **Died April 30, 1929 in Twiggs County**
7. Were the applicant and her husband living together as husband and wife at the date of his death? **Yes**

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

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 _____

26 day of **July**, 193**7**.

W. S. Mason, Ordinary,
of **DeKalb** County.

(SEAL OF ORDINARY)

Mrs. Fannie S. Wilkinson
(Witness)

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS:

MRS. WILLIE O. SANDERS, WIDOW OF NEWTON SANDERS,

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

ORDERED:

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

This, the 27th day of December 1937.

L. T. Gillen
Director, Confederate Division
State Department of Public
Welfare



Stanley Jones. THE VETERANS SERVICE OFFICE

405

STATE CAPITOL

ATLANTA, Ga., July 20, 1937.

XXXXXXXXXX
DIRECTOR

C. ARTHUR CHEATHAM,
ASST. DIRECTOR

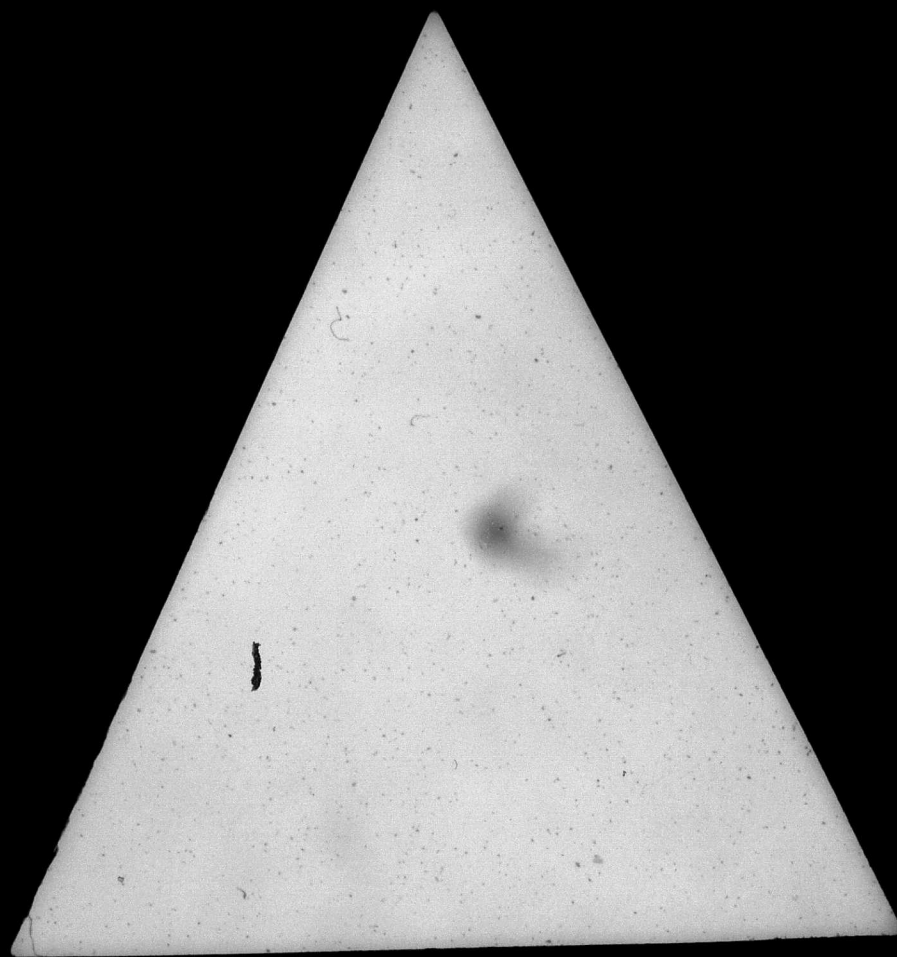
MISS LILLIAN HENDERSON,
ASST. DIRECTOR

Unpublished records compiled for the State of Georgia by
Lillian Henderson show that

Newton Sanders enlisted in Wilkinson County, Ga., as a
private in Co. I, 8th Regiment Georgia Militia May 1864.
Sick in Macon, Ga. hospital close of war.

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

Lillian Henderson
Assistant Director.



Form No. 5.
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.



Sappington, M. E.
Bexhall County

1891.

No. 788

Widows' Pension

— PAID TO —

Mrs. M. E. Sappington
— OF —
S. K. Kall 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,



Widows' Pension

PAID TO —

Orville Delaplain
OF
De Kalb County,
COUNTY.

\$100.00.

Warrant Issued

AND HANDED TO

1891

THE W. H. HARRISON, SING & PRINTER, ATLANTA.

1891.

Dec. 1888

Appointed M. E. De Kalb County

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of _____

In person came before me, the undersigned Ordinary

in and for the County of _____

Mrs. _____, who being sworn according to law, says under oath that she is the widow of _____, who was a soldier in the service of the Confederate States, and served as a member of Company _____, of the _____

Regiment of _____ Volunteers; that he enlisted in said service on or about the _____ day of _____ 1862, and was in the _____ Army up to _____ 1862. That while in the Army, he was on the _____ day of _____ 186 _____, (See Note No. 1)

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the _____ day of _____ 185 _____, and that she has resided in Georgia continuously since the _____ day of _____ 18 _____; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

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

Ordinary.

M. E. Taffington

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

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of *De Kalb*

In person came before me, the undersigned Ordinary

in and for said County, witnesses

and *Levi J. Smith* and *C. C. Carroll* (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. *M. E. Sappington*, of the County of *De Kalb*, State of Georgia, is the widow of *John Sappington*, who was a soldier in Company *D* of the *Georgia* Regiment of *Georgia* Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the *28* day of *June* 186*2*. That while in said service, or by reason of said service in the Army, he lost his life as follows:

He died of disease while in service as a soldier was carried to a hospital in Richmond Va where he died on the 3rd day of June 1862.

We further swear that Mrs. *M. E. Sappington* 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

20 day of *April* 1891.

W. M. Rogadae
Ordinary.

Levi J. Smith
C. C. Carroll

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

Form No. 3.

STATE OF GEORGIA,

County of *De Kalb*

I, *W. M. Rogadae* Ordinary

in and for said County of *De Kalb*

State of Georgia, hereby certify that I am acquainted with Mrs. *M. E. Sappington* 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

20 day of *April* 1891.



W. M. Rogadae
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, *M. M. Rogers*, Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
M. E. Sappington the applicant for a pension in this case, and
know, from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), that she resides in this County, and that she resided in the State of Georgia on
December 23, 1860, and has not lived out of the State since that date. That she is the
widow of *J. P. Sappington* 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 *19th* day of *January*, 1894.

