

De Kalb Co
Sept, John W.

Code Section 1250.

No. _____

INVALID
Soldier's Pension,
1900.
1901.

Name *John W. Scott*
County *De Kalb*
Co. A. Alexander's artillery
Disability *Hand wound*
Amount, \$ *5.00*
Amount *2.00*
1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.
8/15-1907

689

STATE OF GEORGIA,

Power of Attorney.

Form No. 5.

County. }

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

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

Executed in the presence of

[L.S.]

STATE OF GEORGIA,

County.

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

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

day of _____ 1900.

[L. S.]

Executed in the presence of _____

INVALID

Soldier's Pension,

1900.

Name John W. Scott

County De Kalb

Disability Hand wound

Amount \$ 500

Alone 2500

7

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta,

8/15-1907

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA

County.

PERSONALLY appears John W. Scott of said

County, State of Georgia, who being duly sworn says on oath that he was born on the 11th day of

December 1837, that he is a bona fide citizen and resident of Georgia, and has been

continuously since the _____ day of November 1888, that he enlisted

in the military service of the Confederate States (or the State of _____) on the

15th day of May 1861 during the war between the States, and

served in Company A of 1st Alexander's Infantry Battalion

Volunteers, and was honorably discharged on the 9th day of

April 1865; that whilst engaged in such military service, and in line of duty in

the State of Virginia, on the 10th day of April 1864

he was disabled or wounded as follows: A Gun Shot wound in

right hand which is partially disabled

up to this time - it was at the Battle of

Shotsylvania Court house Virginia

that said wound is permanent and he is unable to

He also while in said service contracted

consumption which settled

in the lungs, which lung trouble is

very severe and has so continued ever

since the end of the war. was present

in line of duty when he was

surrendered. Applicant is unable

to make a support at physical labor

that he is only able to live by the help

of his wife and children and has

no property or income. that his disease

is permanent rendering him almost helpless

at times and unable to perform physical

labor.

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1899.

Sworn to and subscribed before me, this the

30th day of May 1900.

J. W. Scott

Ordinary.

Post Office

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

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

NOTE—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

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

Virginia
STATE OF GEORGIA,
Benford County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, *J. T. Bordenant*,
Geo. B. Richards and *W. P. Hoffman*.

personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say,
under oath, that they are personally and well acquainted with *John W. Scott*

whose application is herewith presented for a pension, that he has resided in this State continuously since the

8th day of *November* 18*88*, that he served in Company *D* of the
Alexander's *Artillery Bat.* *Samuel's Regt.* and from our personal knowledge, he

while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.)

We the undersigned know that John W. Scott was a member of Jordan's Battery, Alexander's Battalion & know that he received a gunshot wound in his right hand at the Battle of Spotsylvania Court House, in the year 1864, and that he, also, shortly afterwards contracted a serious cold which settled in his lungs, & seriously impaired his health - he was present in line the day, Genl. R. E. Lee surrendered at Appomattox

We personally know above stated facts. We were with him in the Army and have known him ever since.

He was honorably discharged or retired from the service on *the 9th* day of *April*

186*5*. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18*64*

We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

31st day of *December* 1900.

J. F. Bordenant
Geo. B. Richards
W. P. Hoffman

Sam'l M. Roelme
Clerk of Benford County Court, State of Virginia

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 do so.

2. Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
3. All blank spaces must be filled when signed.
4. Three witnesses are required.

Under the LAWS of VA., no Tax required upon the Seal hereto affixed

Sam'l M. Roelme
C. B. C.

Physicians' Affidavit.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY comes before me *John R. Wilkinson* Ordinary of said County,
Dr. A. N. Brantly and *Wiley Stanley* both known to

me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined

John W. Scott and after such personal examination, say that the present

condition of applicant is as follows: *he is crippled in the right hand*

the bones of the little finger and the one next to it being practically ankylosed, rendering the hand incapable of perfect use.

He also find him suffering from occasional attacks of Dyspnoea and Haemoptysis, and presenting very strong symptoms of extensive adhesions of the Pleural surfaces to the chest wall, and the results are

permanent both as to chest and hand, and the hand is rendered substantially and essentially

and that such condition is permanent. Said condition arises from the following facts: The Ankylosis of the bones of the hand is evidently the effect of a gunshot wound, and the chest trouble was probably the result or

sequellae of a severe attack of Pleurisy or Pneumonia, at some time during his past life.

We have treated applicant professionally for some 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

30 day of *May* 1900.

John R. Wilkinson
Dr. A. N. Brantly
Wiley Stanley

NOTE 1.—State fully the physical condition and especially the extent of disability. If disability results from a wound or injury state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by affiants.

NOTE 2.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,
De Kalb County.

I *W. H. Ragdale* Ordinary of said County,

do certify that I am well acquainted with *John W. Scott* the

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he

resides in this County and has been a bona fide residence since the day of 18

I also certify that the witnesses, to-wit: *Bordenant, Richards & Hoffman*

are unknown to me, purporting to reside in the State of Georgia

and I believe that the statements of the witnesses are worthy of credit and belief, and that the statements are true and correct as made by them before they signed the same.

Given under my official signature and seal this *15* day of *June* 1900.

W. H. Ragdale

Ordinary *De Kalb* County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

POWER OF ATTORNEY.

STATE OF GEORGIA,

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 _____

CODE SECTION 120.
(FOR THOSE ALREADY ENROLLED.)

No. 320

DISABLED

**SOLDIER'S PENSION
1902.**

Name Scott Jno W,

County De Kalb

Co. A 48th Regt

Disability Disease

Amount, \$ 25-00

1902.

117

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 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 120.
(FOR THOSE ALREADY ENROLLED.)

No. 330

DISABLED

**SOLDIER'S PENSION
1903.**

Name Scott Jno W,

County De Kalb

Co. A 48th Regt

Disability Disease

Amount, \$ 25-00

1903.

117

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *John W. Scott* 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 *1888*; 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 *Hughes* Regiment of *Volunteers*, 's Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *15* day of *Jan*, 1862, he was wounded, injured or diseased as follows:

In 1862 while in service had an attack of Pneumonia which settled on lungs and in effect so affecting health that deponent is unable to work for a support

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 *approved 1901* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *15* day of *Jan*, 1902. } Post-office *W. M. Rogers Ordinary*

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

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this *15* day of *Jan*, 1902. } *W. M. Rogers* Ordinary *De Kalb* County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *Jos. M. Scott* 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 *ward to* day in *1888*; 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 *Hughes* Regiment of *Volunteers*, 's Brigade; that whilst engaged in such military service in the State of *Va*, on the *15* day of *1862*, he was wounded, injured or diseased as follows:

Had Pneumonia while in service contracted at Carmel Church Va. settled on lungs now make to earn a support and married in Va.

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

Sworn to and subscribed before me, this the *10* day of *Jan*, 1903. } Post-office *W. M. Rogers Ordinary*

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

STATE OF GEORGIA,

De Kalb County.

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

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



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

by _____

at _____

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

day of _____ 1904.

[L. 8.]

Executed in presence of _____

CODE SECTION 1250.

(FOR THOSE ALREADY ENROLLED.)

No. 78 309

DISABLED

SOLDIER'S PENSION

1904.

Name John W. Scott
County DeKalb
Co. A Regiment 8th
Disability Wound in Head
Amount, \$ 75.00
135 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no date

Scott, John W.
DeKalb County

CODE SECTION 1250.

(FOR THOSE ALREADY ENROLLED.)

No. 203

DISABLED

SOLDIER'S PENSION

1905.

Name John W. Scott
County DeKalb
Co. A Regiment 8th
Disability Wound in Head
Amount, \$ 75.00
135 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

The Franklin Printing and Publishing Co. Atlanta
Geo. W. Harrison, Manager, for State Printer

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. 8.]

Executed in the presence of _____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Dickall County.

Personally appears

Jno W Scott of *Dickall*

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *March 20* 1888; 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 *4* of *1st* th Regiment of *Volunteers* in *Georgia* Brigade; that whilst engaged in such military service in the State of *GA*, on the *14* day of *1862*, he was wounded, injured or diseased as follows:

Had Rheumatism settled on legs, wound in back

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 *Dickall* County, been allowed an invalid pension of *Seventy five* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *6* day of *January* 1904.

James R George Ordinary of said County, Post-office *43 Crow St Atlanta*

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,

Dickall County.

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

Given under my official signature and seal, this *6* day of *January* 1904.

James R George Ordinary *Dickall* County.



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

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

STATE OF GEORGIA,

Dickall COUNTY.

Personally appears

Jno M Scott of *Dickall*

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 *11* of *Jordan's Bat* th Regiment of *Volunteers* in *Georgia*'s Brigade; that whilst engaged

in such military service in the State of *Georgia*, on the *14* day of *1862*, he was wounded, injured or diseased as follows:

Disabling hand Spasmodia, Apr 10 1864

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

Sworn to and subscribed before me, this the *19* day of *January* 1905.

James R George Ordinary of said County, Post-office *Atlanta*

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,

Dickall COUNTY.

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

James R George Ordinary *Dickall* County.



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

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

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 _____

Cons Section 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 216

**DISABLED
SOLDIER'S PENSION
1906.**

Name John McLeath
County DeKalb
Co. Hughes Art.
Disability Rheumatism
Amount, \$ 75.00

1/22 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

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

no d. to

*Scott, John W.
DeKalb Co.*

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 _____

Cons Section 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 282

**DISABLED
SOLDIER'S PENSION
1907.**

Name John W. Scott
County DeKalb
Co. Alexander's Art. Bty.
Disability Disabled hand
Amount, \$ 75.00

1/26 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

Geo. W. Harrison, Manager, ATLANTA.

no d. to

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

DeKalb County.

Personally appears John M. Scott 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 November 1888; 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 4th Regiment of Ala Volunteers, 's Brigade; that whilst engaged in such military service in the State of Virginia, on the _____ day of _____ 1862, he was wounded, injured or diseased as follows:

Had rheumatism settled in limb and wound in hand

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

Sworn to and subscribed before me, this the 4th day of January 1906.

J. M. Scott
Post-Office Dacula

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

Given under my official signature and seal, this 4th day of January 1906.

James R. George
Ordinary DeKalb County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

DeKalb County.

Personally appears John M. Scott 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 A, of _____th Regiment of Ala Volunteers, 's Brigade; that whilst engaged in such military service in the State of _____, on the 10th day of April 1864, he was wounded, injured or diseased as follows:

Disabled hand Spotsylvania

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 Seventy five (75) Dollars, for the year 1906.

Sworn to and subscribed before me, this the 9th day of January 1907.

J. M. Scott
Postoffice Dacula Ga

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

State of Georgia,

DeKalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with John M. Scott the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1907.

James R. George
Ordinary DeKalb County.



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

NAME Scott, John M.

YEAR 1901 COUNTY DeKalb

WHEN AND WHERE BORN? December 11th. 1837 - resident of Ga. since 1868.

ENLISTED WHEN AND WHERE? May 15th. 1861

RANK.

COMPANY AND REGIMENT? ~~xxxxxx~~ Alexander's Battn. Alabama Artillery
Jordan's Battery

NAME OF CAPTAIN AND COLONEL?

WOUNDED? April 10th. 1864 Spottsylvania Court House, Va. (shot)
right hand, also contracted pneumonia, settled in lungs. wounded in

CAPTURED, WHEN AND WHERE?

RELEASED.

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

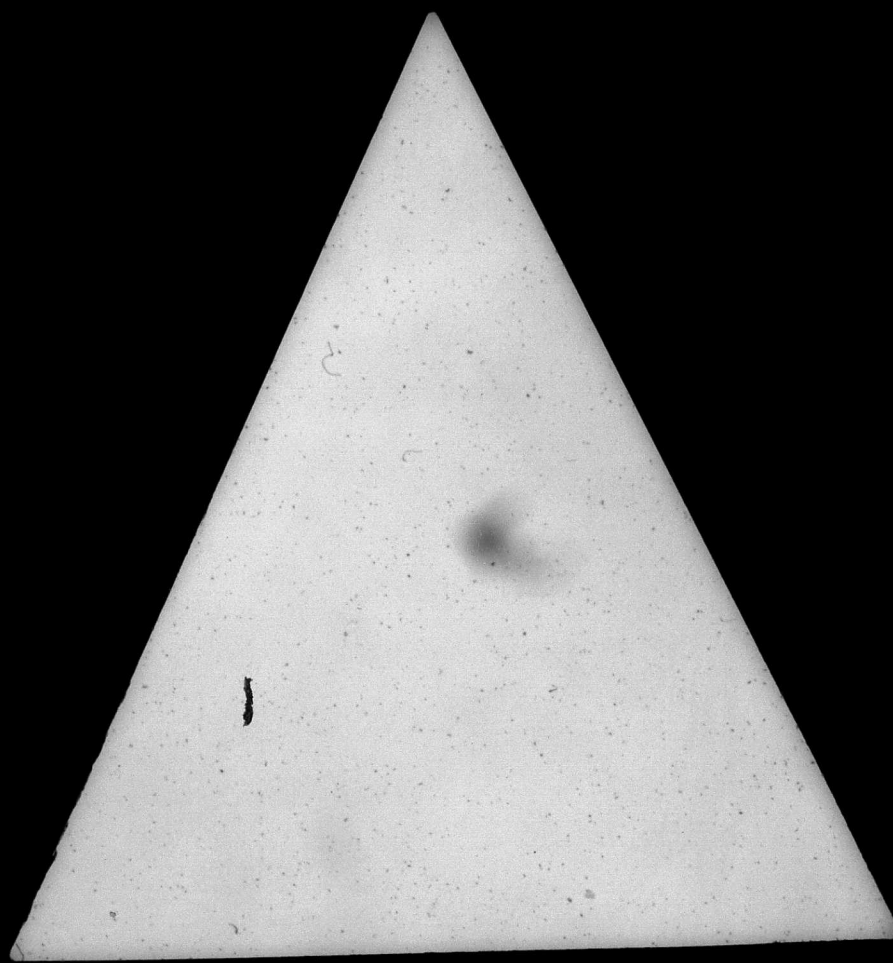
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J.F. Bondurant, George B. Richards, W.P. Hoffman, ^{same command} served
in army with applicant--No data.

JWT



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 _____ 190

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

Executed in presence of _____ [L.S.]

Scudder, S.S.,
De Kalb Co.,
No. *OK for 1406*
To Fulton 1907
INDIGENT PENSION.
1906

Name *S. S. Scudder*
County *De Kalb*
Co. *C-12 40 13th* Regt.
Approved _____ 1906

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

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

9/24/05

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 presence of _____

STATE OF GEORGIA,

COUNTY.

Dekalb *Samuel S. Scudder* and State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State County and post office).

Samuel S. Scudder Dekalb Stone Mountain

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

67 years 20 days Nov 1838

3. When and where were you born?

Nov 20 1838 Covington Ga

4. When and where in what company and regiment did you enlist or serve?

1862 Atlanta Ga Company K 15th Va Inf

5. How long did you remain in such company and regiment?

6. When and where was your company and regiment surrendered and discharged?

1865 Appomattox VA 9th April 1865

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

I was

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

I was present

9. How much can you earn (gross) per annum by your own exertions or labor?

\$50.00

10. What has been your occupation since 1865?

Railroad Farming

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty,"

second, "infirmity and poverty," or third, "blindness and poverty"?

Age & poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third,

state whether you are totally blind and when and where you lost your sight?

I am ruptured and give me a great deal of pain. I am not able to do but very little work

13. What property, real and personal, or income, do you possess and its gross value?

nothing but household goods

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?

Household good about \$23.00 made no disposition

15. In what County did you reside during those years, and what property did you then return for taxation?

Dekalb Co nothing

16. How were you supported during the years 1899, 1900, 1901 and 1902?

by what little I could do & by my family

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?

about \$15.00 about \$50.00

18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?

Farming receives no pay only from a small or

19. Have you a family? If so, who composes such family? Give their means of support? Have they a

homestead, or other property? Their ages and how employed?

I have a wife and two small children My wife owns 25 acres of land

20. Are you receiving any pension? If so, what amount and for what disability?

I am not

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

I have not

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

none

Sworn to and subscribed before me this the _____ day of _____ 1906

James H. George Ordinary of *Dekalb* County.

Every Question MUST Be Answered.

9/29/06

Scudder, S. S.
Dekalb Co.
Nov 20 1838
To Dekalb 1907
INDIGENT PENSION.

1906

Name *Samuel S. Scudder*
County *Dekalb*
Co. *D-12 Ga. Fall* Regt.
Approved _____ 1906

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.

Dekalb COUNTY.

4 J. M. Lankford of said State and County, having been presented as a witness in support of the application of Samuel S. Scudder for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside?
W. P. Brown Dekalb Co. J. M. Lankford
2. Are you acquainted with Samuel S. Scudder, the applicant; if so, how long have you known him?
40-45
3. Where does he reside, and how long and since when has he been a resident of this State?
Dekalb 67 years
4. When, where and in what company and regiment did he enlist, and how do you know?
1862 Atlanta Ga Company E-12 Ga Battalion
5. Were you a member of the same company and regiment?
I was
6. How long did he perform regular military duty?
3 years close of war
7. When and where was his command surrendered?
Appomattox C. Va

8. Were you present when it surrendered?
we were
9. Was applicant present?
he was
10. If he was not present, where was he?
he was present

When did he leave his command?
close of war For what cause?
By what authority he left?
war was over How do you know all of this?
we were present and know it from our own knowledge

11. What property, effects or income has the applicant? (Give your means of knowledge.)
he has a little personal property
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same?
he had a small amount of house hold small amt of personal property

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

14. What is the applicant's occupation and physical condition?
farmer his Physical Condition very poor

15. Is the applicant unable to support himself by labor of any sort; if so, why?
he is on account of his Physical Condition

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
by what little he could do + by his family
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?
he is badly rhythmia and his Physical is very frail

19. Who composes family? What property have they? Children's age and their earning capacity?
his wife + two children his wife has 25 acres of land

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

Sworn to and subscribed before me, this the 5 day of July 1903
James R. George Ordinary. W. P. Brown Witness. J. M. Lankford

STATE OF GEORGIA,

Dekalb COUNTY.

Personally came before me W. S. Ansley 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

Samuel S. Scudder, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Left - muscular - inguinal hernia. Organic head lesion, mitral regurgitation Hypertrophy. Old age and general debility. Which renders him unable to earn a living in any manner.

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

Sworn to and subscribed before me, this the 25 day of July 1903
James R. George Ordinary. W. S. Ansley and W. J. Houston. 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, S. S. Scudder, resides in said County, and has been a bona fide resident of this State since the all his life of 189 and that the witnesses, viz.: W. P. Brown are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of County shows that applicant returned for taxation in his name in 1899

Dollars of property, and in 1900

Dollars of property; in 1901

Dollars of property; in 1902

Dollars of property.

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

Witness my hand and seal of office, this 25 day of July 1903

James R. George Ordinary, of Dekalb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

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 _____

Sudder, L.L.
De Kalb Co.

COOK SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 124
De Kalb Co 1907

INDIGENT

**SOLDIER'S PENSION
1906.**

Name *S. Sudder*
County *De Kalb*
Co. *C* Regiment *12 Ga*

WARRANT ISSUED

1/2 2 1906.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

THE FRANKLIN PRINTING AND PUBLISHING CO. 205 N. WILSON ST. ATLANTA, GA.

no data

State of Georgia,

De Kalb County.

Personally appears,

J. S. Scudder 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 20 day of Nov 1878; that he is 68 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 6 in Company C, of 12th Regiment of Georgia Batt.; that his physical condition is as follows: Age & poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 2 day of Jan 1906.

J. S. Scudder Ordinary.

State of Georgia,

De Kalb County.

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

Given under my official signature and seal, this 2

day of 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.

NAME Soudder, Samuel S.

YEAR 1906 COUNTY DeKalb

WHEN AND WHERE BORN? Nov. 20, 1838, Covington, Georgia

ENLISTED WHEN AND WHERE? 1862, Atlanta, Ga.

RANK.

COMPANY AND REGIMENT? Co. C. 12th Ga. Battn. Inf.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

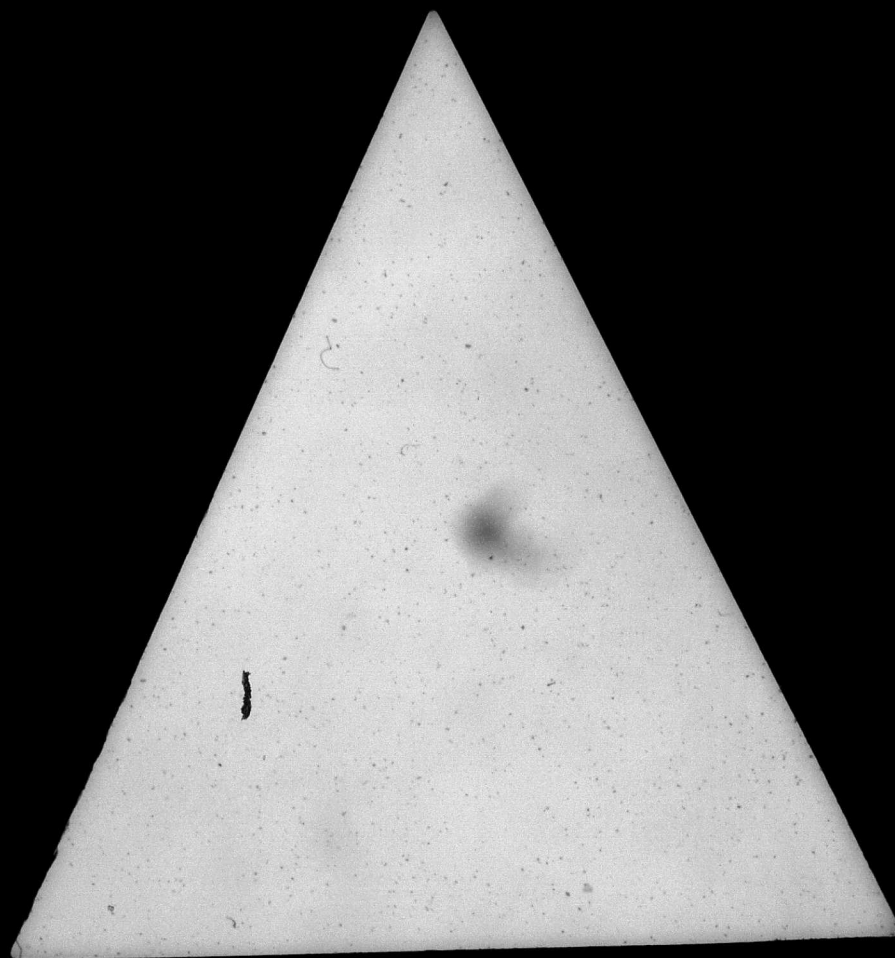
WHEN AND WHERE SURRENDERED? April 9, 1865, Appomattox Court House, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. W.P. Brown, N.M. Lankford, -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

Witness my hand and seal, this

day of

1900.

[L.S.]

Executed in presence of

Pension office 10/10-1900
must state clearly -
The nature & character of
the special detailed
service - In case on - when
this detail was made
by whom - How many
men were in detail -
under whose com-
mand ^{that time} - what were
the duties - and
from long statement
or made to be true,
by a witness who
was present with
the Command, at the
time of his own
service - of
this detail & the Com-
all good soldiers were
needed at that time with
their equipments for
duty in the field
J. W. Lindsey
Commissioner of Pensions

Roll on file office in
Soldier Roster Comm shows
he served to end of war
But made by members of company

Shaddock, J. C.

De Kalb Co

No. Never filed

on

INDIGENT PENSION,

1900.

Dec 1902

Name J. C. Shaddock

County De Kalb

Co. B. 1st Batten In Can 1902

Approved 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

9/4-1902

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 _____

Pension office 10/10-1900
Must state clearly -
The nature & character of
the Special detailed
Service - he was on when
this detail was made,
by whom - how many
men were in detail -
service where - how
much - what time
the dates - and
from long statement
or make a true copy
by a witness who
was present with
the command, at the
time of his service -
unless known - of
this character - the entire
all good soldiers were
used at the time and
their commands for
duty in the field
J. C. Shaddock
Crim of Rm
Will be file office for
Golden Roster Comm. shows
he served to end of war
But made no money

INDIGENT PENSION,

1900.

Dec 1902

Name J. C. Shaddock

County

Co. B. 1st Regt. Inf. 142/1900

Approved

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

9/4-1902

STATE OF GEORGIA,

County. }

De Kalb
James C. Shaddock 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 C. Shaddock, De Kalb Co. Wallace, Ga.
2. How long and since when have you been a resident of this State?
Born, raised, and lived all my life in Ga.
3. When and where were you born?
Oct. 21, 1845, Fayette County, Ga.
4. When and where and in what company and regiment did you enlist or serve?
May 12, 1862, Company "B", 16 Georgia Volunteer Cavalry.
5. How long did you remain in such company and regiment?
From date of enlistment to the close of the war.
6. For how long a period did you discharge regular military duty?
2 years & 11 months.
7. When, where and under what circumstances were you discharged from service? Were you with your command at the time?
April 15, 1864, Ga. Command disbanded. I was in detail service at Rome, Ga. in the line, Paroled in Alabama.
8. What is your present occupation?
A farmer.
9. How much can you earn (gross) per annum by your own exertions or labor?
Nothing.
10. What has been your occupation since 1865?
Raising hogs & sheep.
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"?
Infirmity & poverty.
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
I have spinal and kidney troubles of a serious nature for fifteen years past.
13. What property, effects or income do you possess, and its gross value?
I own no property of any kind.
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?
During the years named I have owned no property.
15. In what County did you reside during those years, and what property did you then return for taxation?
In Hall and De Kalb Counties, none.
16. How were you supported during the years 1898 and 1899?
By my wife's labor.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
About 40 dollars. Nothing.
18. What was your employment during 1898 and 1899? What pay did you receive in each year?
Farming on a very small scale.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
Yes. Wife. No children.
20. Are you receiving any pension? If so, what amount, and for what disability?
No pension.