{ SEAL }

Ordinary.

Form No. 8.

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

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

Executed in the presence of us:

[L. S.]

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

WARRANT ISSUED	WIDOWS' PENSION,	No. <i>1674</i>	<i>Sappington, M. E.</i> <i>De Kalb County</i> FOR THOSE HERETOFORE PAID.
AND HANDED TO <i>M. E. Sappington</i> 1894.	—OF— <i>M. M. E. Sappington</i> <i>De Kalb</i> COUNTY.	for year ending February 15th, 1894. —PAID TO—	
Geo. W. HARRISON, State Printer, ATLANTA.			1894.

STATE OF GEORGIA,
County of *De Kalb*

Personally comes Mrs.

M. E. Sappington

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

De Kalb

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

continuously ever since *Jan 3rd*

1836 That she is the Widow of

who was a Soldier in Company

I

of the

44th

Regiment of

Ga

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

May

1862 and served in the Army up to *June*

1862 That he lost his

life on the

3rd

day of

June

1862 (State here

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

*Had measles and died in a
Hospital at Richmond Va on
date above stated*

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

Sworn to and subscribed before me, this

19th

day of

Jan

1894.

Ordinary.

M. E. Sappington

Post-office

STATE OF GEORGIA, County of De Kalb
I, M. E. Sappington Ordinary in, and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
M. E. Sappington 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 E. Sappington 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
15th day of Oct 1893.



POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.
Know ALL MEN BY THESE PRESENTS, That I, M. E. Sappington
of De Kalb County, in said State, do hereby appoint
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 affi-
davit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th
day of Oct 1893.

Executed in the presence of us:

M. E. Sappington [L. S.]
M. E. Sappington
M. E. Sappington

Send amount by _____ to
me at _____, and oblige

Widow's Pension,
for year ending February 15th, 1893.
M. E. Sappington
—PAID TO—
De Kalb COUNTY.
—OF—
Warrant Issued
2/1
M. E. Sappington
AND HANDED TO
1893
Geo. W. Harrison, State Printer, Atlanta.

No. 1033

1893.

Sappington M. E.
De Kalb County
FOR THOSE HERETOFORE PAID.

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

Form No. 2.

STATE OF GEORGIA, County of De Kalb
I, M. E. Sappington Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
M. E. Sappington the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), that she resides in this County, and that she resided in the State of Georgia on
December 23, 1890, and has not lived out of the State since that date. That she is the
widow of J. E. Sappington 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 21st day of Jan 1895.



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

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

Executed in the presence of us:

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

WIDOW'S PENSION,
for year ending February 15th, 1895.
M. E. Sappington
—PAID TO—
De Kalb COUNTY.
—OF—
WARRANT ISSUED
28 Jan
AND HANDED TO
Applicant
1895.
Geo. W. Harrison, State Printer, Atlanta.

1895.

FOR THOSE HERETOFORE PAID.

Sappington M. E.
De Kalb Co
FOR THOSE HERETOFORE PAID.

STATE OF GEORGIA,

County of *De Kalb*

Personally comes Mrs.

M. E. Sappington

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

De Kalb

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

continuously ever since *Oct* 18*86* That she is the Widow of*John Sappington* who was a Soldier in Company*I* of the *144th* Regiment of *Georgia*Volunteers, that he enlisted in said Regiment on or about the month of *May*186*2* and served in the Army up to *June* 186*2* That he lost his

life on the _____ day of _____ 18____ (State here

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

*He had measles and relapsed
was sent to a hospital in
Richmond Va where he died on
the 22^d of June 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, that she became his wife in the year 18*84*; 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

1st day of *Feb* 1893.*M. E. Sappington* Ordinary.

Post-office

**314 Whitehall St
Atlanta, Ga*

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

M. E. Sappington

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

De Kalb

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

continuously ever since *Oct* 18____ That she is the Widow of*John Sappington* who was a Soldier in Company*I* of the *144th* Regiment of *Georgia*Volunteers, that he enlisted in said Regiment on or about the month of *May*186*2* and served in the Army up to *June* 186*2* That he lost his

life on the _____ day of _____ 1862 (State here

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

*He had measles and relapsed
was sent to a hospital in
Richmond Va where he died on
the 22^d of June 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, that she became his wife in the year 18*84*, 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

21st day of *June* 1895.*M. E. Sappington* Ordinary.

Post-office

**314 Whitehall St
Atlanta, Ga*

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.
M. E. Sappington the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived
out of the State since that date. That she is the widow of J. V. Sappington
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 31st day of Jan 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.

[L. S.]

Executed in the presence of

WIDOW'S PENSION,
for year ending February 15th, 1896.
PAID TO
Mrs. M. E. Sappington
OF
De Kalb County.
widow of J. V. Sappington
WARRANT ISSUED
2/1
AND HANDED TO
M. A. Carroll
1896.
Geo. W. Harrison, State Printer.

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.
M. E. Sappington the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not
lived out of the State since that date. That she is the widow of J. V. Sappington
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 18th day of Jan 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.

[L. S.]

Executed in the presence of

WIDOW'S PENSION,
for year ending February 15th, 1897.
PAID TO
Mrs. M. E. Sappington
OF
De Kalb County.
widow of J. V. Sappington
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
1/29
AND HANDED TO
M. A. Carroll
1897.
Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

M. E. Sappington

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. H. Sappington

who was a Soldier in Company

I of the *44th*

Regiment of

Ga.

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

May

1862 and served in the Army up to

186

That he lost his

life on the

30 day of *June*

1862

(State here

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

Had measles while in service and died of the disease in 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, that she became his wife in the year 1858,

that Georgia is her home and she resided in this State 23d day of December, 1890, and has not

lived in any other State or locality since that date. I have been allowed a pension as a resident of

County for the year ending February 15th, 1895, and now apply for

the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

31st day of *Jan*

1896.

W. M. Rogers

Ordinary.

Post-office

M. E. Sappington

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

M. E. Sappington

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

De Kalb

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

continuously ever since

Oct 20th

1836

That she is the Widow of

J. H. Sappington

who was a Soldier in Company

I of the *44th*

Regiment of

Ga.

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

May

1861

and served in the Army up to

June

1862

That he lost his

life on the

30th

day of *June*

1862

(State here

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

Had measles while in service and died at Richmond Va on the date above given.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,

and that she has never married since his death aforesaid, that she became his wife in the year 1853,

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, 1890, and now apply for

the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this

18th day of *Jan*

1897.

W. M. Rogers

Ordinary.

Post-office

M. E. Sappington

State of Georgia, De Kalb County.

I, M.E. Sappington hereby authorize M.E. Sappington
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 21/27
day of Dec 1898.

Executed in the presence of

W. G. Weaver

W. G. Weaver

W. G. Weaver

For Those Heretofore Paid.

1898.

NO. 2570

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. M.E. Sappington

OF

De Kalb County,

Widow of T. J. Sappington

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

2/1

1898.

AND HANDED TO

W. A. Curry
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 _____

For Those Heretofore Paid.

1899.

NO. 2229

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. M.E. Sappington

OF

County

De Kalb

Widow of J. J. Sappington

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1/30
AND HANDED TO

1899.

W. A. Curry

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

M. E. Sappington

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

De Kalb

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

continuously ever since

Oct

1836

That she is the Widow of

J. T. Sappington

who was a Soldier in Company

1

of the

44th

Regiment of

Pa

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

May

186*2* and served in the Army up to

June

1862

That he lost his

life on the

30

day of

June

1862

(State here

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

Had Measles and died of the disease at Richmond Va.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18*53*.

I have been allowed a pension as a resident of *De Kalb* County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this

21st

day of

Jan

1898.

M. M. Ragsdale Ordinary.

Post-Office

State of Georgia,

De Kalb

County.

M. M. Ragsdale

Ordinary of said County, certify that I am well acquainted

with Mrs. *M. E. Sappington*

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

21st

day of

Jan

1898.

Official Seal.

Ordinary of

De Kalb

County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

M. E. Sappington

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

De Kalb

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

continuously ever since

Oct

1836

That she is the Widow of

J. T. Sappington

who was a soldier in Company

1

of the

44th

Regiment of

Pa

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

May

186*2* and served in the Army up to

June

1862

That he lost his

life on the

30th

day of

June

1862

(State here

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

Had measles and died at 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*53*.

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

9

day of

Jan

1899.

M. M. Ragsdale Ordinary.

Post-Office

M. E. Sappington

State of Georgia,

De Kalb

County.

M. M. Ragsdale

Ordinary of said County, certify that I am well acquainted

with Mrs. *M. E. Sappington*

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

Oct

1836

Given under my official signature and seal this the

9

day of

Jan

1899.

M. M. Ragsdale

Ordinary of

De Kalb

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, Mrs M. E. Sappington hereby authorize

Alice Sappington 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 12

day of Jan 1901.

[L. S.]

Executed in presence of

Wm. C. Sappington
Ordinary.

Sappington, M. E. Mrs.
De Kalb County
To Those Heretofore Paid.

1900.

NO. 1059

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. M. E. Sappington

OF
De Kalb County,

Widow of J. S. Sappington

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Feb 14 1900,

AND HANDED TO

Wm. C. Sappington

Geo. W. Harrison, State Printer, Atlanta.

Sappington, M. E. Mrs.
De Kalb Co.

To Those Heretofore Paid.

1901.

NO. 370

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. M. E. Sappington

OF
De Kalb County.

Widow of J. S. Sappington

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Aug 31 1901,

AND HANDED TO

Alice Sappington

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

M. E. Sappington

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

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

continuously ever since

1836

That she is the Widow of

who was a soldier in Company

I

Regiment of

44th

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

1862 and served in the Army up to

1862

That he lost his

life on the

day of

1862

(State here

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

had measles and died of the disease at Richmond Va.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1853.

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

day of

1900.

Ordinary.

M. E. Sappington

Post Office

State of Georgia,

County.

Ordinary of said County, certify that I am well acquainted

with Mrs. *M. E. Sappington*, who made the above affidavit and am satisfied

that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the

day of

1836

Given under my official signature and seal, this the

78th

day of

1900.

Official Seal.

T. M. Brantley

Ordinary of

De Kalb

County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

M. E. Sappington

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

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

continuously ever since

1836

That she is the Widow of

who was a soldier in Company

I

of the

Regiment of

44th

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

1862 and served in the Army up to

1862

That he lost his

life on the

day of

1862

(State here

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

had measles died at Richmond Va.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1853.

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

day of

1901.

Ordinary.

M. E. Sappington

Post Office

State of Georgia,

County.

Ordinary of said County, certify that I am well acquainted

with Mrs. *M. E. Sappington*, who made the above affidavit and am satisfied

that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the

day of

1836

Given under my official signature and seal, this the

12th

day of

1901.

Official Seal.

M. M. Ragsdale

Ordinary of

De Kalb

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, *M. E. Sappington*, hereby authorize
M. E. Sappington of *Atlanta*
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____

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

M. E. Sappington. [L. S.]

Executed in presence of

Wm. Rogers
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, *Mrs. M. E. Sappington*, hereby authorize
M. E. Sappington of *Atlanta*
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____

In Witness Whereof, I have hereunto set my hand and seal, this *17*
day of *Jan* 1903.

M. E. Sappington. [L. S.]

Executed in presence of

W. P. Chandler
Wm. Rogers
Ordinary

Sappington, M. E. (Mrs.)
De Kalb County

To Those Heretofore Paid.

1902.

No. *228*

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. Sappington M. E.
De Kalb County,
Widow of *M. E. Sappington*
Co. I Regiment #4th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDLED TO

M. E. Sappington
De Kalb County

Sappington, M. E. (Mrs.)
De Kalb County

To Those Heretofore Paid.

1903.

No. *240*

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. M. E. Sappington
De Kalb County,
Widow of *M. E. Sappington*
Co. I Regiment #4th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1903.

AND HANDLED TO

M. E. Sappington
De Kalb County

JOHN W. LINDSEY, COMMISSIONER OF PENSIONS.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of *De Kalb*

PERSONALLY COMES MRS.

M. E. Sappington

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 '36*. That she is the Widow of

M. E. Sappington who was a soldier in Company *I* of the *44th* Regiment of *Ca*

Volunteers; that he enlisted in said regiment on or about the month of *May* 1862, and served in the Army up to *June* 1862. That he lost his life on the *30th* day of *June* 1862. (State here

particulars of the husband's death, when, where and from what cause.) *Had measles and died in 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 1853.

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 *10* day of *Jan* 1902. *M. E. Sappington*, Ordinary. Post-Office

State of Georgia, *De Kalb* County. I, *W. M. Ragsdale*, Ordinary of said County, certify that I am well acquainted with Mrs. *M. E. Sappington*, 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* 1836.