Sworn to and subscribed before me this the _____ day of _____ 1900. *J. C. Shaddock* Applicant.
W. H. Magness Ordinary,
of *De Kalb* County.

Every Question MUST be answered.

STATE OF GEORGIA,
De Kalb COUNTY.

C. A. Conaway, of said State and County, having been presented as a witness in support of the application of James C. Shaddox 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? C. A. Conaway
Atlanta, Georgia
2. Are you acquainted with James C. Shaddox, the applicant; if so, how long have you known him? Yes, 45 years.
3. Where does he reside, and how long and since when has he been a resident of this State?
De Kalb Co. Ga. All his life
4. When, where and in what company and regiment did he enlist, and how do you know?
May 12, 1862, Corinth Ga. 16 Ga. Volunteer. I was then.
5. Were you a member of the same company and regiment?
Same company & regiment
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Were you present with him when discharged?
2 years & 11 months. He made a faithful soldier. He was on special service at Rome Ga, when regiment was disbanded. I was not.
7. What property, effects or income has the applicant? (Give your means of knowledge.)
None. I am an occasional visitor at his home, and know of his property.
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?
He has no property
9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
No property no convey.
10. What is the applicant's occupation and physical condition?
He runs no a little farm work but in my opinion he is utterly unable to do any work.
11. Is the applicant unable to support himself by labor of any sort, if so, why?
Yes. He is almost a complete wreck.
12. How was he supported during the years 1898 and 1899?
By his wife.
13. What portion of his support for these two years was derived from his own labor or income?
Not over the sum total of twenty dollars.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
For fifteen years or more he has suffered from spinal and kidney trouble of a very serious nature. He is a cripple.
15. What interest have you in the recovery of a pension by this applicant?
None.

Sworn to and subscribed before me, this 20 day of Sept 1900.
C. A. Conaway Witness.
W. B. Houston Ordinary.

STATE OF GEORGIA,
De Kalb COUNTY.

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

Curvature of spine - Dislocation of
left, radius (hand & elbow). Limbs pain
Chronic nature

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 24 day of Sept 1900.
W. M. Raggs Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
De Kalb COUNTY.

I, W. M. Raggs, Ordinary in and for said County, hereby certify that the applicant J. C. Shaddox resides in said County, and has been a bona fide resident of this State since the 21 day of Dec 1895, and that the witnesses, viz: Wiley S. Ainsley M.D. and
W. B. Houston M.D. are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath herein 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 has not lived in this County Dollars of property, and in 1899 has not lived in this County Dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 24 day of Sept 1900.

W. M. Raggs 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.

McCall County I S M Pickett do
Georgia } testify that I belonged
to Co B 16th Ga Cav and I also testify
that J C Shaddox belonged to the same
Company and Regiment as myself.
After Sherman left Atlanta our Reg-
iment the 16th Ga Cav commanded
by Col Sam J. Winn was ordered
back to Atlanta for the purpose of
picking up all stragglers that they
could find and send them on to
the front and I know and testify
that said Shaddox was in Atlanta
with the command at that time
and while there some citizens of Rome
came down and reported to Col
Winn that there were a good many
stragglers in and around Rome a-
taking and a stealing every thing
they could find and had shot a
woman and Col Winn ordered a

detail made of thirty five men
and Capt C J Warters to take comm-
and and proceed to Rome and arrest
all he could find and send them
on to the front that was the duties of
said Special detail I was present
when said Special detail was made
and do know and testify that said
Shaddox was on said detail and
did go to Rome with it that was
that was about a month before he
surrendered and when he
surrendered that left said detail
in Rome

Sworn to and

Subscribed before me

Sept 5th 1902

M. M. Ragsdale

Ordinary

S M Pickett
March

NAME Snaddox, James C.

YEAR 1902 COUNTY DeKalb

WHEN AND WHERE BORN? December 21, 1845 - Fayette County, Georgia

ENLISTED WHEN AND WHERE? May 12, 1862 - Covington, Georgia

RANK.

COMPANY AND REGIMENT? Company B, 16th Georgia Volunteers Cavalry

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? On detail service when
command disbanded at Rome, Georgia. Paroled at Atlanta, Georgia.

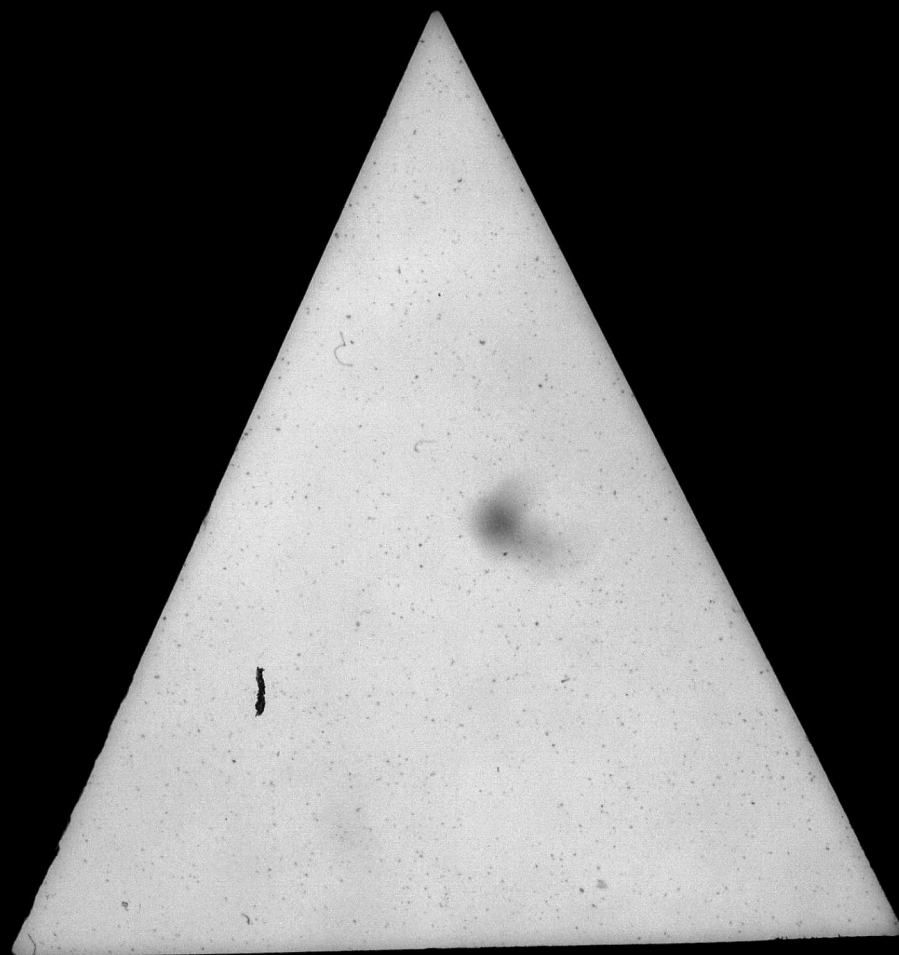
DIED, WHEN AND WHERE?

BURIED.

WITNESSES. C. A. Conaway - same command -- No data.

1w

S. F. M. Pickett - same command -- No data



Dr. Sharp, J. H. (Mrs.)
OK. For 1925.
DeKalb County
WIDOW'S APPLICATION

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

County *De Kalb*
 Name *Mrs. J. H. Sharp*
 Widow of *John Howard Sharp*
 Date of Marriage 18 *66*
 Company *1st Inf. of Va. & later*
 Regiment *5th Reg. Battery*
 Approved *Feb. 3, 1925*

N. E. Murray
 Commissioner of Pensions.

10-15-1914.

Ordinary's Certificate

STATE OF GEORGIA.

De Kalb COUNTY.

I, *Wm. J. McPherson*, Ordinary of said County, certify that I know
Wm. J. McPherson 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 ~~since~~ of said State since
 January 1st, 1920; that I also know _____, 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 enti-
 tled to full faith and credit.

Sworn under my hand and official seal of office this *21* day of *Oct.* 19 *25*

(SEAL OF ORDINARY)
W. J. McPherson Ordinary
 of *De Kalb* County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
 "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you
 give shall be the whole truth. So, help you God."
2. Additional affidavits may be attached if blank spaces are sufficient.
3. Affidavits must be sworn to in the presence of the Ordinary and the witness.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must
 be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general
 reputation.
6. Attach back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to
 handle.

APPLICATION FOR PENSION BY A WIDOW

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DEKALB

COUNTY.

Personally appears before me, Sophia Hunter Sharp of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, and submits testimony to support the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name, and where do you reside? (Give Post Office and County.)
Mrs. J. H. Sharp, Decatur, Georgia.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Over ten years ago.
3. When, where and to whom were you married? 1866, Charlotte, N. C. John Howard Sharp
- a. Have you married since the death of first and soldier husband? No
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service, and give names of Colonel and Captain.) April, 1861, Norfolk Va., First in Infantry from Norfolk, later in Richmond, Va., Otey Battery 13th Battalion Artillery
5. When and where did the commands of your husband surrender or discharge from the Service?
With R. E. Lee at Appomattox, Va.
6. Was your husband personally present with his command when it was surrendered or discharged?
Yes
7. If he was not present, state specifically and clearly where he was? He was present
8. When did he leave the Command? at Appomattox, Va.
- a. For what cause did he leave? Lee's surrender
- b. By whose authority did he leave?
- c. For how long was his leave of absence granted? In what way?
- e. What was his physical condition when he left his command? Good
- f. What effort did he make to return to his Command? None
- g. In what way was he prevented from going back to Command? No way
- h. Was he captured by the enemy at any time? No
- i. If so, when and where? In what prison was he held and when was he released?
- j. When and where did your first husband die? Lee Gate (Near Wilmington, N. C.
- k. Were you residing together when he died? Yes, died March 29th 1861.
- l. If not, how long had you resided apart?
- m. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State of Georgia, or any other State, or the United States? No

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

Sworn to and subscribed before me, this the
15th day of October, 1924
E. A. Mason Clerk Ct. Ordinary
of DeKalb County
(SEAL OF ORDINARY.)

Sophia Hunter Sharp
widow of John H. Sharp
Applicant

WIDOW'S APPLICATION

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

County DeKalb
Name Mrs. J. H. Sharp
Widow of John Howard Sharp
Date of Marriage 1866
Company 1st Regt. Va. Cavalry
Regiment 1st Regt. Va. Cavalry
Approved Feb. 3, 1925

N. E. Hays
Commissioner of Pension

10-15-1911

Ordinary's Certificate

STATE OF GEORGIA,

DEKALB

I, E. A. Mason, Ordinary of said County, certify that I know
Mrs. J. H. Sharp 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 E. A. Mason, 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 15 day of Oct., 19 24
E. A. Mason Ordinary
(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. Additional affidavits may be attached if blank spaces are sufficient.
3. Only widows who married prior to January 1st, 1861, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

Georgia, DeKalb County.

In person appeared before me, the undersigned, an officer authorized by law to administer oaths: Mrs Sophia Hunter Sharp (Mrs. J. H. Sharp), who being first duly sworn according to law, deposes and says on oath, that she is the widow of J. H. Sharp, deceased; that she has not married since his death; that she has made diligent effort to find a comrade of said J. H. Sharp who could testify as to his service in the Confederate Army, and has failed to find any of his comrades in life to make such testimony. And that she does not know of any such comrade, and verily believes that there is not now living any of his comrades who were in service with him.

Sworn to and subscribed before me,

this the 15th day of October, 1924.

E. H. Mason

Clerk Court Ordinary, DeKalb Co., Ga.

Mrs Sophia Hunter Sharp

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON

IN REPLY
REFER TO

A. G. 201
Sharp, John H.
(10/24/24) ORD

November 1, 1924.

Honorable William J. Harris,
United States Senate.

My dear Senator Harris:

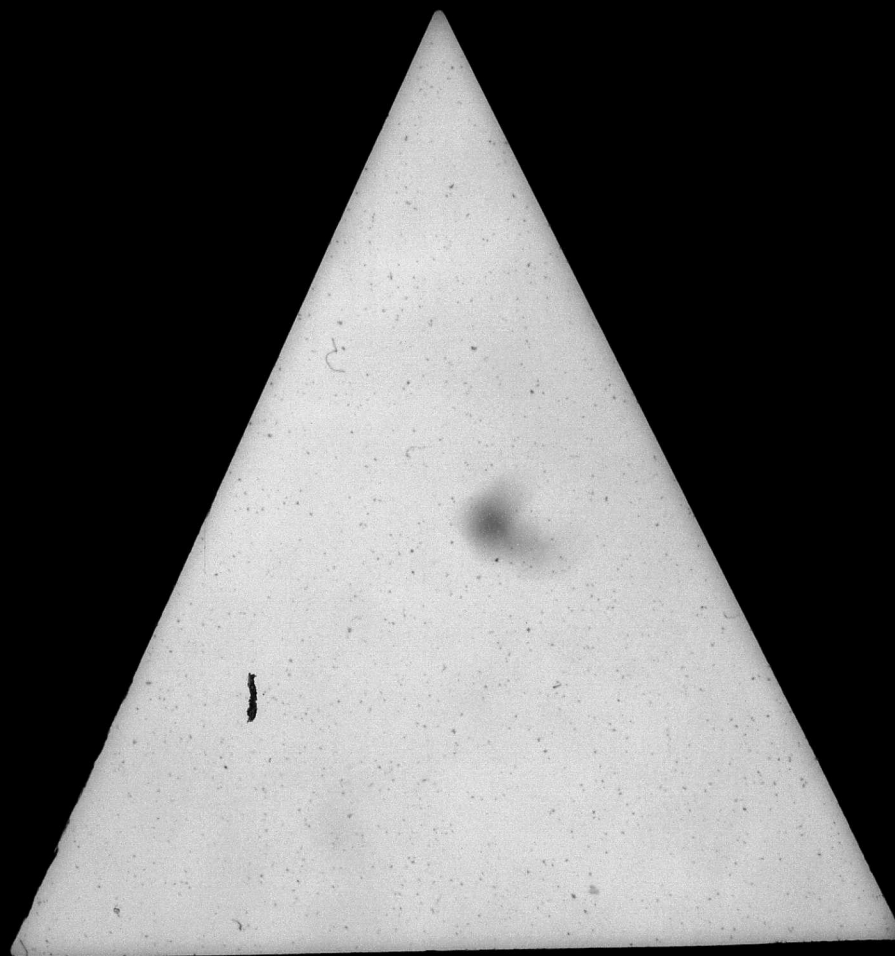
I have the honor to acknowledge the receipt of your letter of October 24, 1924, with which you inclosed one, herewith returned, from Mrs. John Howard Sharp, of 139 Fayetteville Road, Decatur, Georgia, who desires to obtain the Confederate military record of John Howard Sharp, who is said to have served as a member of Otey's Battery, 13th Battalion of Virginia Artillery, and later as courier to General E. P. Alexander.

The records show that John H. Sharp enlisted March 22, 1862, at Richmond, Virginia, as a private of Company A, (Capt. G. G. Otey) 13th Battalion Virginia Light Artillery, Confederate States Army. The company muster roll, dated April 12, 1862, shows him present; the roll for July and August, 1864 (the next roll on file) shows him "Absent in Hospital Richmond". The muster rolls from September 1, 1864 to February 28, 1865, the date of the last roll on file, show him, "Absent, detailed as courier to Gen. Alexander." The name John H. Sharp, private courier, appears on a list of enlisted men on duty at Headquarters, 1st Corps, Prisoners of War, belonging to the Army of Northern Virginia, and shows him paroled at Appomattox Court House, Virginia, April 9, 1865.

Very respectfully,

Robert C. Davis
Major General,
The Adjutant General.

1 Inclosure.



Shelburne, Mrs. Nancy E.
 Approved *Dr. Kash*

WIDOW'S APPLICATION

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

County *DeKalb*
 Name *Mrs. Nancy E. Shelburne*
 Widow of *Edw. Sprayberry*
 Date of Marriage *Jan'y 3* 18*64*
 Company *K-22 Ga Reg.*
 Regiment *22 Ga Reg.*
 Approved *John W. Toland*
10th June 26.

W. H. GREGG
 Commissioner of Pensions.

6-9-26 E

Ordinary's Certificate

STATE OF GEORGIA

DeKalb

COUNTY.

I, *W. D. Morgan* Ordinary of said County, do certify that I know *Mrs. Nancy E. Shelburne* 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 *Ed. Pace*

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

Given under my hand and official seal of office this *5* day of *June* 192*6*.

(SEAL OF ORDINARY)

W. D. Morgan Ordinary.
 of *DeKalb* County

Instructions:

1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words: "You 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, 1864, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.
5. A certified copy of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

Shelburne, Mrs. Nancy E.
Approved by J. H. Kaylor, Jr.

WIDOW'S APPLICATION

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

County *DeKalb.*
Name *Mrs. Nancy E. Shelburne*
Widow of *W. A. W. Sprayberry*
Date of Marriage *July 3, 1864*
Company *K-1st Ga. Reg.*
Regiment *12th Ga. Reg.*
Approved *John W. Toland*
10 June 1926

Commissioner of Pensions.

6-9-26

Ordinary's Certificate

STATE OF GEORGIA.

DeKalb.

COUNTY.

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

Given under my hand and official seal of office this *5* day of *June* 192*6*.
(SEAL OF ORDINARY) *V. D. Morgan*, Ordinary.

of *DeKalb.* County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

APPLICATION FOR PENSION BY A WIDOW

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DeKalb COUNTY,

Personally appears before me, V. S. Morgan, Ordinary of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, and submits testimony to support the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name, and where do you reside? (Give Post Office and County)

Mrs. Nancy Elizabeth Sprayberry. East Atlanta, Ga.

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All my life

3. When, where and to whom were you married? Jan. 3, 1867, In DeKalb Co., Ga. U. A. V. Sprayberry

a. Have you married since the death of first and soldier husband? Yes

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service, and give name of Colonel and Captain.) 1861, Henry Co., Ga. Co. K. 22nd Ga. Regiment, Joe Albert Captain. Colonel Jones.

5. When and where did the commands of your husband surrender or discharge from the Service? Appomattox Court House, Va. April 9, 1865.

6. Was your husband personally present with his command when it was surrendered or discharged? In prison

7. If he was not present, state specifically and clearly where he was? In prison

8. When did he leave the Command? Did not leave command

a. For what cause did he leave? Did not leave command

b. By whose authority did he leave?

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

e. What was his physical condition when he left his command? He never left 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? Yes

i. If so, when and where? In what prison was he held and when was he released? Don't remember. In Virginia. Released from prison after surrender.

j. When and where did your first husband die? Dec. 25, 1868. at home DeKalb, Co.

k. Were you residing together when he died? Yes

l. If not, how long had you resided apart?

m. Are you now a widow? Yes

9. Have you or your husband heretofore been paid a pension by the State? No

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

Sworn to and subscribed before me, this the

5th day of June, 1926.

V. S. Morgan, Ordinary

of DeKalb County.
(SEAL OF ORDINARY)

Nancy E. Shelbourn
Formerly Sprayberry. Applicant.

DeKalb

COUNTY.

A. D. Pace

of said State and County is hereby presented as a witness in support of the application of Mrs. Nancy Elizabeth Sprayberry for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, 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? A. D. Pace. Atlanta, Fulton, C., Ga.
2. How long and since when have you known Mrs. Nancy Elizabeth Sprayberry applicant 50 Years
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? East Atlanta, DeKalb, Co., Ga. All her life
4. When and to whom was she married? U. A. V. Sprayberry, in 1867 How do you know? General knowl
5. How long and since when did you know her? ~~How long and since when did you know her?~~ We were boys and went to school together. her
6. When and where did U. A. V. Sprayberry the husband of applicant, die? At his home in DeKalb Co., Ga.
7. Were the applicant and her husband living together as husband and wife at the date of his death? They were
8. If not, how long did they live apart before his death? Were they divorced?
9. When, where and in what Company and Regiment did Henry Co., Ga. enlist? (Give date and place). Shake rag Dist. 1861
10. How did you obtain your information of this service? I was present
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) From 1861 to 1865
12. When and where was his Command surrendered or discharged? (Give date and place) Appomattox Court House Va. April 9, 1865
13. Were you personally present with this Command when it was surrendered? No If not, where were you Atlanta, Ga. and how came you there? Camped in Atlanta when the surrender took place
14. Was the husband of applicant personally present with his Command at its surrender? No If not where was he? in prison and how came him there? Captured When, where and for what cause did he leave his Command? (Give date) Did not leave command By whose authority did he leave his Command? and how long was he granted leave? In prison at surrender How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically). From information by Mr. Sprayberry, and the fact that I was present when he enlisted and left. I left later in another command.
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? He was in prison and could not get 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? Yes If so, when and where? In Virginia In what prison was he held? I do not know and when released? After surrender

Sworn to and subscribed before me, this the

5 day of June, 1926.

V. D. Morgan

Ordinary

of DeKalb County.

(SEAL OF ORDINARY)

- A. D. Pace

(Witness)

State of Georgia,
DeKalb County.

To any Minister of the Gospel, Judge of Superior Court,

Justice of the ~~Recess~~ Inferior Court or Justice of the Peace to celebrate.

You are hereby aythorized and permitted to join in the Honorable State of Matrimony Euphrates A. V. Sprayberry and Miss Nancy E. Morris according to the rites of your Church provided there be no lawful cause to obstruct the same according to the Constitution and Laws of this State; and for so doing this shall be your sufficient license,

Given under my hand and seal this 1st day of January 1867.

J. B. Wilson, Ordinary.

I hereby certify that Euphrates A. V. Sprayberry and Miss Nancy E. Morris were joined together in the Holy Bans of Matrimony on the 3rd day of January 1867, by me.

Samuel C. Masters, M. G.

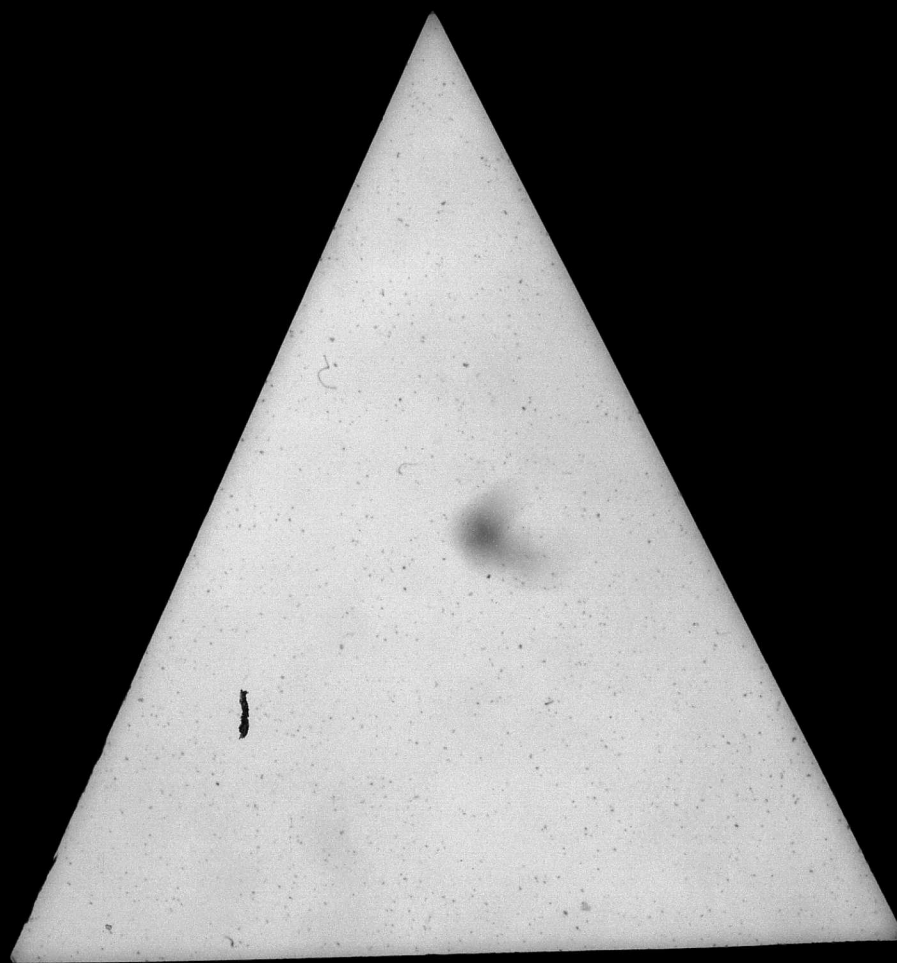
Georgia, DeKalb County.

I, E. H. Mason, Clerk of the Court of Ordinary in and for said County, do hereby certify that I have compared the above and foregoing copy of marriage license and certificate of marriage of Euphrates A. V. Sprayberry and Miss Nancy E. Morris, with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my ahnd and affixed the seal of said Court at Decatur, Georgia, this the 5th day of June, 1926.

E. H. Mason

Clerk Court Ordinary, DeKalb County, Georgia.



Pension office
7/5 1917

This application
disapproved - no
claiming submitted
& no record found
of applicant in Company
Ranks of the Confederate
Army of the South
without Commission
of Service as stated

No Claiming
Case of Pension

Helveston A. - De Kalb Co
disapproved
7/5 1917

No.

Confederate

Soldier's Application.

UNDER ACT 1910.

County De Kalb

Name A. Helveston

Company A

Regiment First Regiment of Georgia

Approved 1

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

Questions for Applicants to Answer.

STATE OF GEORGIA,

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

1. What is your name and where do you reside? (Give County and Post-office) *DeKalb Ga*
2. How long and since when have you been a continuous resident citizen of this State? *all my life 72 years*
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? *Confederates*
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service). *1862 Augusta Ga Company A first Regiment of*
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge). *12 months*
6. When and where was your Company and Regiment surrendered or discharged from the Service? *March 7th 1863*
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. *Columbus Ga*
- a. Where was your Command when you left it? *Augusta*
- b. When did you leave the Command? *March 7th 1863*
- c. For what cause did you leave? *Discharged*
- d. By whose authority did you leave? *Surgeon in charge of Post*
- e. For how long was your leave granted? In what way? *Discharge*
- f. Why did you not return to your Command after leave expired? *unable to return*
- g. In what way were you prevented? *Not able*
- h. What effort did you make to return? *Not able to return*
- i. Were you captured during the war? *Was not*
- j. If so, when, and where? In what prison were you held and when were you released?
9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value). *Nothing*
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? *had nothing to dispose of*
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). *Nothing*
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? *have nothing no income*
13. Are you drawing a pension of any amount from the State or the United States? *No*
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *have not*

Sworn to and subscribed before me, this the

6 day of *August*, 1917

James M. Gentry Ordinary of *DeKalb* County.

D. Shelvinton

in office

DeKalb Co

No. *9011915*

Confederate

Soldier's Application.

UNDER ACT 1910.

County

DeKalb

Name

D. Shelvinton

Company

A

Regiment

1st Regiment of

Approved

James M. Gentry

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

3116
JOHN W. LINDSEY
Commissioner of Pensions
Atlanta, Georgia

Adjutant-General,
Washington, D. C.

8/9/17

Dear Sir:-

Please furnish me with such record as may be found in the
Adjutant-General's Office of the War Department of

Shelverton, A. Private, Co. A. 1st Regt. Local Troops and
Defences of Augusta, Ga.

He is an applicant under the Georgia law for a Confederate
soldier's pension, and his record in your Department, whether it is
of his company roll or prison record, is wanted as evidence in his
claim for a pension.

Yours respectfully,

John W. Lindsey
Commissioner of Pensions of Georgia.

Georgia, DeKalb County.

Personally appeared before me, the undersigned,
Alfred Shelverton, to me well known, and being first duly sworn, says on
oath: That he has applied for pension under the laws of the State of
Georgia; that before making said application he made diligent search for
a living member of his Company, even going to Augusta, Ga., to see if he
could find a man there who belonged to his Company, but that said search
was fruitless, as he has been utterly unable to find any one who belonged
to same Company living.

Sworn to and subscribed before me, }
this the 6th day of August, 1917. }

James R. George
Ordinary

A. Shelverton
Applicant

DISAPPROVED

NAME **Shelverton, A.** YEAR **1917** COUNTY **DeKalb.**

AGE AND WHERE BORN? **1845- Georgia.**

ENLISTED WHEN AND WHERE? **1862, Augusta, Georgia.**

RANK:

COMPANY AND REGIMENT? **Company A. 1st Regt. Local Defense Troops.**
(**Augusta, Ga.)**

NAME OF CAPTAIN AND COLONEL?

FOUND? **March 7th, 1863, disabled for service. Left command at Augusta, Georgia. Never able to return.**

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? **Command; Does not state when or where.**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? **Columbus, Georgia.**

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: **None.**

cb

WAR DEPARTMENT.

THE ADJUTANT GENERAL'S OFFICE,

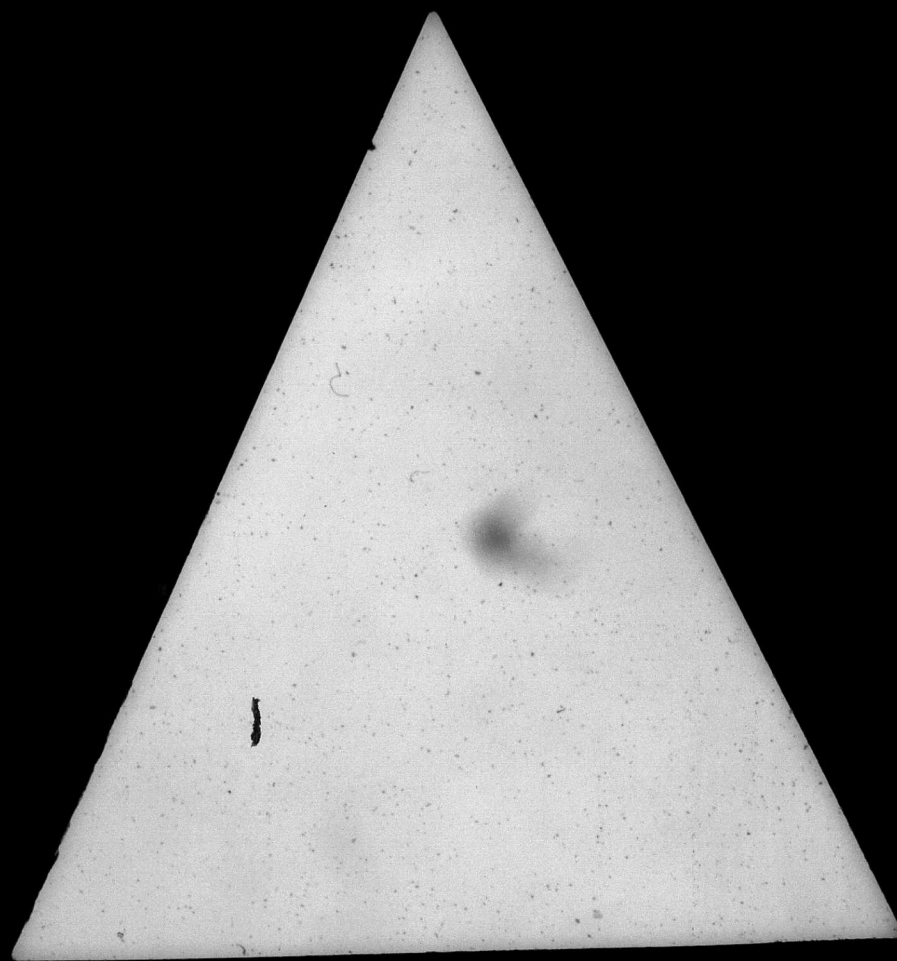
WASHINGTON, Aug. 17, 1917.

*Respectfully returned to the Com-
missioner of Pensions
State of Georgia,
Atlanta,*

*with the information that the name men-
tioned within has not been found on the rolls
on file in this Department, of the organization
to which reference is made, which rolls partly
cover the period from Aug. 7
1863, to Jan 30 1864,
and that nothing has been found in the official
records concerning the service, capture or pa-
role of a man of that name and organization.*

H. H. W.
The Adjutant General.

Form No. 550-A. G. O.
Ed. Jan. 29-17-5,000.



26.2.185.
De Kalb
Sheppard, N. P. (Mrs.)
Dec 1918
County

No.

See Co. No. 11/17-1918
Widow's Pension

UNDER ACT 1910

County

De Kalb

Name

Mrs. N. P. Sheppard

Widow of

D. C. Sheppard

ENTERED ROSTER OFFICE

J. W. LINDSEY,
Commissioner of Pension.

Index Printing Co., State Printers, Atlanta, Ga.

10/34-1917

Questions for Applicant

STATE OF GEORGIA, Dekalb County

Personally before me comes Mrs. N. P. Sheppard 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. N. P. Sheppard Dekalb Co
2. How long and since when have you been a continuing resident of the State of Georgia? 67 years all my life
3. When, where and to whom were you married? March 4th 1867
- a. Have you married since the death of first and soldier husband? have not
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army of Georgia Militia? (State the cause and class of service.) March 4th 1861
Dickinson Ga Company D = 4th Regiment (Confederate)
5. When and where did the Command of your husband surrender or discharge from the army? 1865 Virginia
6. Was your husband personally present at the time of the surrender or discharge of this Command? He was
7. If he was not present state clearly where he was? Present
8. Where was his command when he left? did not leave
- 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? Vicksburg Siege
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? Vicksburg Miss
- j. When and where did your first husband die? July 2nd 1917
- k. Were you residing together when he died? we were
- l. If not, how long had you resided apart? I am
- m. Are you now a widow? I am
9. What property of any description did you own, hold or control for your use and its value Nov. 4, 1908? (State name by items and where situated) I own a one 9th interest in and estate my husband which is worth about \$3000.00 did not own anything in 1908
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 did not own anything in 1908
11. What property of any description of any value have you now? I own a one 9th interest in my husband estate value of about \$3000.00
12. What are your annual earnings or income from any source and their value? Nothing
13. Have you or your husband heretofore been paid a pension by the State? have not

Sworn to and subscribed before me this the 26 day of Oct 1917 Mrs. N. P. Sheppard
James R. George Ordinary.
of Dekalb County.

Widow's Pension

UNDER ACT 1910

County Dekalb

Name Mrs. N. P. Sheppard

Widow of N. P. Sheppard

J. W. LINDSEY,
Commissioner of Pension.

10/28-1917

and Marriage
STATE OF GEORGIA, DeKalb COUNTY

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

1. What is your name and where do you reside? J. A. Adcock DeKalb
2. How long and since when have you known Mrs. N. S. Sheppard applicant?
3. How long and since when has she continuously resided in this State? (Give date.) 67 years all her life

4. When and to whom was she married? D. C. Sheppard how do you know because they lived together as man & wife until he died
5. How long and since when did you know D. C. Sheppard her husband? 60 years

6. When and where did D. C. Sheppard the husband of applicant die? July 2, 1917 DeKalb County

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

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

9. When, where and in what Company and Regiment did enlist? March 1861 Decatur Ga Company D-42 Regiment

10. Were you a member of the same Company? I was

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from March 1861 to April 1865

12. When and where did his Command surrender, and was discharged? 1865 Virginia

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

14. Was the husband of applicant personally present at surrender? he was If not where was he? Present When, where and for what cause did he leave Command? (Give date.) did not leave By whose authority did he leave his Command? And how long was he granted leave? How do you know all this? by and from my own knowledge he was with this command and did not come home or leave command till summer 1865

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? did not leave command

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? did never leave command

Sworn to and subscribed before me this the 26 day of October 1917 J. A. Adcock

James R. George Ordinary,
of DeKalb County

STATE OF GEORGIA, DeKalb COUNTY

Personally before me comes R. J. Freeman & V. S. Morgan who on oath says that they are freeholders of said County and that they know Mrs. N. S. Sheppard of said County and know what property she owned on Nov. 4, 1908, and its cash value to be set out by Schedule (A) as follows: She owned nothing in 1908

Personal property \$ nothing
Notes and accounts due \$
Total \$

Schedule (B).

We know the property sold or given away since Nov. 4, 1908, its cash value to be as follows:

Personal property \$ nothing
Money, Notes and Accounts \$

Schedule (C).

We also know what property she has now in her possession, use and control, to-wit:

She has a bug in 177 Acres of land worth about \$400
Horses and Mules none
Cows and Hogs none
Other Property none
Income and earnings \$
Total value of all property and effects \$400.00

Sworn and subscribed before me this the 26 day of October 1917 R. J. Freeman & V. S. Morgan
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. N. S. Sheppard the applicant for pension. She is the person who presents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov., 1908

That I also know J. A. Adcock the witness who swears to the service of husband, and R. J. Freeman & V. S. Morgan 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 Showed Returned for Tax is for 1908 \$ for 1910 \$ for 1911 \$ for 1912 \$ for 1913 \$

Sworn under my hand and official seal of office this 26 day of October 1917 James R. George Ordinary,
(SEAL) 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 first January, 1870, are entitled.
4. All affidavits must be made before the Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Count House burned in Summit Co 1871 cannot obtain because I know of my own knowledge that they have lived together for 30 years good people Jas R. George

GEORGIA GWINNETT COUNTY.

I, G. G. Robinson, Ordinary of said County, certify,
that the Year 1871 the Court house in this county was burned,
and at which time practically all the records was destroyed,
the marriage record from 1865 to 1871 was destroyed.

Given under my hand and seal of office.

This 28th day of July, 1917

G. G. Robinson
Ordinary

Georgia, DeKalb County.

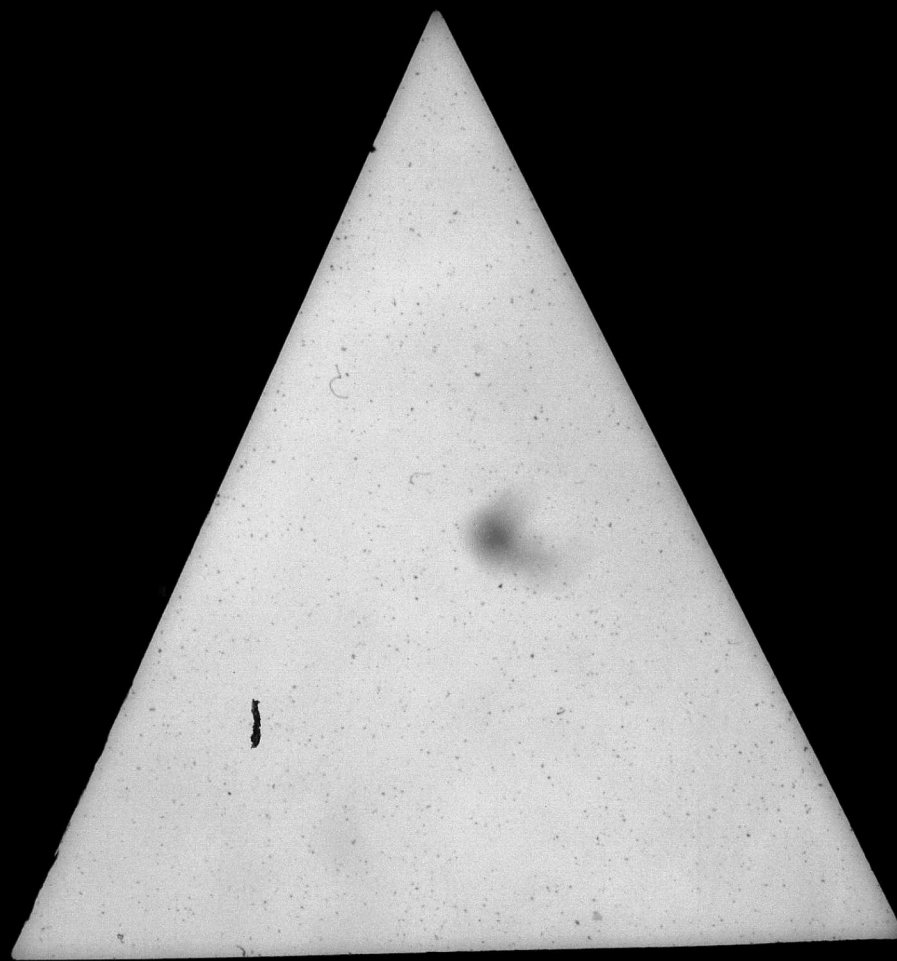
Personally appeared before me, the undersigned,

James M. Goldsmith who being first duly
sworn, says on oath: That he is personally acquainted with Mrs.
D. C. Sheppard, widow of David C. Sheppard, deceased, and that he
was also well acquainted with D. C. Sheppard during his lifetime,
who died July 2nd, 1917, and knows of his own knowledge and from
general report in the community, that they lived together as man and
wife before the year 1870, and continued to live together as man and
wife up to the time of the death of said D. C. Sheppard.

Sworn to and subscribed before me,) James M. Goldsmith

this the 3rd day of November, 1917.) J. W. McCurdy

James R. George
Ordinary DeKalb County, Georgia.



RECORD O. K.



Widow's Application

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

County DeKalb
 Name Mrs. G. P. Sigman
 Widow of G. P. Sigman
 Date of Marriage June 3 1900
 Date of Husband's Death 6-12 1925
 Company 11th Regt. Ga. Inf.
 Regiment DEC 27 1937
 Approved G. P. Sigman 193
 Director

AUG 11 1937

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

Gus P. Sigman enlisted as a private in Co. H, 11th Regt. Ga. Inf. Feb. 6, 1864. Home sick furlough July 1864 to close of war.

When he applied for a pension in 1912, Fulton County, his former captain testified that he was "sick from July 1864 to close of war."

William H. Harrison
 Director Confederate Records Div.

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

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

Given under my hand and seal of office this 10 day of August 1937.
 (SEAL OF ORDINARY) Y. 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 the answers made to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All such Oaths must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by said Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by General reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

RECORD O. K.

State Dept. Public We
Atlanta, Oct. 29, 19



Gus P. Sigman enlisted
private in Co. H, 11th
Ga. Inf., Feb. 6, 1864.
sick furlough July 1864
close of war.

Widow's Application

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

County DeKalb
Name Mrs. G. P. Sigman
Widow of G. P. Sigman
Date of Marriage June 3 1900
Date of Husband's Death 6-12 1925
Company
Regiment 11th Regt. Ga. Inf.
Approved DEC 27 1937
Director

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

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

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

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. G. P. Sigman 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. G. P. Sigman - Atlanta, Ga. Route #3- DeKalb County
- 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. March 16, 1868 Age? 69
- (1) When, (2) where and (3) to whom were you married?
Married June 3, 1900 at Newnan, Ga. to G. P. Sigman
- a. Have you married since the death of first and soldier husband? no
- b. When and where did your first husband die? Died June 12, 1925 in Atlanta, Ga.
- c. Were you residing together when he died? yes
- d. If not, how long had you resided apart? x
- e. Are you now a widow? yes
- f. Have you or your husband heretofore been paid a pension by the State? Husband received pension from Fulton 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?
 - For what cause did he leave?
 - By whose authority did he leave?
 - 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

22 day of July 1937.

V. S. Morgan, Ordinary

of DeKalb County.
(SEAL OF ORDINARY)

Mrs. G. P. Sigman
Applicant.

ATLANTA

WHEREAS :

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,

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.

Director, Confederate Division
State Department of Public
Welfare

MARRIAGE CERTIFICATE
STATE OF GEORGIA
COUNTY OF
COWETA

This Certifies that *G. P. Sigman*
and *Elizabeth Susan Banks* were united in the

HOLY BONDS OF MATRIMONY

By *H. R. Davies* M. G.

On the *30th* day of *June* in the year of our Lord 1900
as appears of record in my office in Marriage Record
book *L* page *112*

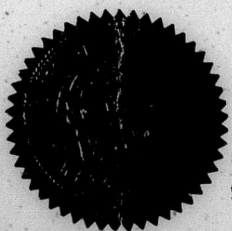
This *24* day of *March* 19*01*

J. A. R. Samp

Ordinary

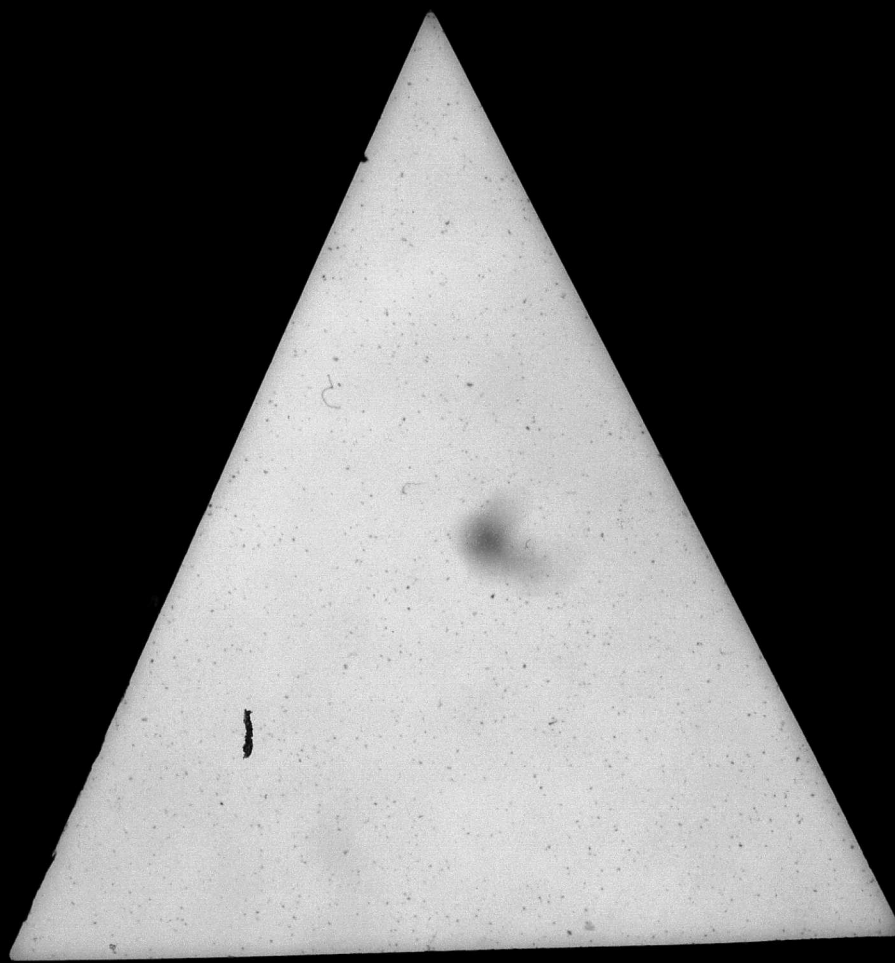
MARRIAGE CERTIFICATE
STATE OF GEORGIA
COUNTY OF
COWETA

This Certifies that *G. P. Dignan*
and *Elizabeth Susan Banks* were united in the
HOLY BONDS OF MATRIMONY



By *L. R. Davies* M. G.
On the *28* day of *June* in the year of our Lord 19*00*
as appears of record in my office in Marriage Record
book *L* page *112*
This *24* day of *March* 19*31*

J. A. R. Samp
Ordinary



Simmons, George W.
De Kalb County

No. *OK for 1911*

**Confederate
Soldier's Application.**

UNDER ACT 1910.

County *De Kalb*

Approved

J. W. LINDSEY
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

No. *OK for 1911*

**Confederate
Soldier's Application.**

✓ UNDER ACT 1910.

County *DeKalb*



Approved *J. W. Lindsey*

J. W. LINDSEY,
Commissioner of Pensions

10/25/10

CHAS. P. HYDE, State Printer, Atlanta.

STATE OF GEORGIA,

D. B. K. A. L. R. County.

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

1. What is your name and where do you reside? (Give County and Post-office).....
2. How long and since when have you been a continuous resident citizen of this State?.....
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? In the army of the Confederate States.....
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) March 8th, 1862, Gilmer, Texas, Co. 2d Cavalry, 1st Regt. X
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Until discharged in April 1865.
6. When and where was your Company and Regiment surrendered or discharged from the Service? April 1865, Hempstead, Texas.
7. Were you actually present with your Command when it was surrendered or discharged?.....
8. If you were not actually present, state specifically and clearly where you were.....
- a. Where was your Command when you left it? April 1865.
- b. When did you leave the Command? At the time.
- c. For what cause did you leave? Was discharged.
- 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 by you, the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list of items and value.) one house and lot in the town of Edgewood, Ga. value \$8000.00
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? Have not disposed of any property.
11. What property of any description of any kind 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 and lot in the town of Edgewood, Ga. value \$8000.00
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? \$37.50 per year
13. Are you drawing a pension of any amount from this State or the United States?.....
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No.

Sworn to and subscribed before me, this the

10 day of October 1910
James R. George of Dekalb County, Ga.

Soldier's Application.

UNDER ACT 1910.

Confederate

No. 1911

Simmons George W.
De Kalb County

County Dekalb

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. F. BYRD, STATE PRINTER, ATLANTA.

STATE OF GEORGIA, TEXAS.

DeKalb County.

Read of said State and County is hereby presented as a witness in support of the application of W. Simmons 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? L. M. Read, Pritchett,
2. How long and since when have you known G. W. Simmons the applicant? I met him in the Company in which he served with me in the Company till back to Ga, and I have not seen him since 1865. His letter to me when has he been a bona fide, continuing resident in this State and how do you know? I saw him since 1865. His letter to me at is his home.
3. Where does he now reside, and when has he been a bona fide, continuing resident in this State and how do you know? I saw him since 1865. His letter to me at is his home.
4. When, where and in what Company and Regiment did G. W. Simmons join during war from 1861 to 1865? (Give date and place.) G. W. Simmons joined Company 40th 22nd Texas Infantry in March 1862 at Gilmer
5. How did you obtain your information of this Service? I was sworn in at the same time with him at the war.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date and place.) served with me in the army from date of war. We were discharged at Hempstead 1865.
7. When and where was his Company surrendered or discharged (give date and place.) 1865.
8. Were you personally present at the Surrender? I WAS
9. If not, where were you and how came you there? Stated in the above
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came him there? He was

12. When did he leave his Command? Where was his Command when he left it? for what cause did he leave? By whose authority did he leave? and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)

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? HE WAS NOT. If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this day of Oct, 1910.

L. M. Read
Albert Moberg
of DeKalb County, Texas.

STATE OF GEORGIA.

DeKalb County.