Given under my official signature and seal, this the *10* day of *Jan* 1902. *W. M. Ragsdale*, Ordinary of *De Kalb* County.

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of *De Kalb*

PERSONALLY COMES MRS.

M. E. Sappington

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 '36*. That she is the Widow of

M. E. Sappington who was a soldier in Company *I* of the *44th* Regiment of *Ca*

Volunteers, that he enlisted in said regiment on or about the month of *May* 1862, and served in the Army up to *June* 1862. That he lost his life on the *30th* day of *June* 1862. (State here

particulars of the husband's death, when, where and from what cause.) *Had measles and died in 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 1853.

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 *Jan* 1903. *M. E. Sappington*, Ordinary. Post-Office

State of Georgia, *De Kalb* County. I, *W. M. Ragsdale*, Ordinary of said County, certify that I am well acquainted with Mrs. *M. E. Sappington*, 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* 1836.

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.

M. E. Sapington hereby authorize
F. O. Sapington of Fulton County
 to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs M. E. Sapington at Atlanta

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16
 day of January 1904.

M. E. Sapington [L. S.]

Executed in presence of
James R. 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

TO THOSE HERETOFORE PAID.

1904.

No. 300

WIDOW'S PENSION

FOR
 YEAR ENDING DECEMBER 31, 1904

PAID TO

Mrs M. E. Sapington

OF

DeKalb County,

Widow of J. T. Sapington

Co. 3 Regiment 44

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT ISSUED

135 1904.

AND HANDED TO

F. O. Sapington
DeKalb County

Geo. W. Harrison, State Printer, Atlanta.

To Those Heretofore Paid.

1905.

No. 232

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

Mrs M. E. Sapington

OF

DeKalb County,

Widow of J. T. Sapington

Co. 3 Regiment 44

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT ISSUED

173 1905.

AND HANDED TO

[Signature]

Geo. W. Harrison, State Printer, Atlanta.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1.

STATE OF GEORGIA,

County of DeKalb

PERSONALLY COMES MRS.

M.E. Sappington

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 1836

That she is the Widow of J. F. Sappington who was a soldier in Company

of the 44th Regiment of GA

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

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

life on the 30 day of June 1862 (State here

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

Had measles died 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 53

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 16 day of Jan 1904. James R. George Ordinary. Post Office E. Fourteen White Hall

State of Georgia, DeKalb County. I, James R. George Ordinary of said County, certify that I am well

acquainted with Mrs. M.E. Sappington 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 Oct 18 36

Given under my official signature and seal, this the 16 day of Jan 1904.

Official Seal

James R. George Ordinary of DeKalb County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of DeKalb

PERSONALLY COMES MRS.

M.E. Sappington

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. F. Sappington who was a soldier in Company

of the 44th Regiment of GA

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

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

life on the 30 day of June 1862 (State here

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

died in Richmond Hospital measles June 30 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, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this 12th day of Jan 1905. James R. George Ordinary. Post Office M.E. Sappington

State of Georgia, DeKalb County. I, James R. George Ordinary of said County, certify that I am well

acquainted with Mrs. M.E. Sappington 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 Jan 18

Given under my official signature and seal, this the 12th day of Jan 1905.

Official Seal

James R. George Ordinary of DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.

I, Mrs M. E. Sappington, hereby authorize
J. O. Sappington of Atlanta Ga

to receive and receipt for the pension paid hereon, and request that he remit same to
M. E. Sappington at

In Witness Whereof, I have hereunto set my hand and seal, this 17th

day of January 1906.

M. E. Sappington [L. S.]
Executed in presence of
James R. George
Ordinary

Sappington, M. E. Mrs
De Kalb Co.

To Those Heretofore Paid. 37

1906.

No. 222

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs M. E. Sappington
OF
De Kalb County,
Widow of J. O. Sappington
Co. D Regiment 44th Ca

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT ISSUED

122 1906,
AND HANDED TO

J. O. Sappington

Sappington, M. E. (Mrs)
De Kalb County

To Those Heretofore Paid.

1907.

No. 210

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO
Mrs M. E. Sappington
OF
DeKALB County,
Widow of J. O. Sappington
Co. D Regiment 44th Ca

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT ISSUED

121 1907,
AND HANDED TO

J. O. Sappington

Geo W Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKALB COUNTY.

I, Mrs M. E. Sappington, hereby authorize
J. O. Sappington

to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs M. E. Sappington at

In Witness Whereof, I have hereunto set my hand and seal, this 12th

day of January 1907.

M. E. Sappington [L. S.]
Executed in presence of
James R. George
Ordinary

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of DeKalb

PERSONALLY COMES MRS.

M. E. Sappington

who, being sworn, says on oath that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 1836. That she is the Widow of Jno. T. Sappington who was a soldier in Company D of the 44th Georgia Regiment of

Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to June 1862. That he lost his life on the 30th day of June 1862 (State here

particulars of the husband's death, when, where and from what cause.)
Died in Richmond hospital June 30th 1862
of measles

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

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

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

M. E. Sappington
Post Office Atlanta Ga

State of Georgia,

County of DeKalb

I, James R. George

Ordinary of said County, certify that I am well

acquainted with Mrs. M. E. Sappington, 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 11 day of 18

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

Official Seal

James R. George
Ordinary of DeKalb County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of DeKalb

PERSONALLY COMES MRS.

M. E. Sappington

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 Jno. T. Sappington who was a soldier in Company D of the 44th Ga Regiment of 7 Volunteers, that he enlisted in said regiment on or about the month of May

1862, and served in the Army up to 1862. 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 in Richmond hospital June 30th 1862
Measles

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 12 day of January 1907.