Personally before me comes E. S. O'Brien & C. O. Barnes who on oath says that they are freeholders residing in said County, and we know Geo. W. Simmons the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.) one house and lot in the town of Edgewood, value of \$800.00
House hold goods value of \$50.00
Paint \$850.00

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

2. When and to whom was it sold or given to? was not sold

3. What was the price paid or stated to be paid? none

4. What relation is the party to applicant? none

5. What disposition was made of the proceeds of the sale? none

6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension? E. S. O'Brien

Sworn to and subscribed before me, this the 18 day of Oct, 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 Geo. W. Simmons for Pension is the person he represents himself to be and resides in said County. That I also know E. S. O'Brien & C. O. Barnes the witness swearing to the service and E. S. O'Brien & C. O. Barnes who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of DeKalb County shows that Geo. W. Simmons and wife value for tax is in 1908 \$800.00 for 1909 \$600.00 for 1910 \$950.00

Sworn under my hand and official seal of office this 18 day of Oct, 1910.

James R. George Ordinary,
of DeKalb County.

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

1. What is your name and where do you reside? L. M. Read, Pritchett,
2. How long and since when have you known G. W. Simmons the applicant?
2. I met him in the company in which he served with me in the company till
back to Ga. and I have not seen him
3. Where does he now reside? when has he been a bona fide, continuing resident in this
State and how do you know? seen him since 1865. His letter to me
at is his home.
4. When, where and in what Company and Regiment did G. W. Simmons join?
var from 1861 to 1865? (Give date and Texas Infantry in March 1862 at Gilmer
5. How did you obtain your information of this Service? I was sworn in at the same
in the war.
6. How long within your own personal knowledge did he perform actual military service with
this Company and Regiment? (give date) served with me in the army from date
of war. We were discharged at Hemp-
7. When and where was his Company surrendered or discharged (give date and place)
at 1865.
8. Were you personally present at the Surrender? I was
9. If not, where were you and how came you there? Stated in the above
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came him there? He was
12. When did he leave his Command? Where was his Command
when he left it? for what cause did he leave?
By whose authority did he leave? and how
long was he granted leave? How do you know
all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).
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? He was not. If so, when and where?
In what prison was he held? and when released?
Sworn to and subscribed before me, this 14 day of Oct 1910 } L. M. Read
Albert Moberry Chapman
Texas.
of _____ County.

Lot in the Town of Edgeboro, Vol. 10 of 1860
Paul Hold Good & Val \$55.00 Total \$55.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov
1908? (State it fully by items.) nothing
2. When and to whom was it sold or given to? was not sold
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant? none
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full values?
or was it made to obtain a pension?

Sworn to and subscribed before me, this 18 day of Oct 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 James R George 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 E. S. O'Brien & L. O. Burrell who are freeholders, that
they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and
they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the
Tax Results of DeKalb County shows that James Simmons and wife
value for tax is in 1908 \$85.00 for 1909 \$6.50 for 1910 \$95.00

Sworn under my hand and official seal of office this 18 day of Oct 1910.
James R George Ordinary,
of DeKalb County.

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

STATE OF GEORGIA, Texas.

1. 25111

County.

of said State and County is hereby presented as a witness in support of the application of L. M. Read 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? L. M. Read, Pritchett.

2. How long and since when have you known G. W. Simmons the applicant? I met him in the company in which he served with me in the company till back to Ga. and I have not seen him

3. Where does he now reside, and when has he been a bona fide, continuing resident in this State and how do you know? I have not seen him since 1865. His letter to me at Pritchett, Texas, says that is his home.

4. When, where and in what Company and Regiment did G. W. Simmons join? G. W. Simmons joined Company 1st, during war from 1861 to 1865? (Give date and place) Texas Infantry in March 1862 at Gilmer

5. How did you obtain your information of this Service? I was sworn in at the same time as he was in the war.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date and place) served with me in the army from date of war. We were discharged at Hemp-

7. When and where was his Command surrendered or discharged (give date and place)? 1865.

8. Were you personally present at the Surrender? I was.

9. If not, where were you and how came you there? Stated in the above.

10. Was the applicant personally present with his Command at surrender? Yes.

11. If not where was he and how came him there? No was.

12. When did he leave his Command? Where was his Command when he left it? for what cause did he leave?

By whose authority did he leave? and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)

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? He was not. If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this

14 day of Oct, 1910.

L. M. Read

Albert Mabry

County Judge, Pritchett, Texas.

STATE OF GEORGIA.

Dikalb

County.

Personally before me comes E. S. Odrian & C. O. Barnes who on oath says that they are freeholders residing in said County and we know G. W. Simmons the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.) one house and lot in the town of Edgewood, block 8, lot 10, value \$1000.00

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

2. When and to whom was it sold or given to? was not seen

3. What was the price paid or stated to be paid? none

4. What relation is the party to applicant? none

5. What disposition was made of the proceeds of the sale?

6. Was the disposition of this property made in good faith and full values?

or was it made to obtain a pension?

Sworn to and subscribed before me, this the

18 day of Oct, 1910.

James R. George

Ordinary, Dikalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Dikalb

County.

I, James R. George Ordinary of said County, certify that I know the applicant G. W. Simmons for Pension is the person he represents himself to be and resides in said County. That I also know E. S. Odrian & C. O. Barnes the witness swearing to the service and E. S. Odrian & C. O. Barnes who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of Dikalb County shows that G. W. Simmons and wife value for tax is in 1908 \$800.00 for 1898 \$600.00 for 1910 \$250.00

Sworn under my hand and official seal of office this 18 day of Oct, 1910.

James R. George

Ordinary, Dikalb 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 or control of self and wife, affidavits of freeholders unnecessary.

STATE OF GEORGIA.

Knott County.

W. W. Mosely

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

1. What is your name and where do you reside? W. W. Mosely
at Benjamin Knott's Texas
2. How long and since when have you known W. W. Simmons the applicant?
I knew him during the Civil War - Have not known him since that time
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? I understand he lives in Atlanta Ga - Do not know how long he has lived there
4. When, where and in what Company and Regiment did W. W. Simmons enlist during war from 1861 to 1865? (Give date and place). April 1862 Galesburg at Gilmer
5. How did you obtain your information of this Service? He enlisted about the same time and served in the same company
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) from April 1862 to 1865
7. When and where was his Command surrendered or discharged (give date and place). Surrendered at Hanksburg Texas in April 1865
8. Were you personally present at the Surrender? Was away on sick furlough
9. If not, where were you and how came you there? Was at home at Gilmer Texas on sick furlough
10. Was the applicant personally present with the Command at surrender? Suppose he was - He was with his command a short time before
11. If not where was he and how came him there?
Suppose he was there
12. When did he leave his Command? at end of term Where was his Command when he left it? Do not think he left it for that cause did he leave?
By whose authority did he leave? and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). All know stated know of my own knowledge
13. In what way was he prevented from returning to his Command? Do not suppose
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

15 day of Oct 1918

J. H. Milam County Judge Ordinary,

of Knott

County. State of Texas

NAME Simmons, G. W.

YEAR 1911

COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of Georgia since the fall of 1865.

Does not state when and where born.

ENLISTED WHEN AND WHERE? March 8th, 1862, Gilmer Texas.

RANK

COMPANY AND REGIMENT? Company C. 22nd Texas Inf.

NAME OF CAPTAIN AND COLONEL?

ENDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 1865, Hempstead, Texas.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. L. M. Read-

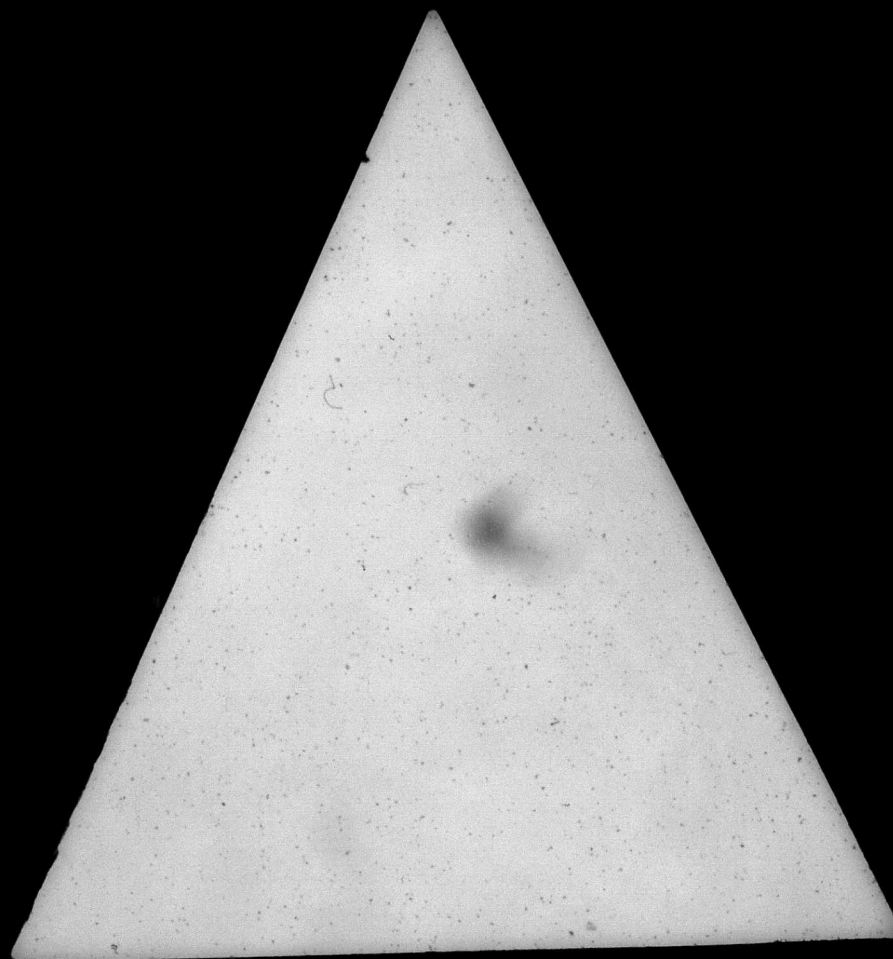
Same command-

No data.

W. W. Moseley

Same command-

GB



ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

DeKalb

COUNTY

I, Mary C. Simmons of

know Mrs. Mary C. Simmons

Ordinary of said County, do certify that I

person she represents herself to be, and that she is a bona fide continuing resident of said County and was

on the 15th day of June 1920

That I also know _____ witness as to marriage, and I also know

_____ that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this _____ day of _____ 19____

(SEAL)

Ordinary. _____ County.

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

Simmons, Mary C (mrs)
DeKalb County

No. 1000

Widow's Application

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

County DeKalb

Name Mary C. Simmons

Widow of Geo. W. Simmons

Company _____

Regiment 22 Tex

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

11-1-1920

STATE OF GEORGIA,

DeKalb

COUNTY.

I, _____ of _____ Ordinary of said County, do certify that I know Mrs. Mary C. Simmons 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 15th day of June 1920

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

Sworn under my hand and official seal of office this _____ day of _____ 19____

(SEAL.)

Ordinary.

County.

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

Widow's Application

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

No.

County

Name

Widow

Company

Regiment

Approved

J. W. LINDSEY,

Commissioner of Pensions.

Burd Printing Co., State Printers, Atlanta.

11-1-1920

Simmons, Mary C. (Mrs)
DeKalb Co

For DeKalb County

1925 1926

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

V. D. Morgan Ordinary
For Mrs Mary C. Simmons

Date of Death Oct. 11, 1925Amount \$ 100.00 *ok*

Approved and ordered paid

John W. Clark 1925
15 July 26

Commissioner of Pensions.

Received of V. D. Morgan exd.
check for \$100.00 for Mrs M C Simmons
Blanchard
Ray Wm B. B. B.

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

STATE OF GEORGIA,

Georgia DeKalb

COUNTY.

Personally before me comes Mrs. Mary C. Simmons of said County,

who, after being duly sworn, says that she is the widow of George W. Simmons

to whom, in the County of Randolph State of Alabama she was married on

the 29th day of Dec. 18 59, and that she remained his wife, and resided with him to the

date of his death in June 19 20 and that she has not since his death remarried. At

the time of his death he was a resident of DeKalb County, in said State

of Georgia, and he was on the Acts 1910 Pension Roll of the State and paid a pension

of \$100.00 in DeKalb County for 19 20 per annum, on account of being a soldier in

Company C. 22nd Regiment 22nd Texas (Volunteers ~~at San Antonio~~)

That she is now a bona fide resident citizen of said County of DeKalb and she

has so continuously resided since 15th day of June 19 20

Sworn to and subscribed before me, this the

9th day of October 19 20

James R. George Ordinary

of DeKalb County.

(SEAL)

Affidavit of Witnesses to Prove Marriage and to Whom.

Date of Death of Husband

STATE OF GEORGIA,

DeKalb

COUNTY.

Personally before me comes Ext Mason known to be

responsible and truthful persons, residing in said County, who after having been duly sworn, say: that

of their own personal knowledge Mrs. Mary C. Simmons, who made the foregoing

affidavit, is the lawful widow of George W. Simmons who died in DeKalb

County in said State of Georgia on 15th day of June 19 20,

and that she has not since remarried. That she became the wife of

the day of 18, and that she and he had resided together as man and

wife continuously since day of 18, and that 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

11th day of October 19 20

James R. George Ordinary

of DeKalb County.

(SEAL)

(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 H. M. Blanchard.

of said County, who, after being sworn, on oath

says that he knew Mrs. Mary C. Simmons 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 11 day of Oct 19 20, and that

a Pension of One Hundred (\$100.00) Dollars was due pensioner and

unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving,

and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 319.34

per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

this 14 day of June 19 26

V. D. Morgan Ordinary

DeKalb County

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. D. Morgan Ordinary of said County, do certify

that I personally know H. M. Blanchard, 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. Mary C. Simmons 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 (\$100.00) Dollars

in said County for 19 20, 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 14 day of June 19 26

(Seal or Ordinary)

INSTRUCTIONS:

1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and did not leave sufficient property to pay such expenses. THE WIDOW OF A SOLDIER, IF SHE IS LIVING, HAS PRIOR CLAIM OVER THESE EXPENSES, AND MUST MAKE APPLICATION ON YELLOW BLANK.

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

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

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

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

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

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

7th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.

8th. Accept no bill for nursing until you write the Pension Department, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.

9th. Return this application, and attached bills, with your final settlement, to the Pension Department.

10th. Ordinary should see that the back of this blank, when folded, is filed out.

11th day of October 1920
James R. Morgan Ordinary
of DeKalb County.
(SEAL)

Ex. Mason

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, due paid," etc.)
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill."
5th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
6th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
7th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
8th. Accept no bill for nursing until you write the Pension Department, stating the circumstances in very great detail: Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
9th. Return this application, and attached bills, with your final settlement, to the Pension Department.
10th. Ordinary should see that the back of this blank, when folded, is filled out.

Atlanta, Ga., June 14- 1926.

M r. J. C. Simmons.

1188 DeKalb, Ave.

Blanchard Brothers
FUNERAL DIRECTORS

878 Peachtree Street

Phones (Hemlock 6984
6985)

For Funeral Of Mrs. Mary Carolyn Simmons

Oct	11-25	To Casket & Burial Case	\$175.00
		" Embalming	15.00
		" Hearse	20.00
		" 3 Closed Cars	60.00
		" Dress	30.00
		" Underwear	2.00
		" Hose	1.50
		" E.B. Gloves	2.50
		" Constitution Funeral Notice	3.78
		" Georgian " "	4.78
		" Journal " "	4.78

319.34

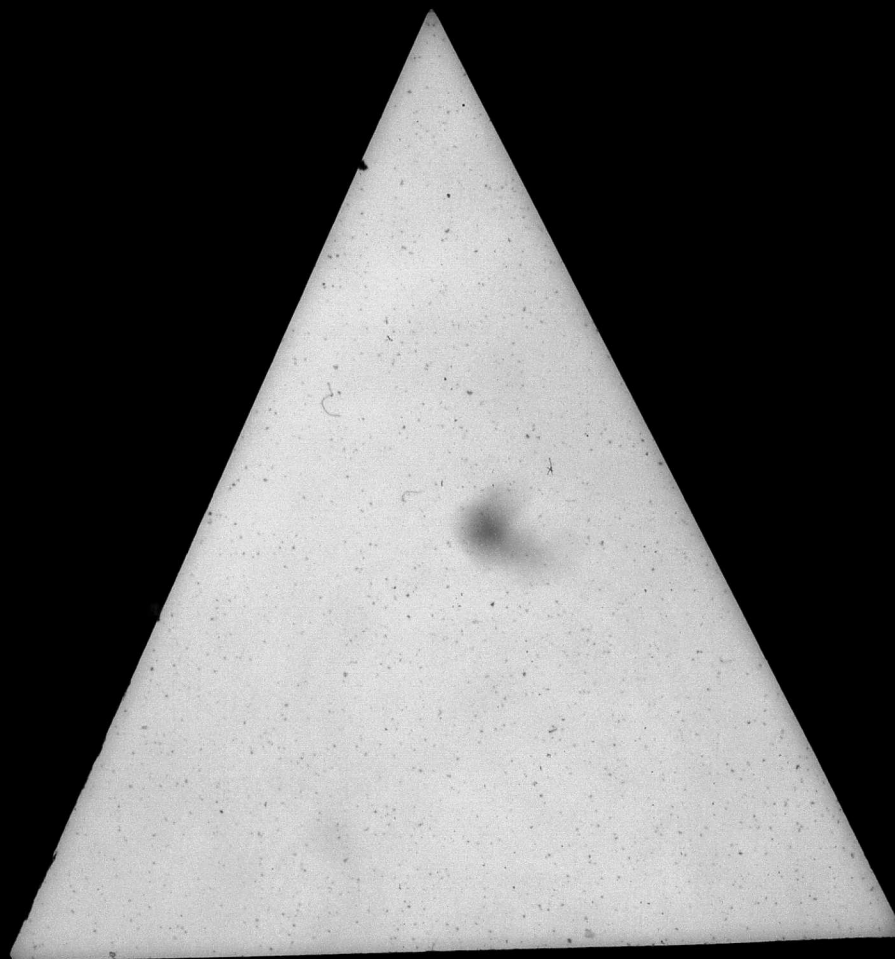
Georgia, DeKalb County.

Sworn to and subscribed before me, this 14, day of

June, 1926.

V. A. Morgan
Ordinary.

H. M. Blanchard



Ordinary's Certificate

STATE OF GEORGIA
DeKalb COUNTY

I, James B. Simpson Ordinary of said County, certify that I know the applicant Dr. C. A. Simpson 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; 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 24 day of Sept 1919
of James B. Simpson Ordinary
of DeKalb County }
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You swear that you will give the true and correct answers to 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.

Simpson, Charles W.
Dr. C. A. Simpson
DeKalb

No. _____

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County DeKalb
Name Dr. C. A. Simpson
Company A
Regiment 3-8-6
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9/29/1919

DeKalb COUNTY.

I, James R. George Ordinary of said County, certify that I know the applicant Dr. C. A. Simpson 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 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 24 day of Sept 1918

James R. George Ordinary
of DeKalb County.
(SEAL)

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

No.

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County

Name

Company

Regiment

Approved

J. W. LINDSEY
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Questions For Applicants to Answer

STATE OF GEORGIA,

DeKalb COUNTY.

Carolus A. Simpson 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:

- What is your name and where do you reside? (Give County and Post-office)
Carolus A. Simpson, DeKalb Co., Ga.
- How long and since when have you been a continuous resident citizen of this State?
Since July 1908 and until this date
- Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865?
In the Army of Confederate States
- When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
April 1862 in Virginia Co. A. 3rd S.C. Regt.
- How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge)
Until Surrender
- When and where was your Company and Regiment surrendered or discharged from the Service?
1865 Savannah, Ga.
- Were you actually present with your command when it was surrendered or discharged?
Yes
- If you were not actually present, state specifically and clearly where you were.
- Where was your command when you left it?
Savannah, Ga.
- When did you leave the command?
1865
- For what cause did you leave?
Surrendered
- By whose authority did you leave?
Under terms of Surrender
- For how long was your leave granted? In what way?
Term of Surrender
- Why did you not return to your command after leave expired?
- In what way were you prevented?
- What effort did you make to return?
- Were you captured during the war?
Yes
- If so, when, and where? In what prison were you held and when were you released?
1862, Battle of Shiloh, Fort M. H. B. Belling
- Are you drawing a pension of any amount from this State or the United States?
No, Exchanged
- 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

27 day of Sept 1918

James R. George Ordinary
of DeKalb County.

(SEAL)

Carolus A. Simpson

Simpson, Carolus A.
C. for 1920
DeKalb Co., Ga.

9 29 1919

Fulton

COUNTY.

Oscar F. Simpson of said State and County is hereby presented as a witness in support of the application of Carlota Simpson 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? Oscar F. Simpson
Atlanta Fulton Co Ga
2. How long and since when have you known Since childhood applicant?
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? Decatur Decatur Co Ga
Since Feb 1908 From personal knowledge
4. When, where and in what Company and Regiment did War. Nagam enlist during war from 1861 to 1865? (Give date and place.) C. A. 2nd S. C. Regt
5. How did you obtain your information of this Service? Being a brother of
War. Nagam
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date.) Until the surrender
7. When and where was his command surrendered or discharged (give date and place) 1865 Greenville SC
8. Were you personally present at the surrender? No
9. If not, where were you and how came you there? Greenville SC in 2nd
of
10. Was the applicant personally present with his command at surrender? Yes
11. If not where was he and how came him there? —
12. When did he leave his command? — Where was his command when he left it? — For what cause did he leave? — By whose authority did he leave, — and how long was he granted leave? — How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically of my own knowledge
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? Yes If so, when and where? 1862
Shenandoah In what prison was he held? Ft McKim and when released later part of 1862

Sworn to and subscribed before me, this the

18 Sept 1919

Alvin A. Simpson
Alvin A. Simpson Ordinary
of Fulton County.

(SEAL)

Aug 30

31 1935

OFFICE

AUG 11 1935

VETERANS

NOV 16 1935

RECEIVED
VETERANS SERVICE OFFICE
DEKALB COUNTY, GEORGIA

4 / Simpson, C.A. 210.00
DeKalb Co.

For DeKalb County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

V.S. Morgan, Ordinary

For: C. A. Simpson
(Name of Pensioner)

Date of Death: Aug. 22, 1935

Amount: \$ 30.00

PAID TO ORDINARY ON THIS CLAIM:

DATE	FUND FROM WHICH PAID	\$
1935		
11-13	Cx	30.00
8-31-36	Cx	150.00
		180.00
X 150	TOTAL	30.00

Approved, and ordered paid,

NOV 13 1935

W. L. HEMSON,
Director, Veterans Service Office.

Rec'd. V.S. Morgan, Ordly, Thirty (30.00) dollars
for funeral expenses C.A. Simpson, dec'd.
11/14/35. *Ad. Turner*

Received of V. S. Morgan, Ordinary, DeKalb County, Georgia, One
Hundred Fifty (\$150.00) Dollars in full settlement for funeral
expenses of C. A. Simpson, deceased.
This 11 day of September, 1936.

Ad. Turner

Application for
Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DeKalb County:

Before me, the Ordinary of said County, comes A. S. Turner

of said County, who, after being duly sworn, on oath says that he knew C. A. Simpson late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of \$ 210.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,
this the 30 day of August, 1935.

V. A. Morgan, Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, DeKalb County.

I certify that A. S. Turner who subscribed

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

Given under my hand and seal of office, this the 30 day of August, 1935.

(Seal of Ordinary)

V. A. Morgan, Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

A. S. Turner
Funeral Director and Embalmer

Prompt Ambulance Service

Dacula, Georgia.

August 30, 1935.

Funeral Expenses of Dr Carolus Adams Simpson,
115 Church St, Decatur, Ga.

August 23, 1935.

To Casket
Embalming
Funeral Notices
Cement Vault
Hearse Service and Service Rendered \$210 00

Georgia, DeKalb County,

I do hereby certify that the above account is rendered* for the funeral expenses of Dr Carolus Adams Simpson, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,
This August 30, 1935.

Miss Johnston

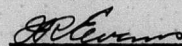
Nature Public State at Large
My Commission Expires

A. S. Turner


Decatur, Ga.
Aug. 28, 1935

TO WHOM IT MAY CONCERN:

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


J. R. Evans, M. D.
Comm. of Health, DeKalb Co. Ga.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. Was disease or injury caused by dangerous or insanitary conditions or occupation? Where was disease contracted if not at place of death?