M. E. Sappington
Post Office

State of Georgia,

County of DeKalb

I, James R. George

Ordinary of said County, certify that I am well

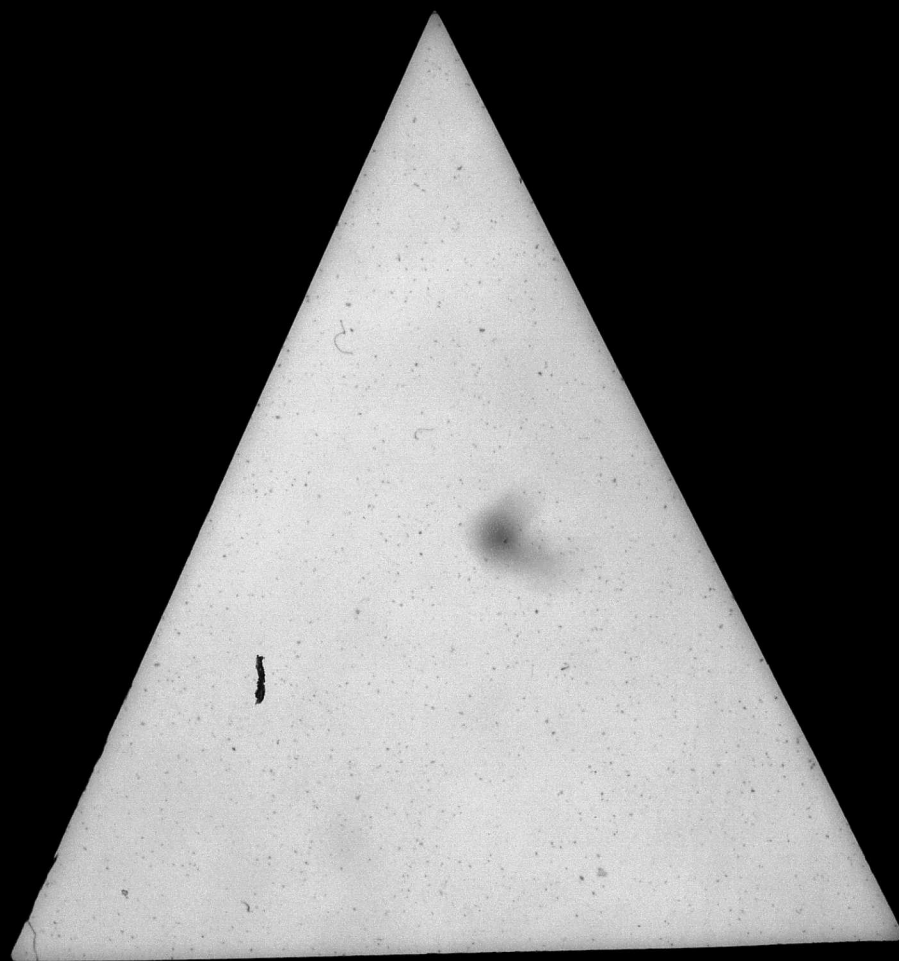
acquainted with Mrs. M. E. Sappington, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 20 day of Oct 1838

Given under my official signature and seal, this the 12 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,

of

hereby authorize

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

at

by

Witness my hand and seal this _____ day of _____, 1897.

Executed in presence of

De Kalb Co
Sawyer, F. M.
No. *3012*

INDIGENT PENSION
1897.

Name *F. M. Sawyer*

County *De Kalb*

Approved *7/10* 1897.

WARRANT HANDED TO

Applicant
Carroll

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

3/2/97

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of

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

at _____ by _____

Witness my hand and seal this _____ day of _____ 1897.

Executed in presence of

See back Co
Sawyer, F. M.
No. 3012
INDIGENT PENSION
1897.
Name *F. M. Sawyer*
County *De Kalb*

Approved *7/10* 1897.

WARRANT HANDED TO

Applicant
Em. Sawyer
No. 7, HARRISON STATE PRINTER, ATLANTA.

3/2/97

STATE OF GEORGIA,

De Kalb County.

County.

F. M. Sawyer of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) *F. M. Sawyer De Kalb County P. O. Tucker*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? *at Clarkston in State twenty three years*
3. When and where were you born? *1823 in Putnam County*
4. When and where and in what company and regiment did you enlist or serve *in 1863 Co (B) 7th Ga Regiment*
5. How long did you remain in such company and regiment? *two years and at the surrender on 9th Apr*
6. For how long a period did you discharge regular military duty? *two years*
7. When, where and under what circumstances where you discharged from service? *by Parole at the surrender*
8. What is your present occupation? *None at present*
9. How much can you earn (gross) per annum by your own exertions or labor? *Nothing*
10. What has been your occupation since 1865? *very little or none*
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? *age & poverty*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? *Been nine years*
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 and 1896 and what disposition, if any, did you make of same? *one old milk cow & calf two steady pigs Horse Hound and Kitchen furniture*
15. In what County did you reside during those years and what property did you then return for taxation? *De Kalb Co amounting to about one hundred or less*
16. How were you supported during the years 1895 and 1896? *Supported by 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? *Gave my effects for support about \$50*
18. What was your employment during 1895 and 1896? What pay did you receive in each year? *no employment - being disabled to work*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *have no family. Living with my Son and Widow Daughton, Have no Homestead*
20. Are you receiving any pension, if so what amount and for what disability? *no Pension*

Sworn to and subscribed before me this the

17 day of *Feb* 1897.

Ordinary.

of *De Kalb* County.

Applicant.

Every Question MUST be Answered.

DeKalb County.

W. H. Brinsden

of said State and County, having been presented

as a witness in support of the application of J. M. Sawyer for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W. H. Brinsden DeKalb County
2. Are you acquainted with J. M. Sawyer, the applicant, is of how long have you known him? about 33 years
3. Where does he reside, and how long has he been a resident of this State? He resides in De Kalb County Ga. I know him as a resident 5 yrs
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? He does, was with him in war
5. When, where and in what company and regiment did he enlist? He enlisted in Spring 1863 at Suffolk Virginia Company B. 4th Ga Reg.
6. Were you a member of the same company and regiment? No was
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Served about two years in Virginia Army, good soldier, turned home or discharged at close of war
8. What property, effects or income has the applicant? (Give your means of knowledge.) Witness J. H. Britt being sworn answers: has no property
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? Had some stock and house hold furniture but sold in
10. What is the applicant's occupation and physical condition? He knows him as a farmer, knows him to be an old man but can't say as to his physical condition
11. Is the applicant unable to support himself by labor of any sort, if so, why? He can not make more than half a support on account of his age
12. How was he supported during the years 1895 and 1896? By his own labor and help of children
13. What portion of his support for these two years was derived from his own labor or income? He worked what he could on farm
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? Can not say, but he is on account of age he is unable to make his own support
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this 23rd day of Feb 1897. W. H. Brinsden Witness.

W. M. Rogers Ordinary. J. H. Britt

STATE OF GEORGIA,

DeKalb County.

Personally came before me Joseph H. Green M.D. and

O. J. Ramsey M.D., both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have examined carefully

J. M. Sawyer, applicant for pension under the Act of 1894, and after

such personal examination say that his precise physical condition is as follows:

Enlargement of heart, irregular action of same which causes difficult breathing, also has excessive flow of urine (Diabetes) and almost blindness in right eye said diseases render him unfit to make a support in any capacity

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 23d day of Feb 1897. W. M. Rogers Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb County.

I, W. M. Rogers, Ordinary in and for said County, hereby certify that the applicant J. M. Sawyer resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: J. H. Britt, J. H. Green & O. J. Ramsey are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of De Kalb County show that applicant returned for taxation in his name in 1895, one hundred dollars of property, and in 1896, " dollars of property.

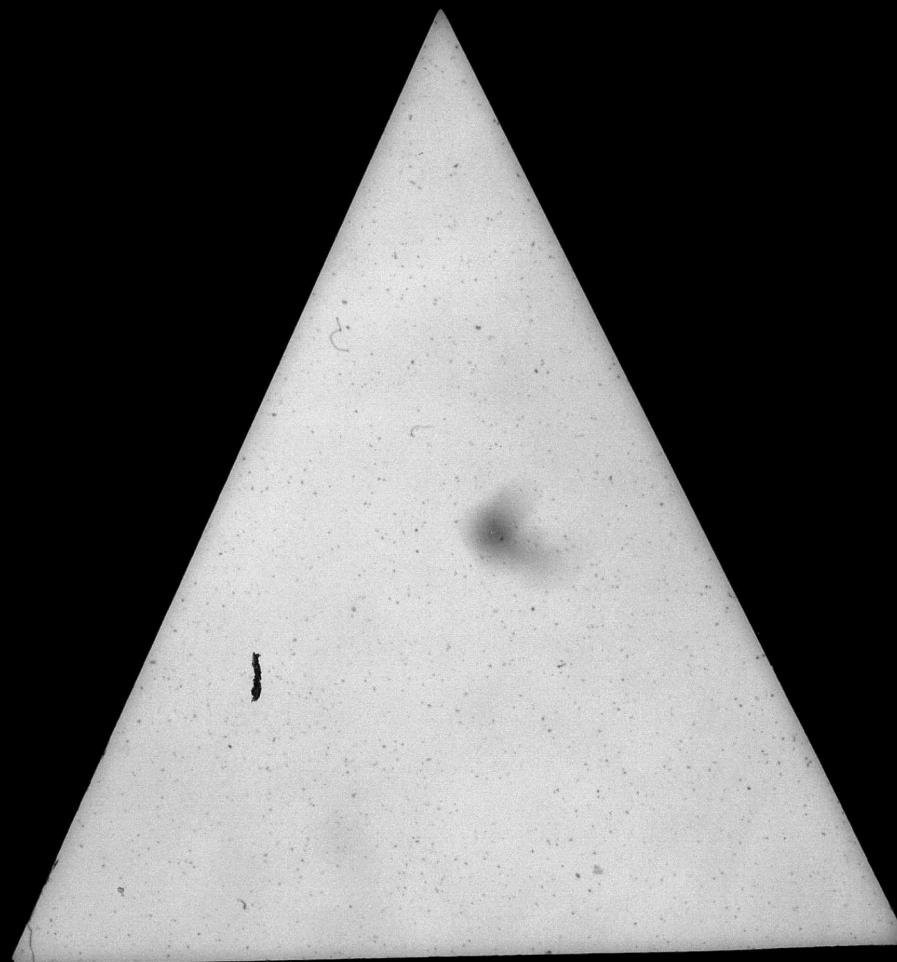
In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this 23d day of Feb 1897. W. M. Rogers Ordinary of De Kalb County.

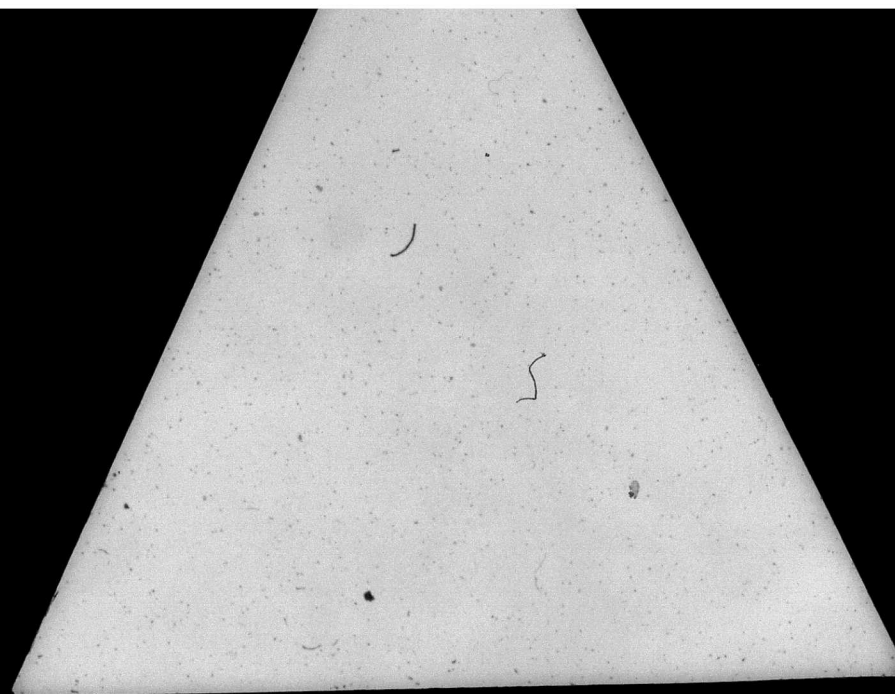
NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God." Additional affidavits may be attached if blank spaces are insufficient.

I certify that I am personally acquainted with W. H. Brinsden & know him to be a trustworthy witness of your report for the purpose of pension.

Ordinary. *W. J. Britt*
Wm. Rogsdall. As to witness 3
Ordinary. W. J. Britt 3





CORRECTION

CORRECTION

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal this _____ day of _____ 1897.

Executed in presence of

De Kalb Co
Sawyer, F. M.
No. *3012*

INDIGENT PENSION
1897.

Name *F. M. Sawyer*

County *De Kalb*

Approved *2/10* 1897.

WARRANT HANDED TO

Applicant
Can Driving
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

3/2/97

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of

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

at

by

Witness my hand and seal this _____ day of _____ 1897.

Executed in presence of

INDIGENT PENSION

1897.

Name *F.M. Sawyer*

County *DeKalb*

Approved *7/10* 1897.

WARRANT HANDED TO

Applicant
Car. Delany
CHAS. W. JARVIS, CLERK PRINTING, &C.