		CERTIFICATE OF DEATH GEORGIA DEPARTMENT OF PUBLIC HEALTH Bureau of Vital Statistics	
1. PLACE OF DEATH County <u>DeKalb</u> Militia District (Number and Name) <u>DeKalb</u> State of Georgia City or Town <u>Decatur</u> Length of residence in this city or town: Yrs. <u> </u> Mos. <u> </u> Ds. <u> </u> NON-RESIDENT (Yes or No) <u> </u> Street and Number (No.) <u> </u> (Street) <u> </u> Ward <u> </u> (If death occurred in a hospital, give its name instead of street and number) <u> </u>		Registered No. <u>56</u>	
2. FULL NAME <u>Dr. Carolus Adams Simpson</u> Residence (City or Town) <u>Decatur</u> (Street and Number) <u>115 Church St.</u> (State) <u>Ga.</u>			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>		4. COLOR or RACE <u>White</u>	
5. SINGLE, Married, Widowed, Divorced (write the word) <u>Widowed</u>		6. DATE OF BIRTH (month, day, year) <u>Feb. 8, 1844</u>	
7. AGE Years <u>91</u> Months <u>6</u> Days <u>14</u> If less than one day Hours <u> </u> Minutes <u> </u>		8. OCCUPATION (a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Physician</u> (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. <u> </u> (c) Date deceased last worked at this occupation (month and year) <u> </u> (d) Total years spent in this occupation <u> </u>	
9. BIRTHPLACE (P. O. Address) <u>Laurens, S. C.</u>			
10. NAME <u>Dr. John Wells Simpson</u>			
11. BIRTHPLACE (P. O. Address) <u>Belfast, S. C.</u>			
12. MAIDEN NAME <u>Eliza Adams</u>			
13. BIRTHPLACE (P. O. Address) <u>Newberry, S. C.</u>			
14. INFORMANT (Signed) <u>Wm. Elliott Simpson</u> (Address) <u>Decatur, Ga.</u>			
15. BURIAL PLACE (Cemetery) <u>Decatur Cemetery</u> (Postoffice) <u>Decatur, Ga.</u> Date <u>Aug. 24, 1935</u>			
16. UNDERTAKER (Signed) <u>A. S. Turner</u> (Address) <u>Decatur, Ga.</u>			
17. I HEREBY CERTIFY, That I attended the deceased from DEATH <u>Aug. 22, 1935</u> at <u> </u> (Hour) <u> </u> M <u>Jan. 1, 1930</u> to <u>Aug. 22, 1935</u>		MEDICAL CERTIFICATE OF DEATH I last saw him alive on <u>Aug. 22, 1935</u> , death is said to have occurred on the date and hour stated above. The principal cause of death and related causes of importance in the order of onset and duration of each: <u>Chronic Myocarditis,</u> <u>Chronic Interstitial Nephritis</u> Other contributory causes of importance: <u>Senility</u>	
What test confirmed diagnosis? <u>Clinical</u> (Specify whether autopsy, operation, laboratory, or clinical)		If death was due to external causes (violence) fill in also the following: Was injury an accident, suicide, or homicide? <u> </u> Where did injury occur <u> </u> (Specify city or town, if outside of limits, the county, and also the state) Did injury occur in a home, public place or industry? <u> </u> Manner of injury <u> </u> Nature of injury <u> </u> (Signed) <u>G. A. Duncan</u> M.D. (Address) <u>Decatur, Ga.</u>	
15. FILED <u>8/28/35</u> (Signed) <u>J. R. Evans</u> (Local Registrar)		19. <u> </u>	

NAME Simpson, Carolus A. (Dr.) YEAR 1920 COUNTY DeKalb

WHEN AND WHERE BORN? A resident of Georgia since February 1906.

ENLISTED WHEN AND WHERE? April 1862, Virginia.

RANK?

COMPANY AND REGIMENT? Company A, 3rd S. C. Regt. Infantry

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

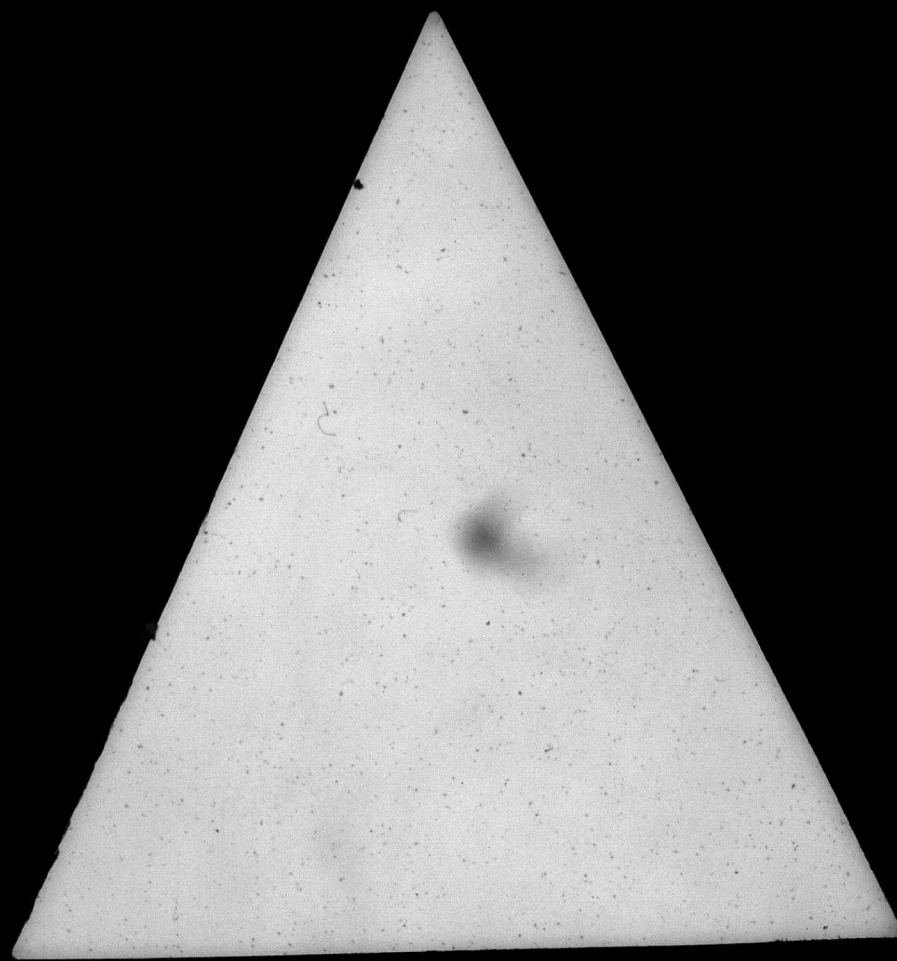
WHEN AND WHERE SURRENDERED? April 1865, Greensboro, N. C.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED?

WITNESSES? Ossean F. Simpson - Personal knowledge -- No data.



On Trial / Simpson, Mary M.
OK for 11/3
8

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 Mary M. Simpson

Widow of

J. M. Simpson

Company

D-28 Ga Regt

Approved

J. W. LINDSEY,

Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

10/28/912

STATE OF GEORGIA,

DeKalb County.

Personally before me comes Mary M. Simpson of said County, who, after being duly sworn, on oath says, that she is the widow of S. M. Simpson to whom in the County of DeKalb State of Georgia she was married on the 2 day of May 1868 and that she remained his wife, and resided with him to the date of his death in March 1912 and that she has not since his death remarried. At the time of his death he was a resident of DeKalb County, in DeKalb said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$ 60.00 in DeKalb County for 1912 per annum, on account of being a soldier in Company D-28 Regiment GA (Volunteers of State Militia.)

At the death of S. M. Simpson he was in the use and possession of the following property Nothing of the cash value of \$ Nothing What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.) Nothing

Acres land	\$	<u>—</u>
Horses and Mules	\$	<u>—</u>
Hogs, Cows, etc.	\$	<u>—</u>
Total Cash value of all property	\$	<u>—</u>

That she is now a bona fide resident citizen of said County of DeKalb and she has so continuously resided since 23 day of Oct 1912

Sworn to and subscribed before me, this the 23 day of Oct 1912 } Mary M. Simpson }
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 J. W. Brand known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Mary M. Simpson who made the foregoing affidavit, is the lawful widow of S. M. Simpson who died in DeKalb County in said State of Georgia on 30 day of March 1912 and that she has not since remarried. That she became the wife of S. M. Simpson on the 2 day of May 1868 and that she and he had resided together as man and wife continuously since 9 day of May 1868 and that the S. M. Simpson was the same man who was on the pension roll of said State GA from DeKalb County when he died.

Sworn to and subscribed before me, this the 23 day of Oct 1912 } J. W. Brand }
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

Name

Widow of

Company

Approved

J. W. LINDSEY,

Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

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

Silas M Simpson AND *Mary M Campbell*

According to the rites of your church, provided there be no lawful cause to obstruct the same, according to the constitution and laws of the state; and for so doing this shall be your license.

Given under my hand and seal, *3rd* day of *January* 18*68*

John G Campbell (SEAL)
ORDINARY

I hereby certify, That *Silas M Simpson* AND

Mary M Campbell were joined together in

HOLY BONDS OF MATRIMONY

on *9th* day of *January* 18*68* at *by me.*

Robert Baber, M.G.

STATE OF GEORGIA

DeKalb County.

Personally before me comes *J. W. Brand + C. M. Craig* who after being sworn on oath says, that they are freeholders of said County and that they know *Mary M Simpson* of said County and knew her said husband *S M Simpson* at his death on the *30* day of *March* 191*2* that she and he were in the use, possession and control of the following property at his death to wit: *Nothing*

of the value of \$ *Nothing* That she is now in the use, possession and control of the following property to wit: *Nothing*

of the value of \$ *Nothing*

Sworn to and subscribed before me, this the

23 day of *Oct* 191*2*

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 *Mary M Simpson* 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 *1912*

That I also know *J. W. Brand + C. M. Craig* witness as to marriage and I also know *J. W. Brand + C. M. Craig* 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 *DeKalb* County shows that *the* returned property to the amount of *Nothing* for 1908 \$ *None* for 1909 \$ *None* for 1910 \$ *None*

Sworn under my hand and official seal of office this *23* day of *Oct* 191*2*

(SEAL) *James R. George* Ordinary,
DeKalb County.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

Received of V. A. Mayer
Ordinary cheer for
Nine Dollars for
Doctors bill & last
sickness 4/26/35
S. J. Gordon

SIMPSON, MARY M. (Maid)
DeKalb Co. 108
29
N 117
For DeKalb County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

V. S. Morgan, Ordinary

For: Mrs. Mary M. Simpson
(Name of Pensioner)

Date of Death: Feb. 7, 1985

Amount: \$ 60 + 48

PAID TO ORDINARY ON THIS CLAIM:		
DATE	FUND FROM WHICH PAID	\$
2-25	200	60.00
2-25	1930	48.00
4-17	1930	9.00
TOTAL		117.00

Approved, and ordered paid,

188

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

Rec'd. of D. S. Morgan lady, check for \$102.00
for funeral exp. Mrs. May M. Simpson
3/1/35 Ad. Turner

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

and Certificate of Marriage of
Silas M. Simpson & Mary W. Simpson

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 4, records of

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the seal of the Court of

Ordinary, this the 17 day of October 1912

ORDINARY AND Ex-OFFICIO C. C. O.

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DeKalb County:

Before me, the Ordinary of said County, comes
A. S. Turner, of said County, who, after being duly sworn, on oath says
that he knew Mrs. Mary M. Simpson late of said County, a Confed-
erate pensioner, and that said person is the identical person named and described in the attached
certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of
ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted
to the sum of \$108.00, as shown by sworn statements FULLY and COMPLETELY
ITEMIZED, hereto attached.

Sworn to and subscribed before me,
this the 8 day of Feb., 1935.
V. A. Morgan, Ordinary.

A. S. Turner

CERTIFICATE OF THE ORDINARY

GEORGIA, DeKalb County.

I certify that A. S. Turner who subscribed
to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and
credit. I further certify that I knew Mrs. Mary M. Simpson the deceased
pensioner referred to in the foregoing affidavit and that said deceased was at the time of death
regularly enrolled as a pensioner on the records of file in my office. I further certify that said de-
ceased pensioner is the identical person named and described in the attached certified copy of burial
certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses
of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 8 day of February, 1935.
(Seal of Ordinary) V. A. Morgan, Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill."
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

NIGHT AND SUNDAY PHONE DE. 0088
225-27 N. McDONOUGH ST.
PHONE DE. 0088

A. S. Turner
Funeral Director and Embalmer
Prompt Ambulance Service
Decatur, Georgia.

February 7th, 1935.

Funeral Expenses of Mrs Mary M Simpson,
Avondale Estates, Georgia.

February 7th, 1935.

To Casket and Burial Box

Embalming

Dress

Funeral Notice

Hearse Service and Service Rendered \$108 00

Georgia, DeKalb County,

I hereby certify that the above account is rendered
for the funeral expenses of Mrs Mary M Simpson, who died
without owning sufficient property to pay this bill.

Sworn to and subscribed before me, I

This February 7th, 1935. I

Ruby Johnston
Notary Public, State of Georgia, Decatur, Ga.
My Commission Expires Nov. 1, 1937.

A. S. Turner

SCOTSDALE, GA. March 4, 1935

Mrs. Mary Simpson

C. L. ALLGOOD, M. D.
TELEPHONE DE. 0836-J
OFFICE AT RESIDENCE

TO PROFESSIONAL SERVICES RENDERED


Feb. 3, 1935 Visit	3.00
Feb. 4, 1935 Visit	3.00
Feb. 5, 1935 Visit	3.00
Total	\$ 9.00

The above and foregoing account is rendered for services in
the last illness of Mrs. Mary Simpson, who died without
owning sufficient property to pay this bill.
Sworn to and subscribed before
me this 4 day of March, 1935
Richard Eddleman, N. & W. Co. Inc. C. L. Allgood

Decatur, Ga.
Feb. 7-1936-

TO WHOM IT MAY CONCERN:

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


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

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Every statement of occupation is very important. Was disease or injury caused by dangerous or insanitary conditions or occupation? Where was disease contracted if not at place of death?

V. S. 2



CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County De Kalb Militia District (Number and Name) _____ State of Georgia
City or Town _____ Length of residence in this city or town: Yrs. _____ Mos. _____ Ds. _____ NON-RESIDENT (Yes or No) _____
Street and Number (No.) _____ (Street) _____ Ward _____
(If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME Mrs. Mary M. Simpson
Residence (City or Town) Waynesboro, Ga. (State) Georgia

Registered No. 14

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, year) Feb 13-1853

7. AGE Years 81 Months 11 Days 21 If less than one day Hours _____ Minutes _____

8. OCCUPATION (a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ None
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. _____
(c) Date deceased last worked at this occupation (month and year) _____ (d) Total years spent in this occupation _____

9. BIRTHPLACE Georgia
(P. O. Address) _____

10. NAME Wm. Campbell
11. BIRTHPLACE Georgia
(P. O. Address) _____

12. MAIDEN NAME Malinda Cook
13. BIRTHPLACE Georgia
(P. O. Address) _____

14. INFORMANT Mrs. Joe Campbell
(Signed) _____
(Address) 710 #2 Decatur Ga.

15. BURIAL PLACE De Kalb Cemetery
(Cemetery) _____
(Postoffice) De Kalb Ga. Date Feb 7-1935

16. UNDERTAKER D. S. Surner
(Signed) _____
(Address) Decatur Ga.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 6 1935 at 5:40 P M
(Month, Day, Year) (Hour)

17. I HEREBY CERTIFY, That I attended the deceased from 2-3 to Feb 5 1935
(Month, Day, Year) (Hour)

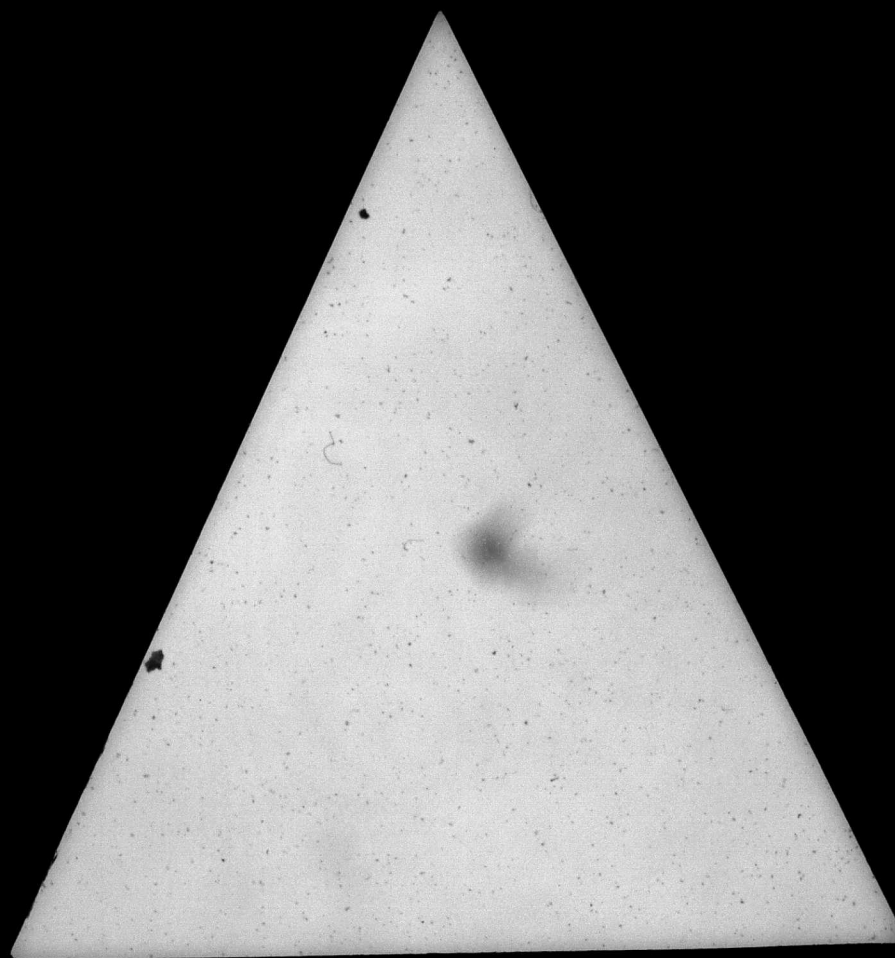
I last saw her alive on Feb 5 1935 death is said to have occurred on the date and hour stated above.
The principal cause of death and related causes of importance in the order of onset and duration of each:
Influenza and myocarditis

Other contributory causes of importance:
old age

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

If death was due to external causes (violence) fill in also the following:
Was injury an accident, suicide, or homicide?
Where did injury occur?
(Specify city or town, if outside of limits, the country, and also the state)
Did injury occur in a home, public place or industry?
Manner of injury _____
Nature of injury _____
(Signed) C. J. Allgood M.D.
(Address) Decatur Ga.

18. FILED 2-7 1935
(Signed) J. R. Evans (Local Registrar)



RECORD O. K.

E. Simpson, Mollie



Widow's Application

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

County DeKalb
 Name Mrs. Mollie Simpson
 Widow of R. C. Simpson
 Date of Marriage June 30 1907
 Date of Husband's Death Jan 1930
 Company Greensboro
 Regiment Battery Co. H. Artillery
 Approved OFF. 27 1937 193
H. T. Thompson
 Director.

AUG 11 1937

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

R. C. Simpson enlisted as a
 private in Lumpkin's Battery
 Ga. Light Artillery Feb. 1, 1864.

Surrendered, Greensboro, N. C.,
 Apr. 26, 1865.

William Thompson
 Director Confederate Records Div

Ordinary's Certificate

STATE OF GEORGIA

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, do certify that I know Mrs. Mollie Simpson, 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 Sae Marriage Certificate, the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

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

(SEAL OF ORDINARY)

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

INSTRUCTIONS:

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

RECORD, O. K.

Simpson, Mollie



Widow's Application

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

County DeKalb
 Name Mrs. Mollie Simpson
 Widow of R. C. Simpson
 Date of Marriage June 30 1907
 Date of Husband's Death Jan. 1930
 Company Georgia
 Regiment 1st Light Artillery
 Approved [Signature] 1937
 Director [Signature]

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

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

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

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. Mollie Simpson 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. Mollie Simpson - Stone Mountain, DeKalb County, Ga. Route #1
- 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. November 25, 1862 Age? 74
- (1) When, (2) where and (3) to whom were you married?
Married June 30, 1907 in DeKalb County to R. C. Simpson
 - Have you married since the death of first and soldier husband? no
 - When and where did your first husband die? Died in Atlanta January, 1930
 - Were you residing together when he died? yes
 - If not, how long had you resided apart? x
 - Are you now a widow? yes
 - Have you or your husband heretofore been paid a pension by the State? Husband received pension from DeKalb County
 - 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?
 - For what cause did he leave?
 - By whose authority did he leave?
 - For how long was his leave of absence granted?
 - 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 Mollie Simpson
 Applicant

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA.

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

WHEREAS:

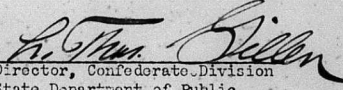
MRS. MOLLIE SIMPSON, WIDOW OF R. C. SIMPSON,

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.


Director, Confederate Division
State Department of Public
Welfare

STATE OF GEORGIA

Marriage Certificate

DEKALE COUNTY

This Certifies that R. C. Simpson

and Miss Mollie Robinson

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

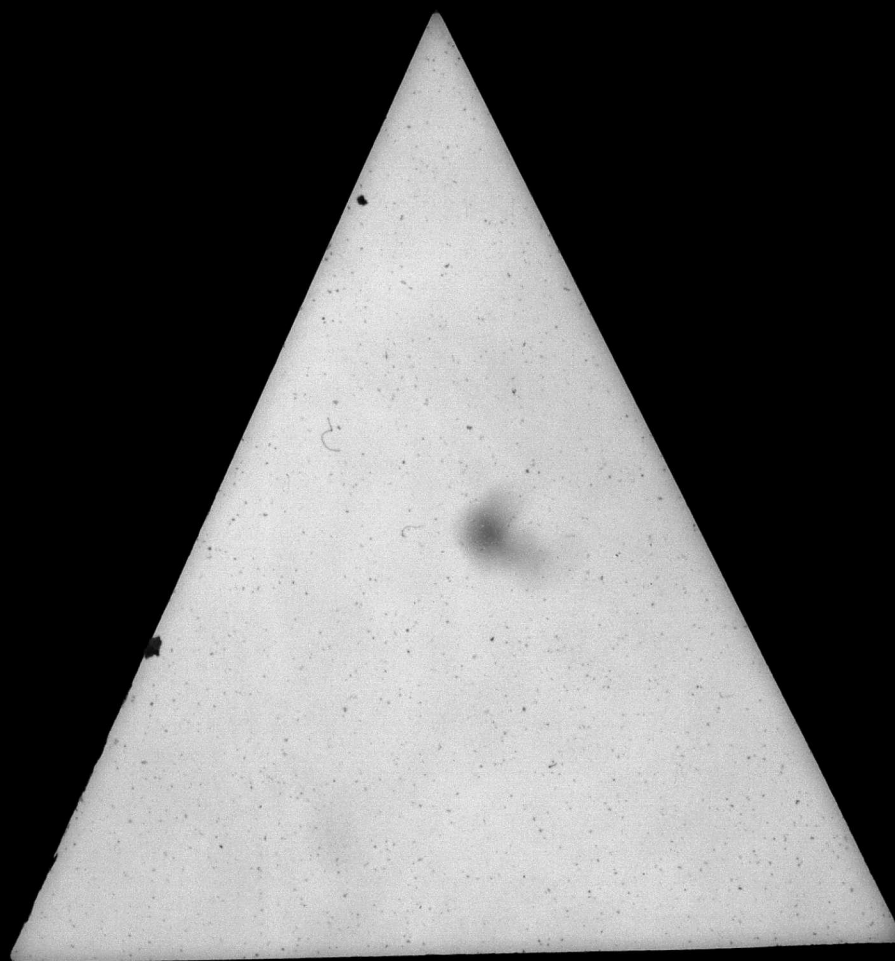
By J. A. Graham, M. G.

On the 30 day of June in the year of our Lord 1937.

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

page 355. This 29 day of July 1937

V. J. Morgan
ORDINARY



Simpson, R. C.
DeKalb Co.
OK 1914

+

No.

**Confederate
Soldier's Application.**

UNDER ACT 1910.

County *DeKalb*

Name *R. C. Simpson*

Company *Rumpkins Battery*

Regiment *Palmer Battalion*

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10/22/1913

STATE OF GEORGIA,

DeKalb County.

I Personally before me comes *E. M. White + D. D. Simpson* who on oath says that they are freeholders residing in said County and we know *R. C. Simpson* the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

*One Mule val \$75.00 1 can val \$25.00 - 2 Hogs
Val \$35.00 2 Household Goods \$50.00 Total Val \$180.00*

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.) *20 acres of land sold for \$2000.00*

2. When and to whom was it sold or given to? *Nov 1912 D. D. Simpson*

3. What was the price paid or stated to be paid? *\$2000.00*

4. What relation is the party to applicant? *White was Simpson's brother*

5. What disposition was made of the proceeds of the sale? *Partly for medical expenses \$800.00*

6. Was the disposition of this property made in good faith and for value? *Yes was*

or was it made to obtain a pension? *It was not*

Sworn to and subscribed before me, this the *20* day of *Oct* 191*3*

James R. George Ordinary, *DeKalb* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb County.

I, *James R. George* Ordinary of said County, certify that I know the applicant *R. C. Simpson* for Pension is the person he represents himself to be and resides in said County. That I also know *E. M. White + D. D. Simpson* the witness swearing to the

service and *E. M. White + D. D. Simpson* 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 *R. C. Simpson* and wife

value for tax is in 1908 *\$1120.00* for 1909 *\$1131.00* for 1910 *\$1265.00*

1911 = \$1358.00 = 1912 = \$1405.00 = 1913 = 1980

Sworn under my hand and official seal of office this *20* day of *Oct* 191*3*

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, self and wife, affidavits of freeholders unnecessary.

STATE OF GEORGIA,

Clarke County.

John Potts of said State and County is hereby presented as a witness in support of the application of *R. C. Simpson* 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? *John Potts Athens, Clarke Co Ga*

2. How long and since when have you known *R. C. Simpson* the applicant?

Since May 1864.