3/2/97

STATE OF GEORGIA,

DeKalb County.

County.

F.M. Sawyer of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) *F.M. Sawyer DeKalb County P.O. Tucker*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? *at Clarkston in State seventy three years*
3. When and where were you born? *1823 in Putnam County*
4. When and where and in what company and regiment did you enlist or serve *in 1863 Co (B) 7th Ga Regiment*
5. How long did you remain in such company and regiment? *two year and at the surrender on 9th Apr*
6. For how long a period did you discharge regular military duty? *two year*
7. When, where and under what circumstances where you discharged from service? *by Parole at the surrender*
8. What is your present occupation? *None at present*
9. How much can you earn (gross) per annum by your own exertions or labor? *Nothing*
10. What has been your occupation since 1865? *very little on farm*
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? *age & poverty*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? *Been five years*
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 and 1896 and what disposition, if any, did you make of same? *one old mule cow & calf two steady pigs House Hold and Kitchen Furniture*
15. In what County did you reside during those years and what property did you then return for taxation? *DeKalb Co amounting to about one Hundred \$*
16. How were you supported during the years 1895 and 1896? *Supported by 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? *Gave my Effects for support, about \$50.*
18. What was your employment during 1895 and 1896? What pay did you receive in each year? *no employment - being disabled to work*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *have no family. living with my son and widow Daughton, Have no homestead*
20. Are you receiving any pension, if so what amount and for what disability? *no Pension*

Sworn to and subscribed before me this the *17* day of *Feb* 1897. *F.M. Sawyer* Applicant.
M. Ragsdale Ordinary.
of *DeKalb* County.

Every Question MUST be Answered.

Rockdale County.

W. H. Brisendine, of said State and County, having been presented

as a witness in support of the application of F. M. Sawyer for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W. H. Brisendine Rockdale County

2. Are you acquainted with F. M. Sawyer, the applicant, is of how long have you known him? about 33 years

3. Where does he reside, and how long has he been a resident of this State? He resides in De Kalb County, Ga. where he is a resident of

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? He does, was with him in war

5. When, where and in what company and regiment did he enlist? He enlisted in Spring 1863 at Suffolk, Virginia Company B 7th Ga Reg.

6. Were you a member of the same company and regiment? He was

7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Served about two years in Virginia Army, good soldier, turned home or discharged at close of war

8. What property, effects or income has the applicant? (Give your means of knowledge.) Witnessed to him being sworn answers: has no property

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? Had some stock and house hold furniture but sold it

10. What is the applicant's occupation and physical condition? He was him as a farmer. Knows him to be an old man but can't say as to his physical condition.

11. Is the applicant unable to support himself by labor of any sort, if so, why? He can not make more than half a support on account of his age

12. How was he supported during the years 1895 and 1896? By his own labor and help of children

13. What portion of his support for these two years was derived from his own labor or income? Don't know. He worked what he could on farm

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? Can't say. He is on account of age he is unable to make his own support

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

Sworn to and subscribed before me, this 23rd day of Feb 1897. W. H. Brisendine Witness.

W. H. Brisendine Ordinary. A. S. Bird

W. M. Ragsdale Ordinary. A. S. Bird

STATE OF GEORGIA,

De Kalb County.

Personally came before me Joseph H. Green and C. F. Ramsey, both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have examined carefully

F. M. Sawyer, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

Enlargement of heart, irregular action of same which causes difficult breathing, also has excessive flow of urine (Diabetes) and almost blindness in right eye, said diseases render him unable to make a support in any capacity.

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 23d day of Feb 1897. Joseph H. Green Ordinary. C. F. Ramsey

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

De Kalb County.

I, W. M. Ragsdale, Ordinary in and for said County, hereby certify that the applicant F. M. Sawyer resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz:

A. S. Bird J. H. Green & C. F. Ramsey are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of De Kalb County show that applicant returned for taxation in his name in 1895, one dollars of property, and in 1896, a dollars of property.

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

Witness my hand and seal of office, this 23d day of Feb 1897.

W. M. Ragsdale Ordinary of De Kalb County.

NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God." Additional affidavits may be attached if blank spaces are insufficient.

I certify that I am personally acquainted with F. M. Sawyer and know him to be a military veteran and was of good repute prior to the formation of the pension law.

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 allowed, and request that he remit same to

at

by

Witness my hand and seal this day of 1899.

Executed in presence of

(L. S.)

ACT UP TO DEC. 1894.
(For Those Already Enrolled.)

No. 1945

INDIGENT

SOLDIER'S PENSION,
1898.

Name F. M. Sawyer

County De Kalb

WARRANT ISSUED

1/20 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appt

Geo. W. Harrison, State Printer, Atlanta

CODE SEC. 1254.

(For Those Already Enrolled.)

No. 1210

INDIGENT

SOLDIER'S PENSION,
1899.

Name F. M. Sawyer

County De Kalb

WARRANT ISSUED

1/14 1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appt

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears F. M. Sawyer 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 4th day of April 1823; that he is 74 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 2 Years in Company B, of 7th Regiment of Ga Vol; that his physical condition is as follows: on account of diabetes and heart disease and unable to maintain a living; that his property consists of the following items None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 12 day of Jan 1898. } F. M. Sawyer
W. M. Ragsdale Ordinary.

State of Georgia,

De Kalb County.

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with F. M. Sawyer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan 1898.



W. M. Ragsdale
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears F. M. Sawyer 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 9th day of April 1823; that he is 2 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of farmer in Company B, of 7th Regiment of Ga Vol; that his physical condition is as follows: Suffering from Diabetes and Heart Trouble

that his property consists of the following items None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the 13 day of Jan 1899. } F. M. Sawyer
W. M. Ragsdale Ordinary.

State of Georgia,

De Kalb County.

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with F. M. Sawyer the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Jan 1899.



W. M. Ragsdale
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1899.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

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

[L. S.]

Executed in presence of

CODE SEC. 1284.

(For These Already Enrolled.)

NO. 872

INDIGENT

SOLDIER'S PENSION,

1900.

Name E.M. Sawyer

County DeKalb.

WARRANT ISSUED

January 7 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

E.M. Sawyer

Gen. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

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

[L. S.]

Executed in presence of

CODE SECTION 1284

(For These Already Enrolled.)

No. 678

INDIGENT

SOLDIER'S PENSION.

1901.