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? *DeKalb County all his life*

4. When, where and in what Company and Regiment did *R. C. Simpson* enlist during war from 1861 to 1865? (Give date and place) *May 1864 Simpson's Battery Plains*

5. How did you obtain your information of this Service? *With him all the time of service*

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) *about 12 months*

7. When and where was his Command surrendered or discharged (give date and place) *High Point N.C. 1st of May 1865*

8. Were you personally present at the Surrender? *yes*

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

10. Was the applicant personally present with his Command at surrender? *yes*

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

12. When did he leave his Command? *1st of May 1865* Where was his Command when he left it? *High Point N.C.* for what cause did he leave?

By whose authority did he leave? and how long was he granted leave? How do you know

all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)

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 *24* day of *Oct* 191*3*

John Potts Ordinary, *Clarke* County.

NAME Simpson, R. C.

YEAR 1914 COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of Georgia since November 7th, 1845.
67 years.

ENLISTED WHEN AND WHERE? May 1864, Does not state where.

RANK:

COMPANY AND REGIMENT? Palmer's Battn. Lumpkin's Battery. Ga Light
(Artillery)

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? Command
/ April 1865, High Point, N. C.

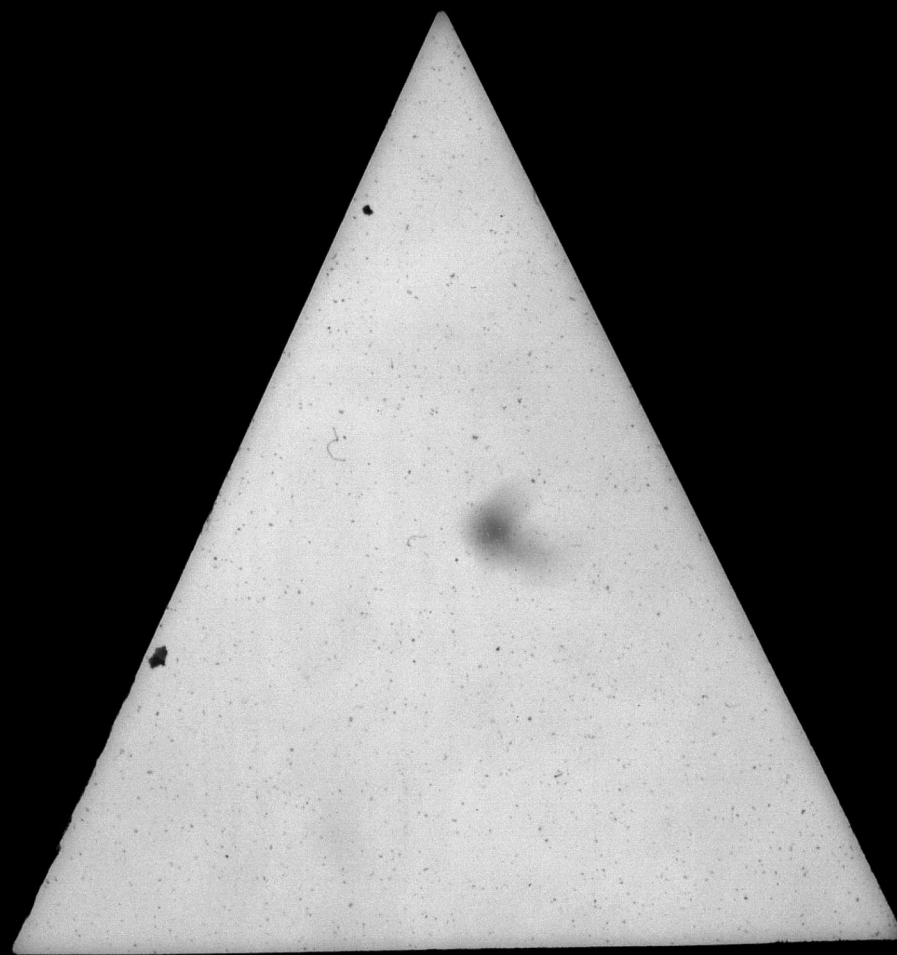
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: John Potts,- With applicant,- No data.

Cb



POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.

I, S. M. Simpson hereby authorize
Thos. Simpson of DeKalb County
W. M. Simpson at Clarkston Ga.
 to receive and receipt for the pension allowed, and request that he remit same to
 by _____

WITNESS my hand and seal, this

14th day of May 1905.

S. M. Simpson [L. S.]

Executed in the presence of

Anna E. Simpson
Ordinary

Simpson, S. M.
DeKalb County

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 490

INDIGENT SOLDIER'S PENSION 1905.

Name S. M. Simpson

County DeKalb

Co. _____ Regiment _____

WARRANT ISSUED

14th 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

S. M. Simpson

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

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.

I, S. M. Simpson hereby authorize
Horner Simpson of Clarkston
 to receive and receipt for the pension allowed, and request that he remit same to
S. M. Simpson at Clarkston Ga
 by _____

WITNESS my hand and seal, this 14th day of January 1905.
S M Simpson [L. S.]

Executed in the presence of

James R. George
Ordinary

Simpson, S. M.
DeKalb County

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 176

INDIGENT

**SOLDIER'S PENSION
 1905.**

Name S M Simpson
 County DeKalb
 Co. _____ Regiment _____

WARRANT ISSUED

423 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

James R. George

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

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.

I, S M Simpson hereby authorize
H A Simpson of Decatur Ga
 to receive and receipt for the pension allowed, and request that he remit same to
S M Simpson at Decatur Ga
 by _____

WITNESS my hand and seal, this 18th day of January 1906.
S M Simpson [L. S.]

Executed in the presence of

James R. George
Ordinary

Simpson, S. M.
DeKalb Co.

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 177

INDIGENT

**SOLDIER'S PENSION
 1906.**

Name S M Simpson
 County DeKalb
 Co. D Regiment 25th

WARRANT ISSUED

422 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

James R. George

THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MANAGER.

STATE OF GEORGIA,

De Kalb County.

Personally appears

S. M. Simpson 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 18 day of Oct 1864; that he is 64 years old and by occupation a Chronic Muscular Rheumatism, 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 28 months in Company D, of 28th Regiment of Georgia Vol; that his physical condition is as follows: Chronic Muscular Rheumatism

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 14 day of Jan 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 S. M. Simpson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 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

S. M. Simpson 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 Oct 1860; that he is 45 years old and by occupation a , 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 months in Company D, of 28th Regiment of Georgia Vol; that his physical condition is as follows: Chronic muscular rheumatism

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

15 day of Jan 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 S. M. Simpson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1906.

James R. George Ordinary De Kalb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, S. M. Simpson, hereby authorize
S. M. Simpson of Clarke Co. Ga.
 to receive and receipt for the pension allowed, and request that he remit same to
S. M. Simpson at Clarke Co. Ga.
 by _____

WITNESS my hand and seal, this 17 day of January 1907.

S. M. Simpson [L. S.]

Executed in presence of

James H. George
John H. George

Simpson, S. M.
DeKalb Co.

CODE SECTION 1254.
 (FOR THOSE ALREADY ENROLLED)

No. 796

INDIGENT
 SOLDIER'S PENSION
 1907.

Name S. M. Simpson
 County DeKalb
 Co. D Regiment 28th

WARRANT ISSUED
1/31 1907.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO
S. M. Simpson
 GEN. W. HARRISON, STATE CAPITOL, ATLANTA.

State of Georgia,

Dekalb County.

Personally appears J. M. Simpson 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 E. of 28th Regiment of Reg. Va.; that his physical condition is as follows: chronic muscular Rheumatism

that his property consists of the following items:

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

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

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

Jamus R. George Ordinary.

State of Georgia,

Dekalb County.

I, Jamus R. George Ordinary of said County,

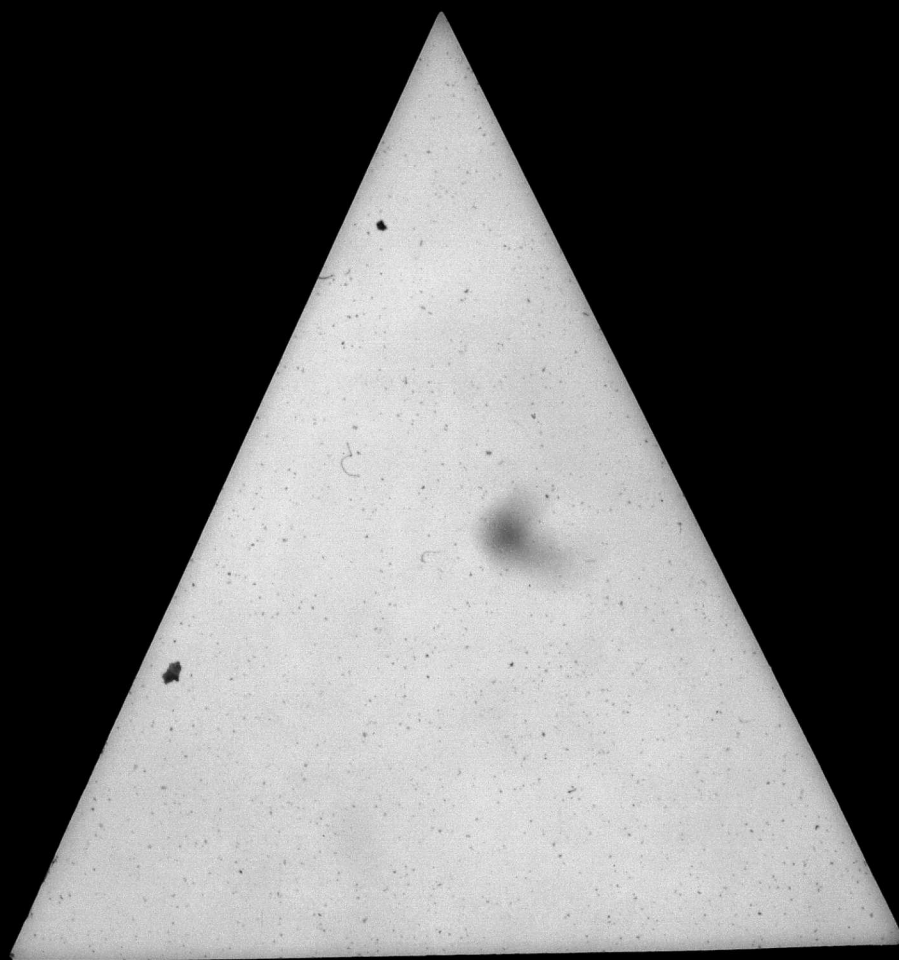
do certify that I am well acquainted with J. M. Simpson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

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

Ordinary _____ County.

Attest
your
signature

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



Singleton, E. N.
DeKalb County
No. 6731
1 March 1904

INDIGENT PENSION.
1903.

Name *E. N. Singleton*
County *DeKalb*
Co. *First Ga. Btaly* Regt.
Approved *3/24* 1904

JOHN W. LINDSEY,
Commissioner of Pensions.
E. N. 1904
WARRANT HANDED TO
Only

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

Geo. W. Harrison, State Printer, Atlanta.

17/24/103.

Pension Office 9/14/03

Not an aged man, infirmity insufficiently proven. From whom did wife obtain house and land was title ever in applicant directly or indirectly? Prove every fact to be true.

J. W. Lindsey
Com. Of Pensions

POWER OF ATTORNEY.
STATE OF GEORGIA,
COUNTY, }

I, _____ of _____ hereby authorize
to receive and receipt for the pension allowed and request that he remit same to _____
at _____ by _____ day of _____ 1903.
Witness my hand and seal, this _____ day of _____ 1903.
Executed in the presence of _____ [L. S.]

NO DATA

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____ of _____ County, Georgia, to receive and receipt for the pension allowed and request that he remit same to _____ at _____ day of _____ 1903.

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

Executed in the presence of _____

[L. S.]

Pension Office 9/14/03

Not an aged man infirmity insufficiently proven. From who did wife obtain house and land was title ever in applicant directly or indirectly? Prove every fact to be true.

C. W. Lindsey

Com. of Pensions

INDIGENT PENSION.

1903.

Name *G. N. Singleton*
County *DeKalb*

Co *First Ga Battalion*

Approved *3/27* 1904

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.

12/21/03

STATE OF GEORGIA,

County.

I, *E. N. Singleton* 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) *E. N. Singleton Stone Mountain Ga DeKalb County*
2. How long and since when have you been a resident of this State? *58 years*
3. When and where were you born? *Guinn County Ga March 25 1840*
4. When and where and in what company and regiment did you enlist or serve? *Co C First Ga Battalion July 1863 Decatur, a DeKalb*
5. How long did you remain in such company and regiment? *until the war closed 4 1/2 years and then more*
6. When and where was your company and regiment surrendered and discharged? *April 1865 at Macon Georgia*
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 never left was with my command all the time*
9. How much can you earn (gross) per annum by your own exertions or labor? *but very little Stone Cutting & Farming*
10. What has been your occupation since 1865? *Stone Cutting & Farming*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? *Infirmity & Poverty*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? *Infirmity & Poverty has pharyngitis for several years caused the loss of left lung and part of trachea*
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? *had no property neither of these years*
15. In what County did you reside during those years, and what property did you then return for taxation? *In DeKalb County Ga no property at all*
16. How were you supported during the years 1899, 1900, 1901 and 1902? *by truck farming*
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 one half \$500*
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? *truck farming nothing from wages nothing at all*
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? *S. N. Singleton my wife my wife has two parcels of land and house on same value \$7000*
20. Are you receiving any pension? If so, what amount and for what disability? *No Pension*
21. Have you ever made an application for pension before? *yes*
22. How many applications have you ever made and under what class? *Made three Indigent Pensioner*

Sworn to and subscribed before me this the *25* day of *August* 1903. *E. N. Singleton* Applicant.
Geo. W. Harrison Ordinary,
of *DeKalb* County.

STATE OF GEORGIA,

DeKalb COUNTY.

of said State and County, having been presented as a witness in support of the application of E. N. Singleton 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? B. S. Spivey
in DeKalb Co. Ga.
2. Are you acquainted with E. N. Singleton, the applicant; if so, how long have you known him? all known him 40 years
3. Where does he reside, and how long and since when has he been a resident of this State? 38 years
resides in DeKalb Co. since 1863-40 yrs.
4. When, where and in what company and regiment did he enlist, and how do you know? enlisted in DeKalb Co. Company C first Ga. Battalion
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? regular and 10 months
7. When and where was his command surrendered? at Macen Ga
April 1865
8. Were you present when it surrendered? I was
9. Was applicant present? he was
10. If he was not present, where was he? he was present
When did he leave his command? he never left For what cause? no cause
By what authority he left? he never left How do you know all of this?
Be cause I was present at Surrender.

11. What property, effects or income has the applicant? (Give your means of knowledge.) he has nothing no income
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? he had no property in these years
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? he has had no conveyance he had nothing to convey
14. What is the applicant's occupation and physical condition? he tries to truck farm, very feeble he has his health from a severe case of mumps
15. Is the applicant unable to support himself by labor of any sort, if so, why? he is not able on the account of his feebleness and lung trouble
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? by a little truck farming and the aid of his wife
17. What portion of his support for these four years was derived from his own labor or income? very little he is not able to make a support
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? he is very feeble and has a very bad lung trouble and needs him for labor
19. Who composes family? What property have they? Children's age and their earning capacity? himself and wife he has no property his wife owns 2 1/2 acres of land in the country
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

27 day of August 1903.

Jas R. George

Ordinary.

B. S. Spivey

Witness.

STATE OF GEORGIA,

DeKalb COUNTY.

Personally came before me

W. S. Amley and W. J. Hamilton, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully E. N. Singleton

, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He is a man living by manual labor
Left hand and right hand
human in the right hand
Consideration of arm and left hand and
have both of right hand
Went left ankle from red fracture
and that we have no interest in said pension being allowed. W. S. Amley and

Sworn to and subscribed before me, this the

27 day of August 1903.

Jas R. George

Ordinary.

W. J. Hamilton M. D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb COUNTY.

I, Jas. R. George Ordinary, in and for said County, hereby certify that the applicant E. N. Singleton resides in said County, and has been a bona fide resident of this State since the 21 day of March 1863 and that the witnesses, viz.: E. N. Singleton
B. S. Spivey 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 affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digest of none County show that applicant returned for taxation in his name in 1899 none Dollars of property, and in 1900 none Dollars of property, in 1901 none Dollars of property, in 1902 none Dollars of property.

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

Witness my hand and seal of office, this 27 day of August 1903.

Jas R. George

Ordinary.

of DeKalb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

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 THOSE ALREADY ENROLLED.)

No. 430

INDIGENT SOLDIER'S PENSION 1905.

Name E. N. Singleton
County DeKalb
Co. 1st Regt

WARRANT ISSUED

1/23 B 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]
GEO. W. HARRISON, MANAGER FOR STATE PRINTER, ATLANTA.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

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

WITNESS my hand and seal, this _____ day of _____ 1906.

[L. S.]

Executed in the presence of _____

(FOR THOSE ALREADY ENROLLED.)

No. 780

INDIGENT SOLDIER'S PENSION 1906.

Name E. N. Singleton
County DeKalb
Co. 1st Regt

WARRANT ISSUED

1/23 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]
THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MAN.

no date

STATE OF GEORGIA,

De Kalb County.

Personally appears

E. H. Singleton 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 _____th Regiment of _____; that his physical condition is as follows: Infirmity & Poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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.

E. H. Singleton

Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

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 E. H. Singleton 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 _____th Regiment of Georgia; that his physical condition is as follows: Infirmity & Poverty

that his property consists of the following items:

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

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

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

E. H. Singleton

Ordinary.

State of Georgia,

De Kalb County.

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

Ordinary De Kalb County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY.

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

WITNESS my hand and seal, this _____ day of _____ 1907.

[L. S.]

Executed in presence of _____

*Singleton, E. N.
DeKalb Co.*

Count Section 1254.
(FOR THOSE ALREADY ENROLLED)

No. 782

INDIGENT
SOLDIER'S PENSION
1907.

Name *E. N. Singleton*
County *DeKalb*
Co. _____ Regiment *44th*

WARRANT ISSUED
1/24 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[Signature]

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

County.

Personally appears E. N. Singleton 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 21 day of March 1845; that he is 61 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 1st, of 2nd Batt. th Regiment
of _____; that his physical condition is as
follows: Infirmity & poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 11 day of May 1907. E. N. Singleton
James R. George Ordinary.

State of Georgia,

County.

I, James R. George Ordinary of said County,
do certify that I am well acquainted with E. N. Singleton
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 _____ 1907.

James R. George
Ordinary _____ County.

Attest
your
seal
here

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

GEORGIA, Dekalb County.

I, Jamus R. George, Ordinary of said county, do certify that I personally know E. N. Singleton, the applicant, and that she is the lawful widow of E. N. Singleton, and was on the Indigent Pension Roll of said Dekalb county, and was paid a Pension from Dekalb county for 1907, and at the time of his death on the 21 day of April 1908, there was due to him and unpaid his Pension of 8.00 dollars from the State of Georgia, and I know J. R. Root, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 21 day of April 1908
Jamus R. George Ordinary,
Dekalb County.

Singleton, E. N.
Deft. Co.

No. _____

1908

Application for Pension

Due Deceased Soldier

Under Act 1891.

BY

Mrs. S. D. Singleton

Widow of E. N. Singleton

of County Dekalb

Col. J. R. Root Vols.

Approved and Paid

190

J. W. LINDSEY,

Commissioner of Pensions.

GEORGIA, _____ County.

I hereby authorize and constitute _____ of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 190 _____ through my deceased husband _____ who was on _____ Pension Roll and paid from _____ for 190 _____

Witness my hand this _____ day of _____ 190 _____

Attested before me:

APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Dekalb County.

Personally before me come Mrs. S. D. Singleton of said county,
 after being duly sworn, on oath says that she is the widow of E. N. Singleton
 who was duly enrolled as a Indigent Pensioner from the county
 of Dekalb and was paid a Pension of \$60.00
 Dollars from Dekalb county for 1907, and that the said
E. N. Singleton died in Dekalb county on
 the _____ day of _____ 1908, and at the time of his death a
 Pension of \$60.00 was due him from Dekalb county
 and unpaid for 1908. Applicant further swears that she married the said
E. N. Singleton on the _____ day of _____
 1870, in _____ county and State of Georgia and
 resided with him from date of marriage to his death as his lawful wife, and is now his
 dependant widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 21 day of April 1908
James R. George ORDINARY } Mrs. S. D. Singleton [L. S.]
Dekalb County. }

AFFIDAVIT OF WITNESS.

GEORGIA, Dekalb County.

Personally before me come James R. George, who
 on oath says that he knew E. N. Singleton while in life
 and that he knows _____ Mrs. Singleton,
 the above applicant; that he knows that the said E. N. Singleton
 and Singleton were in due form of law married in the county
 of Clayton in the State of Georgia on
 the 10 day of January 1870, and that they resided
 together as husband and wife from date of marriage to the day of his death on the
 day of _____ 190_____, and I now know that she is his dependant widow.

Sworn to and subscribed before me this _____ day of _____ 190_____
James R. George ORDINARY } J. L. Neal
Dekalb County. }

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

TAX COLLECTOR'S OFFICE.
OF
DEKALB COUNTY, GEORGIA.
I. N. NASH, TAX COLLECTOR.

STONE MOUNTAIN, GA., Nov 7 1903

I hereby certify that I have been
Tax collector in since 1889 and
that I know E. K. Singleton and
have known him since boyhood
and that he has no property in
his name and that the titles
of his wife's & Acres name was
in his name and now did
belong to him

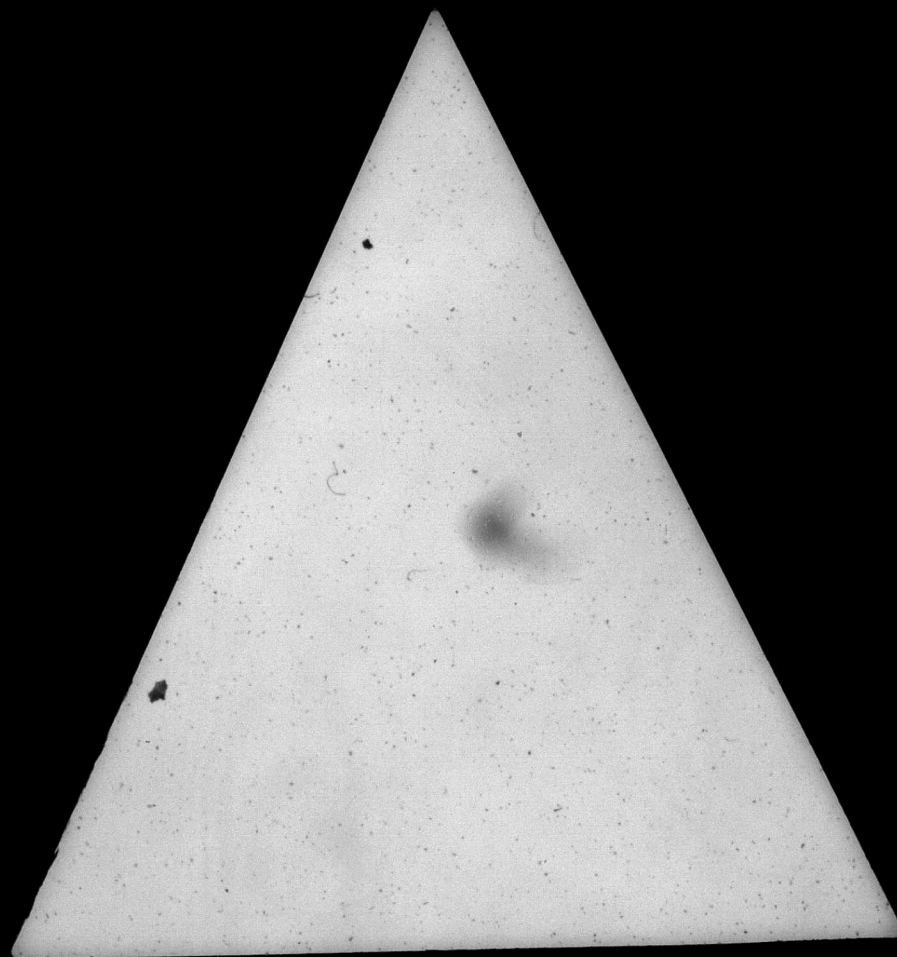
Sworn to and this Nov 7th 1903
Subscribed before I. N. Nash

Me this Nov 9th 1903

J. S. L. 201

For R. George

Ordinary



POWER OF ATTORNEY.

Form 5.

STATE OF GEORGIA.

DeKalb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

John M. Harrison

County, in said State, do hereby appoint

John M. Harrison

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

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

day of *April* 1893.

John M. Harrison [L.S.]

Executed in the presence of us:

R. H. Neal

John M. Harrison

DIRECTION.

If allowed, send amount by

John M. Harrison

me at *DeKalb* County, and oblige,

John M. Harrison

E. Dept. Atlanta Ga
April 15, 1893

The disability shown by testimony of Physicians is not definite. Do the injuries described produce a permanent disability which renders Mr Singleton incompetent to perform any ordinary household work or manual labor? Has let amendments be made under oath
W. H. Harrison
See

DeKalb Co
Singleton, James M
No. 2010

Soldier's Pension.
1893.

James M. Singleton

County *DeKalb*

Disability *Prozimus*

Amount, \$ *50*

Apr. 25 1893.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO

J. M. Harrison

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

Form 5.

STATE OF GEORGIA,

De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

James M. Singleton
De Kalb

County, in said State, do hereby appoint Mr. P. V. Nash of De Kalb Co. Ga. 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 The 24th day of April 1893.

James M. Singleton [L. S.]

Executed in the presence of us:

R. F. Neal
John Beauchamp

DIRECTION.

If allowed, send amount by Mr. P. V. Nash to me at Stone Mountain, and oblige,

James M. Singleton

Ed. De Kalb Co
April 25, 1893
The disability shown by testimony of Physicians is not definite. Do the injuries described produce a permanent disability which renders Mr. Singleton incompetent to perform any ordinary hard work or manual labor? Has let Amendment be made under oath
W. H. Harrison
Sec

<u>De Kalb Co</u>	<u>James M. Singleton</u>
<u>2010</u>	<u>2010</u>
<u>Soldier's Pension.</u>	<u>1893.</u>
<u>James M. Singleton</u>	<u>De Kalb</u>
<u>Disability</u>	<u>Grav. mms</u>
<u>Amount, \$</u>	<u>50</u>
<u>Apr. 25</u>	<u>1893.</u>
<u>W. H. HARRISON,</u>	<u>Secretary Executive Department.</u>
<u>WARRANT HANDLED TO</u>	<u>P. V. Nash</u>
<u>Gen. W. Harrison, State Printer, Atlanta.</u>	

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

Form 1.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears James M. Singleton of De Kalb

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been continuously since the 23rd day of

August 1842; 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 11, of 38th Regiment of Ga Volunteers Gordon Brigade; that whilst engaged

in such military service, at the battle of Sold Harbor in the State of Va, on the 27th day of June 1862, he was

disabled as follows: Shot with a musket ball through the hips, entering the left thigh shattering the bone and cutting the muscle. The wound was permanent resulting total disability. The least bit of work or exertion causes complete prostration. The ball passing through or near the terminus of the spinal column has produced partial paralysis of the entire lower extremity also permanent stricture, and the smallest amount of work or exertion causes entire exhaustion of the parts and the result is intense pain and exhaustion.

Amendment

Amendment sworn to April 22, 1893. James M. Singleton

W. H. Harrison

Deponent desires to participate in the benefits of the Act approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26th, 1893.

Sworn to and subscribed before me this the 7th day of April 1893. James M. Singleton

W. H. Harrison Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.
NOTE.—Do not trouble to mention wounds which do not disable.

Affidavit for Witnesses.

STATE OF GEORGIA,

County of De Kalb }

PERSONALLY appears before me, the undersigned, Ordinary in and for said County,
J. H. Rankin John M. M. Curdy and
G. R. Wells each of whom, being duly sworn according to law,
 severally say, under oath, that they are personally well acquainted with
J. M. Singleton whose application is herewith presented for a pension,
 and that they served with him in the army, and from our personal knowledge he was injured by
 the service as follows: (give full statement, and tell in your own language how badly applicant is
 disabled from work. If he does any labor, or can do any, state what.)

*We were officers in Co D 38th Ia Regiment.
 That said J. M. Singleton was shot with a
 minnie ball at the battle of Cold Harbor
 on the 27th day of June 1862. Through the
 ball passing through the testicles
 cutting cord, which wound is
 permanent and has resulted in
 total disability of the said Singleton*

We personally know above stated facts. We were with him in the army and have known
 him ever since. Applicant is permanently disabled as stated and has been so to our certain
 knowledge ever since 1862. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this *J. H. Rankin Capt Co D 38th Ia Regt*
13th day of *April* 1893. *J. M. M. Curdy 1st Lieut Co D 38th Ia Regt*
M. M. Rogersdale *Geo. R. Wells 2nd Lieut Co D 38th Ia*
 ORDINARY.

NOTE.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally
 qualified to the same.
 2. Witnesses are asked to make their statements full and explicit.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA,

De Kalb County. }

PERSONALLY comes before me *M. M. Rogersdale* Ordinary of said County,
Lyman H. Jones M.D. and *W. E. Johnson 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. M. Singleton* and after such personal examination
 say that the applicant has been injured as follows:

*He was wounded posterior part of the left-
 thigh in the upper third. The ball passing
 upwards and inwards to the perineum injuring
 the posterior portion of the Urethra and Seminal
 Cords, also the rectum producing tears of the
 rectum the results of which necessitate the
 habitual use of the syringe to produce an evac-
 uation of the bowels, also producing a permanent stricture
 of the urethra. The effects of the wound injured the largest
 fibres of nerves, thereby producing partial paralysis
 and permanent injury to the genital-urinary organs.
 the result of which is permanent disability.*

We have treated applicant professionally for *Eight* years.

Sworn to and subscribed before me this *Lyman H. Jones M.D.*
7th day of *April* 1893. *W. E. Johnson M.D.*
M. M. Rogersdale *I have patient under personal obser-*
 Ordinary. *vation for several months.*

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

STATE OF GEORGIA,

De Kalb County. }

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

Given under my official signature and seal this *13th* day of *April* 1893,

M. M. Rogersdale
 Ordinary *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb COUNTY.

Know all Men by these Presents, That I,

J. M. Singleton
of *De Kalb*
De Kalb

County, State of Georgia, 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 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 *9th* day of *March* 1894.

Executed in the presence of us

J. M. Rickett
M. Ragsdale
Admiral

DIRECTIONS.

Send money to me as follows, by

to _____ P. O.
County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

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.

De Kalb Co.
Singleton, James M.
(For Those Already Enrolled.)

821

No.

Soldier's Pension.

1894.

Name *Singleton, J. M.*

County *De Kalb*

Disability *Body Wound*

Amount, \$ *50.00*

1894.

W. H. Harrison

Secretary Executive Department.

WARRANT HANDED TO

De Kalb

Geo. W. Harrison, State Printer, Atlanta.

Singleton, James M.
De Kalb Co.

(For Those Already Enrolled.)

262

No.

SOLDIER'S PENSION.

1895.

Name *J. M. Singleton*

County *De Kalb*

Disability *Body Wound*

Amount, \$ *50.00*

1895.

Richard Johnson

Secretary Executive Department.

WARRANT HANDED TO

De Kalb

Geo. W. Harrison, State Printer, Atlanta.

W. H. Harrison

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County. }

PERSONALLY appears *M. Singleton* 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* 1842; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *D*, of *88*th Regiment of *Ga* Volunteers *Gordon*'s Brigade; that whilst engaged in such military service at the battle of *Cold Harbor* in the State of *Va*, on the *22nd* day of *June* 1862, he was wounded as follows: *was shot with ball and shot passing through hips, cutting the testicle cord causing serious prostration*

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

9th day of *March* 1894.

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

Ordinary *De Kalb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County. }

Personally appears *M. Singleton* 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* 1843; 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 *D*, of *28*th Regiment of *Ga* Volunteers *Gordon*'s Brigade; that whilst engaged in such military service at the battle of *Cold Harbor* in the State of *Va*, on the *23rd* day of *June* 1862, he was wounded as follows: *shot with minnie ball and buck shot in and through the hips ball passing down cutting testicle cord, and affecting the nervous system as to render him unable to labor for a living*

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

11th day of *March* 1895.

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 *M. Singleton* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *March* 1895.



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 _____ 1896.

[L. S.]

Executed in presence of _____

(For Those Already Enrolled.)

No. 2362

SOLDIER'S PENSION.

1896.

Name _____

County _____

Disability _____

Amount, \$ _____

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

affet

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1897.

[L. S.]

Executed in presence of _____

(For Those Already Enrolled.)

No. 2785

INVALID

SOLDIER'S PENSION.

1897.

Name _____

County _____

Disability _____

Amount, \$ _____

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

affet

Geo. W. Harrison, State Printer, Atlanta.

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears Jim Singleton 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 1843; 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 D, of 38th Regiment of La Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Va, on the 22d day of June 1862, he was wounded, injured or diseased as follows:

Shot with a musket ball and bullet that cutting the testicle cord and so affecting the nervous system that he became unable to do any kind of labor for a support

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 1897.

Sworn to and subscribed before me, this, the 1st day of March 1896. } Geo M Singleton
W M Ragdale, 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 Ragdale, Ordinary of said County, do certify that I am well acquainted with Jim Singleton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 3rd day of March 1896.



W M Ragdale,
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears Jim Singleton of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 23 day of Aug 1843; 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 D, of 38th Regiment of La Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Va, on the 29 day of June 1862, he was wounded, injured or diseased as follows:

At the battle of Cold Harbor was shot up with, both ball and shell exploding between the thighs, ball cutting testicle cord and otherwise injured the privates and spinal chord

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

Sworn to and subscribed before me, this, the 27th day of Feb 1897. } Geo M Singleton
W M Ragdale, Ordinary, POST OFFICE Carrollton, 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, W M Ragdale, Ordinary of said County, do certify that I am well acquainted with Jim Singleton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 27th day of Feb 1897.



W 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 _____ 1898.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County.

I, J. M. Singleton hereby authorize _____ of DeKalb County Georgia

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 February 1899.

J. M. Singleton [L. S.]

Executed in presence of _____

Geo. W. McCondy
Notary Public
in and for DeKalb County

Singleton, James M.

ACT OF 24 OCT., 1887.

(For These Already Enrolled.)

No. 1996

INVALID

SOLDIER'S PENSION.

1898.

Name J. M. Singleton

County DeKalb

Disability Body Wound

Amount, \$ 50.00

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appet

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

No data

Singleton, J. M.

DeKalb Co.

CODE SECTION 12A.

(For These Already Enrolled.)

No. 1947

INVALID

SOLDIER'S PENSION.

1899.

Name J. M. Singleton

County DeKalb

Disability Body

Amount, \$ 50.

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *J. M. Singleton* 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 *23d* day of *Aug* 18*63*; 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 *D*, of *38th* Regiment of *Ga* Volunteers, *Gordon*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *22d* day of *June* 1863, he was wounded, injured or diseased as follows:

Was wounded at the Battle of Lost Harbor Ga with buck and ball shot through the private cutting the cord rendering it impossible to perform manual labor

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 *30th* day of *Feb* 1898, } *Jas M Singleton* POST-OFFICE

W M Ragsdale, Ordinary

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

STATE OF GEORGIA,

De Kalb County.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *J. M. Singleton* of *De Kalb* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *23* day of *Aug* 18*63*; 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 *D*, of *38th* Regiment of *Ga* Volunteers, *Gordon*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *22* day of *June* 1863, he was wounded, injured or diseased as follows:

Was shot in private with buck and ball causing nervous debility. At battle of Lost Harbor

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

Sworn to and subscribed before me, this, the *31* day of *Jan* 1899, } *J M Singleton* POST-OFFICE *Clarkston, Ga*

W M Ragsdale Ordinary

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

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this *23d* day of *Jan* 1899.



W M Ragsdale Ordinary *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of

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

by

at

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

day of _____ 1900.

[L. S.]

Executed in presence of

CODE SECTION 129.

(For Those Already Enrolled.)

No. 761

INVALID

SOLDIER'S PENSION.

1900.

Name J. M. Singleton

County De Kalb

Disability Body

Amount, \$ 50.

Warrant issued Jul 6th 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 paid hereon and request that he remit same to

by

at

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

day of _____ 1901.

[L. S.]

Executed in presence of

CODE SECTION 129.

(For Those Already Enrolled.)

No. 761

DISABLED

SOLDIER'S PENSION.

1901.

Name J. M. Singleton

County De Kalb

Disability Body Wound

Amount, \$ 50.

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears J. M. Singleton 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 31 day of Aug 1863; 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 D, of 38 th Regiment of Ga Volunteers, London's Brigade; that whilst engaged in such military service in the State of Ga, on the 22d day of June 1863, he was wounded, injured or diseased as follows:

At battle of Cold Harbor was wounded by the explosion of a shell or "knackerball" in the private, cutting testicle and which left deponent in debilitated and nervous condition unable to work for a support

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

Sworn to and subscribed before me, this, the 19th day of Jan 1900. } J. M. Singleton POST OFFICE Clarkston

M. Ragsdale, Ordinary

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

STATE OF GEORGIA,

De Kalb County.

I, M. Ragsdale Ordinary of said County, do certify that I am well acquainted with J. M. Singleton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1900.

M. Ragsdale
Ordinary De Kalb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears J. M. Singleton 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 31 day of Aug 1863; 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 D, of 38 th Regiment of Ga Volunteers, London's Brigade; that whilst engaged in such military service in the State of Ga, on the 22 day of June 1863, he was wounded, injured or diseased as follows:

Has shot with buck and ball shot in private cutting testicle chord causing nervous debility so can not work.

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 12th day of Jan 1901. } J. M. Singleton Postoffice Clarkston

M. Ragsdale

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

STATE OF GEORGIA,

De Kalb County.

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

M. Ragsdale
Ordinary De Kalb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1902.

STATE OF GEORGIA

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, J. M. Singleton hereby authorize H. B. Sprinney

of _____

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

me J. M. Singleton by _____

at _____

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

day of Jan the 25 1903.

Executed in presence of _____

H. B. Sprinney

[L. S.]

CODE SECTION 1284

(FOR THOSE ALREADY ENROLLED.)

No. 368

DISABLED

SOLDIER'S PENSION
1902.

Name Singleton J. M.

County De Kalb

Co. D Regiment 38

Disability Body

Amount, \$ 50.

1902.

47

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

Geo. W. Hoffman, State Printer, Atlanta.

In data

CODE SECTION 1284

(FOR THOSE ALREADY ENROLLED.)

No. 198

DISABLED

SOLDIER'S PENSION
1903.

Name Singleton J. M.

County De Kalb

Co. D Regiment 38

Disability Body

Amount, \$ 38.

1903.

47

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

Geo. W. Hoffman, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears J. M. Singleton 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 23d day of Aug 1843; 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 D, of 38th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Va, on the 22 day of June 1863, he was wounded, injured or diseased as follows:

At battle of Cold Harbor shot with buck & ball in privates from which he has never recovered now unable to work

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. Jas M. Singleton Post-office Clarkston Wm. Ragsdale, Ordinary.

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

STATE OF GEORGIA,

De Kalb County.

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



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

DO NOT FORGET TO FILL IN ALL BLANKS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears J. M. Singleton 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 23d day of Aug 1843; 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 D, of 38th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Va, on the 22 day of June 1863, he was wounded, injured or diseased as follows:

Was wounded with buck and ball at battle of Cold Harbor, cutting private parts so as to make him unable to work for a living

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

Sworn to and subscribed before me, this the 15 day of Jan 1903. Jas M. Singleton Post-office Clarkston Wm. Ragsdale, Ordinary.

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

STATE OF GEORGIA,

De Kalb County.

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

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



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb COUNTY. }
I, J. M. Singleton hereby authorize
G. B. Branchamp of DeKalb County
to receive and receipt for the pension paid hereon, and request that he remit same to
J. M. Singleton by G. B. Branchamp
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19
day of January 1904.

Executed in presence of

James R. George
Ordinary

Jas. M. Singleton [L. S.]

Singleton, James M.
DeKalb County

CODE SECTION 1260.

(FOR THOSE ALREADY ENROLLED.)

No. 301

DISABLED

SOLDIER'S PENSION
1904.

Name J. M. Singleton
County DeKalb
Co. D Regiment 38
Disability Shot in Private
Amount, \$ 50.00
1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no debt

Singleton, James M.
DeKalb County

CODE SECTION 1260.

(FOR THOSE ALREADY ENROLLED.)

No. 281

DISABLED

SOLDIER'S PENSION
1905.

Name J. M. Singleton
County DeKalb
Co. D Regiment 38

Disability

Amount, \$ 50.00
January 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Pension Printing and Publishing Co., Atlanta.
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 _____ 1905.

Executed in the presence of

[L. S.]

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

DeKalb County.

Personally appears J. M. Singleton 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 23 day of Aug 1843; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Pvt in Company D, of 38th Regiment of 54th Volunteers Gordon's Brigade; that whilst engaged in such military service in the State of _____, on the 22 day of June 1863, he was wounded, injured or diseased as follows:

Shot in private back & Ball

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

Sworn to and subscribed before me, this the 19 day of January 1904.

James R. George Ordinary } James M. Singleton
Post-office Clarkston Ga

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

STATE OF GEORGIA,

DeKalb County.

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

Given under my official signature and seal, this 19 day of January 1904.

James R. George
Ordinary DeKalb County.



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

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

STATE OF GEORGIA,

DeKalb County.

Personally appears J. M. Singleton of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 18____; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a _____ in Company A, of 38th Regiment of 54th Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186____, he was wounded, injured or diseased as follows:

Body Cold, Fever & June 27, 1862

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

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

James R. George Ordinary } James M. Singleton
Post-office Clarkston

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

STATE OF GEORGIA,

DeKalb County.

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

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

James R. George
Ordinary DeKalb County.



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

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

Amendment to testimony of
Physicians in the application of
Jas M Singleton for a pension.
I would beg leave to add that I
consider him totally disabled for performing
any work or manual labor in his
present Physical condition as the result
of wounds received in the late war
I have had the applicant Jas M Singleton
under personal observation and treatment
daily for several months past and I am
thoroughly convinced that he is a
Physical wreck from the wounds received
as stated above.

Respectfully Submitted
W. E. Johnson, M.D.

Georgia Fulton County
Personally appeared before
me S. H. Landrum a Justice
of the Peace in and for
said County W. E. Johnson
M.D. who on oath says
that the above Certificate
as stated is true -
Sworn to & Subscribed
before me this

April 19th 1893 W. E. Johnson, M.D.
S. H. Landrum J.P.

I beg leave to submit the additional
Testimony by way of amendment.
In the application of James M. Knight
for pension. after frequent and thorough
Examination of the said applicant, and
having had him under my treatment
and observation almost daily for
Eight years. I know his injuries
and condition to be such as to
render him totally disabled to
perform manual labor, and
further that an effort to perform
any work by him even to a
extent frequently results in complete
prostration, and for days following
he is ~~helpless~~ ^{incapable}. and further
that from the effects of said wounds
the functions of the procreative
organs are totally destroyed.

L. N. Jones, M.D.

Personally appeared before me L. N. Jones
a practicing Physician, and on oath
says that the foregoing declaration by
him subscribed is true
Sworn to before me

This 21st day of April 1893

L. N. Jones M.D.
406 East 4th St.

NAME, Singleton, James M.

YEAR 1893 COUNTY Dekalb

WHEN AND WHERE BORN? Resident of Ga. since Aug. 23, 1843.

ENLISTED WHEN AND WHERE?

RANK. Private.

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

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Cold Harbor, Va., June 27, 1862. Shot through the hips, entering left thigh shattering the bone and cutting the muscle, the ball passing through near the spinal column, causing partial paralysis of the entire lower extremity.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

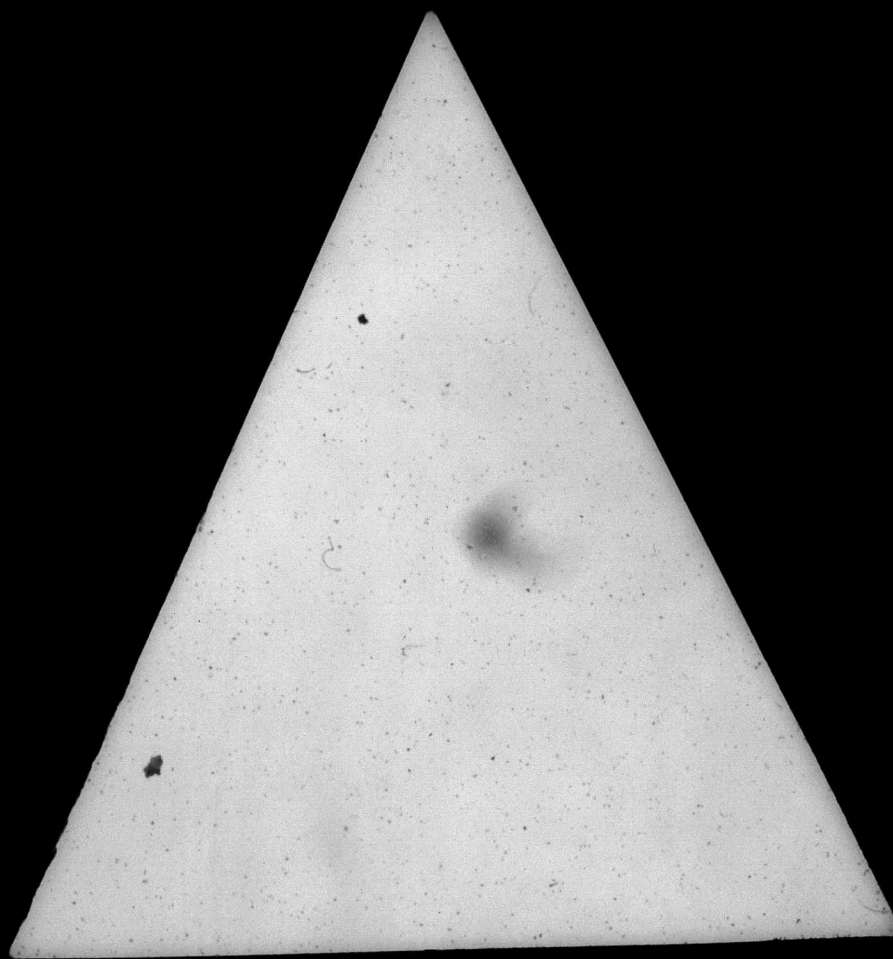
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J. W. McCurdy, 1st Lieut. George R. Wells, 2nd Lieut.

No data.



Singleton Sarah B
De Kalb Co

Ch. H. Jan 1911
NO.

Widow's Application

UNDER ACT 1910.

Who Lost a Husband During War as a
Soldier, Remarried and is Now
a Widow.

County *De Kalb*

Name *Sarah B Singleton*

Soldier Husband's Name
T. S. Franklin

Company *K*

Regiment *36th Ga*

Name of Last Husband
E. N. Singleton

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer, Atlanta.

10/20/10

J. W. LINDSEY,
Commissioner of Prisons.

Approved

Name of Last Husband
E. N. Singleton

Regiment

36th La

Company

K

Soldier's Name

J. S. Franklin

Name

Sarah D. Singleton

County

DeKalb

Who Lost a Husband During War as a
Soldier, Remarried and is Now
a Widow.

UNDER ACT 1910.

Widow's Application

GN Dec 1911

*Singleton Sarah D.
DeKalb Co*

STATE OF GEORGIA,

DeKalb County.

Personally before me comes *Mrs. Sarah D. Singleton* of said county who after being sworn on oath says that she became the lawful wife of *E. N. Franklin* the day of *Aug. 27th* 1860. and that he did on the *10th day of April 1863* enlist in Company *C. K. 36th* Regiment and was on the *15th day of July 1863* killed or died as the result of an injury received while in line of duty on the *Siege of Vicksburg, chronic Diarrhea* leaving this applicant, his widow.

That on the *21st* day of *Jan'y* 1870 she was married to *E. N. Singleton* of *DeKalb* County, and that on the *28th* day of *Feb'y* 1908 in the county of *DeKalb* State of *Georgia* the said *E. N. Singleton* 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)

None acres of land cash value of *None*
None Horses or mules. *None*
Hogs and cows and other stock *One Milk Cow, \$25.00*
money, notes, etc.
actual income and savings

Total *\$25.00*

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 *\$300.00* as follows *2 acres of land with a small house, sold to Miss Daisy Walton*

Total value *\$300.00*

and that the proceeds were disposed of *Only Sixty dollars of the \$300.00 has been collected, the balance payable ten dollars per month*

SCHEDULE C.

That she is now in the use, possession and control of the following property at the cash value attached
None acres of land of the cash value *Nothing*
Horses and cows of the cash value *1 Cow, value \$25.00*
Hogs and other stock *None*
Cotton and other farm Products, worth *None*

Total value of all property *\$245.00*

and that the valuation of all of said property, is stated at its true cash value.

Sworn to and subscribed to by me this *7th* day of *Sept* 1911
James R. George Ordinary. *Mrs Sarah D. Singleton*
DeKalb County *man*

Affidavit of the Witness to the Service and Death of Soldier Husband and Her Marriage.

STATE OF GEORGIA,

DeKalb County.

Personally before me come *W. M. Cochran* who after being duly sworn on oath says that he knew *T. H. Franklin*, that he enlisted in Company *C. K. 36th* Regiment of *Vol's* veterans on the *10th* day of *April* 1863 and that on the *15th* day of *July* 1863 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.

married again on the 21st day of Jan'y 1970 to one N. M. Singleton and that her said husband died on the 28th day of Feb'y 1908 and that the said applicant is now a widow.
Sworn to and subscribed before me this 7th day of Sept 1910
James R. George Ordinary
of DeKalb County } W. Y. Miller & J. A. McLeurdy

Affidavit of the Witness to the Property and its Value.

STATE OF GEORGIA,

DeKalb County }
Personally before me W. Y. Miller & J. A. McLeurdy who after being sworn on oath says that they are Free Holders of said County of and that they know Mrs. and that she was on the 4th day of November or at the death of her last husband, on the day of 19 and that he left her in the use, possession and control of property at its true cash value, as follows.

SCHEDULE A.