Name E.M. Sawyer

County DeKalb

WARRANT ISSUED

July 21 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

E.M. Sawyer

Gen. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears J. M. Sawyer of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 9 day of April 1823; that he is 77 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 2 years in Company B, of 7 th Regiment of Ga; that his physical condition is as follows: Suffering with Diabetes and Heart trouble.

that his property consists of the following items None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1899

Sworn to and subscribed before me, this, the 15 day of Jan 1900. J. M. Sawyer Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal, this 15 day of Jan 1900.



Ordinary De Kalb County.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears J. M. Sawyer of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 9 day of April 1823; that he is 77 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 2 years in Company B, of 7 th Regiment of Ga; that his physical condition is as follows: Suffering with Diabetes and 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 1901. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1900

Sworn to and subscribed before me, this, the 11 day of Jan 1901. J. M. Sawyer Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 11 day of Jan 1901.



Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

Sawyer F.M.
De Kalb Co.

CODE SECTION 124.
(FOR THOSE ALREADY ENROLLED.)

No. *9076*

INDIGENT

**SOLDIER'S PENSION
1902.**

Name *Sawyer F.M.*

County *De Kalb*

Co. *B* Regiment *7*

WARRANT ISSUED

1/21 1902.

JOHN W. LINDSEY,

Commissioner of Prisons.

WARRANT HANDED TO

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *F. M. Sawyer* 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 *7* day of *April* 18*23*; that he is *79* years old and by occupation a *Farmer* that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *2 Years* in Company *B*, of *7* th Regiment of *Ga Vol*; that his physical condition is as follows: *Suffering from Diabetes and he has trouble with old age*

that his property consists of the following items *None*.

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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. *F. M. Sawyer* Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

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



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

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

NAME Sawyer, F.M.

YEAR 1897 COUNTY DeKalb

WHEN AND WHERE BORN? 1823 Putnam County, Ga.

ENLISTED WHEN AND WHERE? 1863
Witness states applicant enlisted spring 1863 Suffolk, Va.

RANK.

COMPANY AND REGIMENT? Co. B, 7th. Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 9th. 1865 at surrender.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. W.H. Brisendine, same command -- No data.

JWT

July 15, 1861
Surrendered Appomattox, Va.
Apr. 9, 1865.

Scott, J. A.
De Kalb Co

No. 611
Jan 1920

**Confederate
Soldier's Application.**

UNDER ACT 1910.

County De Kalb
Name J. A. Scott **SCOTT**
Company K
Regiment 15th Ga Regt
Approved [Signature]

W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BIRD, State Printer, Atlanta.

10-17-1919

STATE OF GEORGIA,

DeKalb County.

J. A. Scott 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. A. Scott, Atlanta, DeKalb Co., Ga.
2. How long and since when have you been a continuous resident citizen of this State? 75 years all my life.
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Confederate Army.
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) April 1861, 1st Ga. Co. Company, 15th Ga. Regt. Heavy Arty.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) April 1865.
6. When and where was your Company and Regiment surrendered or discharged from the Service? Appalachian Mountains.
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. Product
 - a. Where was your Command when you left it? at Sevier
 - b. When did you leave the Command? Surrender
 - c. For what cause did you leave?
 - d. By whose authority did you leave?
 - e. For how long was your leave granted? In what way?
 - f. Why did you not return to your Command after leave expired?
 - g. In what way were you prevented?
 - h. What effort did you make to return?
 - i. Were you captured during the war? no
 - j. If so, when, and where? In what prison were you held and when were you released?
9. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1908? (Make list by items and value, and where situated.)
10. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and its cash value? (Make itemized list).
12. What annual or monthly income or earnings of yourself and the source derived have you?
13. Are you drawing a pension of any amount from this State or the United States? no
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? no

Sworn to and subscribed before me, this the 16 day of October, 1917, J. A. Scott
James R. George Ordinary
of DeKalb County.

Soldier's Application.

UNDER ACT 1910.

Confederate

6th Jan 1920

Scott, J. A.
15th Ga. Co.

County DeKalb
Name J. A. Scott
Company 1st
Regiment 15th Ga. Regt.

Approved _____
J. W. LINDSEY,
Commissioner of Pensions.
CHAS. P. BYRD, State Printer, Atlanta.

STATE OF GEORGIA,

Haberham County.

Chas M Neel of said State and County is hereby presented as a witness in support of the application of J. A. Scott 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? Chas M Neel near Cornelia Ga
2. How long and since when have you known J. A. Scott the applicant? Since boyhood
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? On Moreland Avenue Atlanta Ga all his life. He was my neighbor for 15 years.
4. When, where and in what Company and Regiment did J. A. Scott enlist during war from 1861 to 1865? (Give date and place) Sparta Ga 1861 (218 15th Ga
5. How did you obtain your information of this Service? I was then living near Sparta and saw his Company leave for the army
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) 1861 to April 1865
7. When and where was his Command surrendered or discharged (give date and place) approximately April 9 1865
8. Were you personally present at the Surrender? Yes
9. If not, where were you and how came you there? X
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came him there? X
12. When did he leave his Command? X Where was his Command when he left it? X for what cause did he leave? X By whose authority did he leave? X and how long was he granted leave? X How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) X
13. In what way was he prevented from returning to his Command? X How do you know? X
14. What effort did he make to return to his Command and how do you know? X
15. Was applicant captured as a prisoner No If so, when and where? X In what prison was he held? X and when released

Sworn to and subscribed before me, this the

day of Sept 1916

Ordinary,

of N. H. & S. County.

STATE OF GEORGIA.

DeKalb County.

Personally before me comes J. A. Scott who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and 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 since Nov. 4, 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 value? or was it made to obtain a pension?

Sworn to and subscribed before me, this 16 day of Oct 1916

James H. George Ordinary
of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, Ordinary of said County, certify that I know the applicant for Pension is the person he represents himself to be and resides in said County. That I also know the witness swearing to the service and who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of shows that value for tax is in 1908 \$ for 1909 \$ for 1910 \$ for 1911 \$ for 1912 \$ for 1913 \$ for 1914 \$ for 1915 \$

Sworn under my hand and official seal of office this day of 191

Ordinary,

of 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 affidavits of freeholders unnecessary.

NAME Scott, J. H.

5
YEAR 1920 COUNTY DeKalb

WHEN AND WHERE BORN? A resident of Georgia since birth, 1844.

ENLISTED WHEN AND WHERE? April 1861, Sparta, Ga.

RANK?

COMPANY AND REGIMENT? Company K, 15th Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED? April 9, 1865, Appomattox Court House, Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED?

WITNESSES? Chas. M. Neel --- Personal knowledge --- No data.