2 acres Lands whose cash value \$300.00
Horses mules
Cows hogs and other stock 25.00
Money, notes and accounts
All other property \$325.00
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:

2 acres land worth \$300.00
Horses and mules
Cows, hogs and stock of all kind 25.00
any and all other property
Total cash value \$325.00
and we know that the proceeds of this property were its full cash value and was disposed of

for her support

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 the property \$300.00
Horses and mules, cash value of the property \$25.00
Cows hogs, and other stock \$25.00
Wagon and Buggy
Other personal property \$10.00
Money notes and accounts
Actual income and savings \$10.00
Total cash value of all property \$325.00

Sworn to and subscribed before me this day of 1910
James R. George Ordinary
of DeKalb County } W. Y. Miller & J. A. McLeurdy

STATE OF GEORGIA.

County.

I am ordinary of said County and do certify that I know Mrs. 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 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 County, shows returned property to the amount of 1908 325.00 for 1909 325.00 for 1910 325.00 for 1911 325.00

Given under my hand and official seal of affix, this the 7th day of Sept 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.

Georgia Gwinnett County,

I. G.G. Robinson, Ordinary in and for said county, do certify
that the within is a true and correct Copy as appears on the records
of this Office, Given under my hand and official seal of Office.

This 12th day of september 1910.

G. G. Robinson

Ordinary,

MARRIAGE LICENSE
OF

AND

19

Issued

and recorded on page

Book

of Marriage Licenses.

Ordinary.

MARRIAGE LICENSE
OF

AND

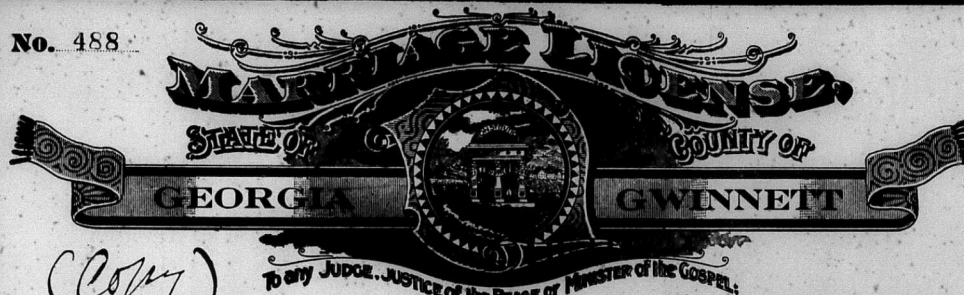
Issued.....19

and recorded on page

Book.....of Marriage Licenses.

Ordinary.

No. 488



(Copy)

Thomas S. Franklin

and

Sarah C. Dyer

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

Given under my hand and seal, this 24th *day of*
August, 1860, ~~1860~~

G. T. Bakestraw, (L.S.)
Ordinary

STATE OF GEORGIA ~~CERTIFICATE~~ GWINNETT COUNTY

I Certify that Thomas S. Franklin *and* Sarah C. Dyer
were joined in Matrimony by me this 27th *day of* August 1860, ~~1860~~

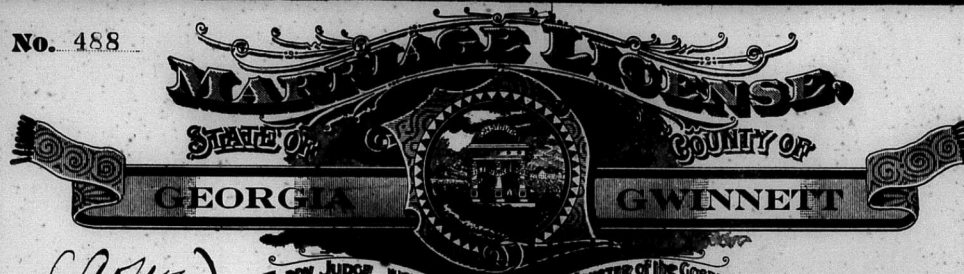
Recorded

19

John W. Shamble, J.P.

Ordinary.

No. 488



(Copy)

To any JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL:

You are hereby authorized to join
Thomas S. Franklin and Sarah C. Dyer
in the Holy State of Matrimony, according to the Constitution and
Laws of this State, and for so doing, this shall be your License.
And you are hereby required to return this License to me, with your
Certificate hereon, of the fact and date of the Marriage.
Given under my hand, and seal, this 24th day of
August, 1860, ~~xxx~~

G. T. Bakestraw, (L.S.)
Ordinary

STATE OF GEORGIA ~~CERTIFICATE~~ GWINNETT COUNTY

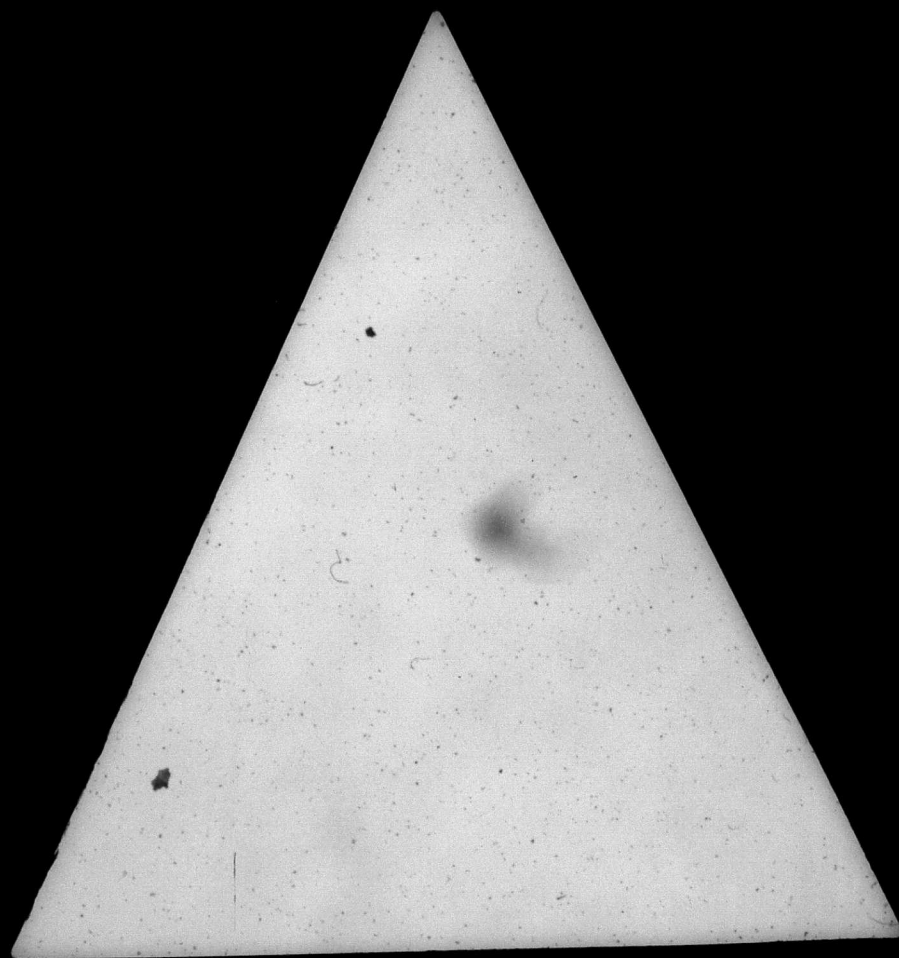
I Certify that Thomas S. Franklin and Sarah C. Dyer
were joined in Matrimony by me this 27th day of August 1860, ~~xxx~~

Recorded

19

John W. Shamble, J.P.

Ordinary.



Ordinary's Certificate

STATE OF GEORGIA

COUNTY }

I, James R. Bell Ordinary of said County, do certify that Mrs. J. P. Singleton 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 1906; that I also know W. F. Singleton

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 4 day of Sept 1916
(SEAL) James R. Bell Ordinary,
Bell 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 must be sworn to before the Ordinary of the County in which the applicant resides.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by said Ordinary.
5. Attached certified copies of marriage licenses 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 Bell
Name Mrs. J. P. Singleton
Widow of J. M. Singleton
Company D
Regiment 38 Ga
Approved _____

ENTERED ROSTER OFFICE

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9-16-1919

Enrolled May 16, 62
Jan. 1 - Sept. 1 - 64,
last in which
house, as "absent soldier"
married, located there
May 3, 1864. In Macon,
Ga. 1864 (m)

SINGLETON, V. D. (m)
Deceased
County
No. m 57 R

DeKalb COUNTY.

I, James R. George Ordinary of said County, do certify that I know Mrs V.D. Singleton the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know W.A. Dickerson 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 4 day of Sept 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.

No.

County DeKalbName Mrs. V.D. SingletonWidow of J.M. SingletonCompany DRegiment 38 Ga

Approved _____

ENTERED
POSTER
OFFICEJ. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Questions for Applicant

STATE OF GEORGIA.

DeKalb COUNTY.

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

1. What is your name, and where do you reside? V.D. Singleton DeKalb Co. Ga
2. How long and since when have you been a continuing resident of the State of Georgia? 68 years all my life
3. When, where and to whom were you married? August 16, 1878 DeKalb County J.M. Singleton
- a. Have you married since the death of first and soldier husband? have not
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) 1861 DeKalb Co. Company N = 38 Ga Regt
5. When and where did the commands of your husband surrender or discharge from the army? April 9, 1865 Appomattox VA
6. Was your husband personally present at the time of the surrender or discharge of this command? was in hospital wounded not able to be present
7. If he was not present state clearly where he was was in hospital not able to be present
8. Where was his command when he left? Alderson
 - a. For what cause did he leave his command? wound
 - b. By whose authority did he leave his command? wound
 - c. For how long was he granted leave of absence? _____
 - e. What was his physical condition when he left his command? wound
 - f. What effort did he make to return to his command? _____
 - g. In what way was he prevented from going back to Command wound
 - h. Was he captured by the enemy at any time? was not
 - i. If so, when and where captured and where held as a prisoner, and when and for what cause released? _____
- j. When and where did your first husband die? Feb 1, 1904
- k. Were you residing together when he died? we was
 - l. If not, how long had you resided apart? _____
 - m. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State? husband given invalid pension
If so, when and for what cause were you or your husband placed on the roll? J.M. Singleton

Sworn to and subscribed before me this the

3 day of Sept 1919
James R. George Ordinary
of DeKalb County.

(SEAL)

Fulton

COUNTY.

Personally before me comes W. F. A. Dickerson who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? W. F. A. Dickerson East Pt., Ga.
2. How long and since when have you known Mrs. V. D. Singleton applicant? Over forty years
3. How long and since when has she continuously resided in this State? (Give date.) Ever since I have known her
4. When and to whom was she married? J. M. Singleton (Don't know date) How do you know?
5. How long and since when did you know J. M. Singleton her husband? Since about 1850
6. When and where did J. M. Singleton the husband of applicant, die? Don't know
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? Never lived apart
- Were they divorced? No
9. When, where and in what Company and Regiment did J. M. Singleton enlist? In Fall of 1861, DeKalb County, Ga., Co. D, 38th Ga. Reg. Inf.
10. Were you a member of the same Company? Yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? About three years
12. When and where did his Command surrender, and was discharged? Appomattox Courthouse April 1865
13. Were you personally present when it was surrendered? Yes If not, where were you and how came you there?
14. Was the husband of applicant personally present at surrender? No If not where was he? Was nursing in hospital When, where and for what cause did he leave Command? (Give date.) Wounded early in 1864 By whose authority did he leave his Command? Commanding officer And how long was he granted leave? During disability How do you know all this? I was member of same company and saw him constantly from date of his enlistment until he was wounded in Spring of 1864
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? Weakness from wound prevented further field service
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the

3 day of September 1919

Charles B. Burch Ordinary

of Fulton County.

(SEAL)

W. F. A. Dickerson *Sergeant* *3849a*

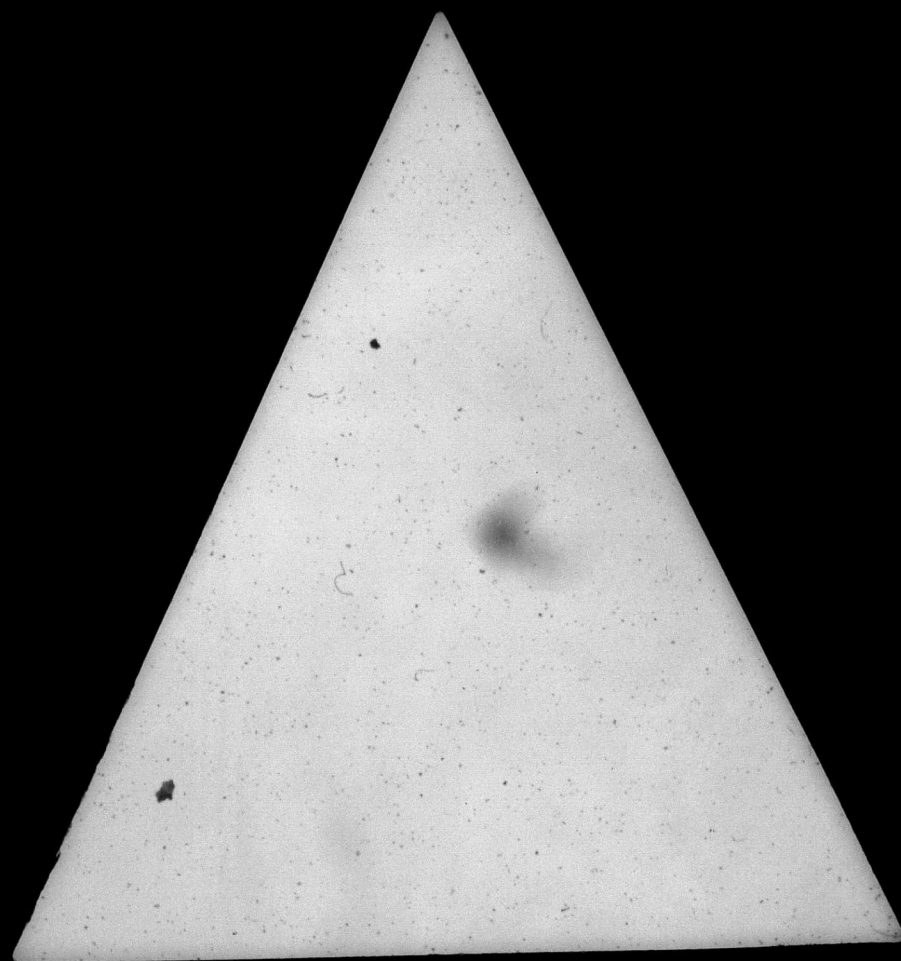
Georgia, DeKalb County.

Personally appeared before me, the undersigned, J. C. Eaton, who being duly sworn, says on oath; That J. M. Singleton and Miss V. D. Beauchamp were joined together in matrimony on the 16th day of August, 1878, that deponent was present at the marriage and saw the marriage ceremony performed by Rev. Fielding Maddox.

Deponent makes this affidavit because of the fact that the marriage record in the office of the Ordinary of DeKalb County, where the license was obtained, is incomplete, in that it does not show the date of the marriage nor who performed the ceremony,

Sworn to and subscribed before me, }
this the 4th day of September, 1919.)

James R. George
Ordinary.



NOTES.

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

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

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

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

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

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

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

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

Sirmans, L.A.
~~Not Embellished~~
 Oct 14/89
 De Kalb Co

No.

APPLICATION FOR ALLOWANCE

FOR

Applicant, Sirmans L.A.

County De Kalb

Amount

Date of Warrant

Entered on record

188.

SECRETARY EXECUTIVE DEPARTMENT.

Ex Dept
 Atlanta Ga
 Applicant is not
 entitled. The
 proofs by physicians
 not showing that
 the present condition
 of applicant is the
 direct result of
 service as a Sol.
dr.

W. H. Harrison
 Clerk

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.

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

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

Sirmans, L.A.
Attest

Dec-14/89
W. K. Co

No. _____

APPLICATION FOR ALLOWANCE

FOR

Applicant: *Sirmans, L.A.*

County: *DeKalb*

Amount _____

Date of Warrant _____

Entered on record _____

1889

SECRETARY EXECUTIVE DEPARTMENT.

On Sept
Atlanta Ga

Applicant is not
entitled. I have

proofs by physician
not showing that

the present condition
of applicant is the

direct result of
service as a soldier.

W. H. Hamlin
Chen

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA,

DeKalb County.

PERSONALLY appears *L. A. Sirmans* 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 _____ day of _____

July 1839; 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 the _____th Regiment of *Cavalry* Volunteers _____'s Brigade; that whilst engaged

in such military service, at the battle of *Shiloh* in the State of *Georgia*, on the _____ day of *August* 1862, he was

wounded as follows: *Contracted a violent case of Malaria*

by which I have been rendered by intermittent fever and an attack

of the Constitution, finally resulting in a complete

disorder of the Liver, Kidneys and Nervous System, thereby

rendering me permanently incapacitated and has been rendered

practically incompetent to perform the ordinary

Manual Occupations of Life

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

Sworn to and subscribed before me, this the _____ day of *February* 1889.

L. A. Sirmans
John L. Bras

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

DeKalb County.

PERSONALLY came before me *S. B. Spencer* of the county of *DeKalb* State of Georgia, who, being duly sworn, says that he was

a commissioned officer in Company *A*, of the _____th Regiment of *Georgia Cavalry* Volunteers, and that deponent knows *L. A. Sirmans*, 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 *L. A. Sirmans*

as stated by him in said affidavit. Deponent further states that said

L. A. Sirmans is a bona fide citizen of this State and resides in *DeKalb* county.

S. B. Spencer Maj' 20th Regt Geo Cav

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

STATE OF GEORGIA,

County. }

PERSONALLY came

citizens of _____ county, in said State,
who, being duly sworn, say that they are acquainted with

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

Sworn to and subscribed before me, this

day of _____ 188

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

STATE OF GEORGIA,

De Kalb County. }

PERSONALLY comes before me

W. M. Ragsdale, Ordinary of said county,
J. L. Kametta M.D. and *C. L. Summey M.D.*, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined *L. A. Sirmann* and after such

examination say that the applicant has been injured as follows: *We have known
applicant for about 17 years and have been called
to treat him frequently within said time, and have found
him suffering from a complication of disease. His liver
is atrophied which causes chronic indigestion, and by apparently
interfering with the secretory functions of the kidneys also
causing general nervous debility whereby he has been rendered
practically incompetent to perform the ordinary manual occupations
of life. We believe his disease to be permanent.*

Sworn to and subscribed before me, this

23^d day of Feb. 188*W. M. Ragsdale*

ORDINARY.

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

STATE OF GEORGIA,

De Kalb County. }

I, *W. M. Ragsdale*

Ordinary of said county,

do certify that I am well acquainted with *L. A. Sirmann* the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in 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 *Irwin L. Teat* 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 23^d day of Feb. 188*W. M. Ragsdale*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 _____ 188

Executed in the presence of us: _____

(L. S.)

George } Personals, appears
Clutch County } Dr's W. J. Nichols M.D.
R. B. Johnson

and citizens of Clutch County and
State of Georgia who being duly
sworn say on oath that they know
L. St. Simons that he was born and
raised in this County of one of a
respectable family and that before
the war between the States he was
a sound hearted young man free
of all vicious tendencies. We know
him when he returned home and
joined the army of the Confederacy
and fought in Company A, 20th Georgia
battalion of Cavalry. Merced brig-
ade and was stationed on the Island of
Rapa in the County of Chatham on said
State to guard the coast of Georgia
against our common enemy. We
know that while there in faithful
discharge of duty as a soldier in
defense of our Country he contracted
a violent case of Typho-malaria
fever and after lying in camp for some
time very sick, he was sent home
by his officers & Surgeon. We know
that he had a long spell of pain from
lingering between life and death for

State of Georgia } I George Cornelius
Clutch County } Ordinary of said County
do hereby that I am well acquainted
with Dr's W. J. Nichols &
R. B. Johnson & Bettusson
& citizens of said County who raised the
following affidavit and I am well satis-
fied that the statements made by them
in their sworn affidavits are true and that L. St.
Simons from the time of his arrival here till he
has to come to death has been a sound
hearted citizen of the said State and that
the foregoing statements are those of
citizens of respectability and that their
statements are correct and true and are
believed and I further depose that the
affidavits signed and sworn to are
genuine.

Given under my hand and official sig-
nature and seal, this March 10th
1889.

George Cornelius
Ordinary Clutch County, Ga

months and that he never fully recovered
from the shock & effect of said illness -
And we know that immediately resulting
from said protracted sickness & fears he
was afflicted with organic disease of
the Liver, Kidneys, Pancreas, & nervous
system which became chronic, permanent &
incurable & which was not cured under the
treatment by various other Physicians who
we have consulted. We know that he
remained in the Cincinnati Hotel, St. Louis,
Ohio County, Clinch County, Missouri to the
City of Des Moines, Iowa State on
about January 10th 1877 - where
said J. A. Simmons was permanently residing
& afflicted and remained practically
incapable to perform the ordinary
business occupations of life -

Subscribed and sworn to before me this
10th day of October 1889 W. J. Nicholls M.D.

R. B. Johnson
George Cornelius
Witness Clinch County Ia

State of Iowa } I George Cornelius
Clinch County } Ordinary of said County
do hereby that I am well acquainted
with Dr. W. J. Nicholls &
R. B. Johnson & Peterson
& Citizens of said County, who under the
 foregoing affidavits and sworn to
for that the statements made by them
in their affidavits and sworn to under the
Simmons from the time of his arrival in the City
have to return to Des Moines, Iowa, for the purpose
but notwithstanding the same, I believe
that the foregoing witnesses are Physicians
& Citizens of respectability and that their
statements are truthful & true and are
believed - and I further certify that the
affidavits signed and sworn to are
genuine -

Given under my hand and official seal
this 10th day of October 1889

George Cornelius
Ordinary Clinch County Ia

NAME, Sirmans, L.A. (Disapproved.) YEAR 1889 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Private Co. A, 20th. Georgia Battalion Cavalry
Mercer's Brigade.

NAME OF CAPTAIN AND COLONEL? S.B. Spencer Major.

WOUNDED? Isle of Hope, Chatham Co. Georgia August 1st. 1862. Typhoid
fever.

CAPTURED, WHEN AND WHERE?

RELEASED.

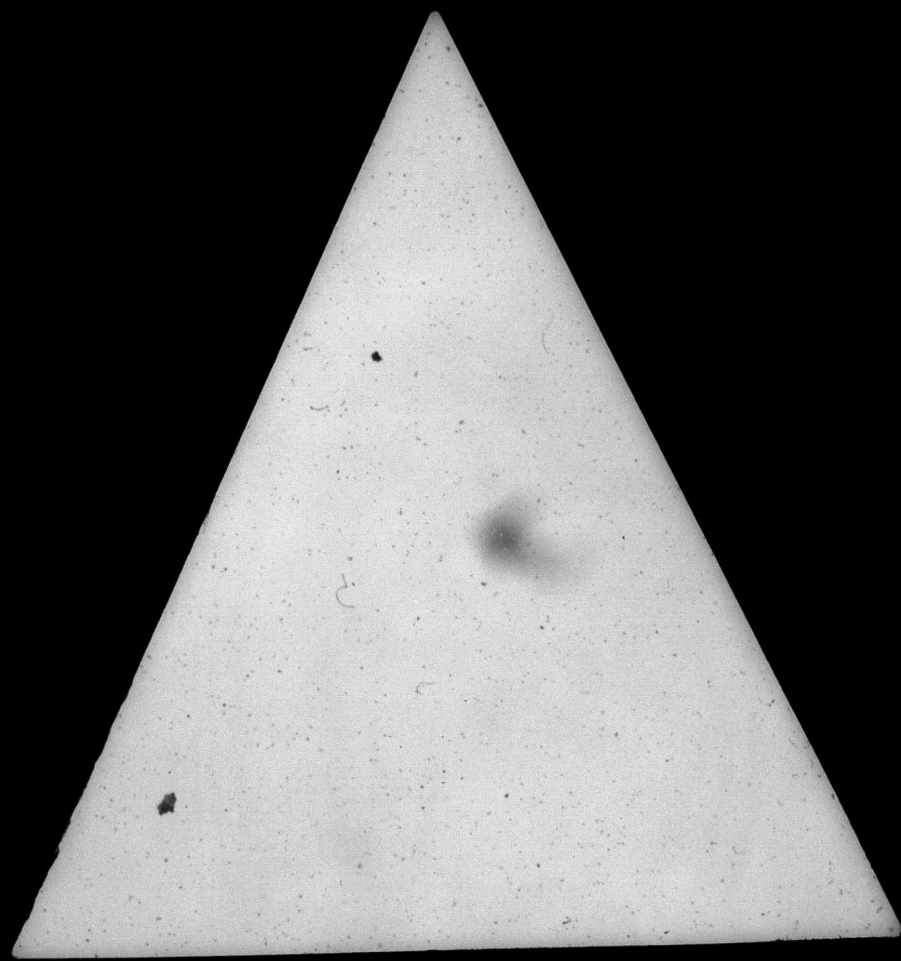
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. S.B. Spencer. Major.



Ordinary's Certificate

STATE OF GEORGIA

De Kalb

COUNTY

I,

James B. Cherry

Ordinary of said County, certify that I know

the applicant *Edward F. Small* 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; 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

13

day of

October

1911

of *De Kalb* County

(SEAL)

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

Small, Edward F.
De Kalb

No. *1011* Jan 1920

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County

De Kalb

Name

Edward F. Small

Company

Regiment

Position Light Battery

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-17-1919

DeKalb COUNTY.

I, James R. George Ordinary of said County, certify that I know the applicant Edward F. Small 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; 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 13 day of October 1919

James R. George Ordinary
of DeKalb County.

(SEAL)

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

Small, Edward F.
DeKalb Co.

No. 11, Jan 1920

Confederate

Soldier's Application

Under Act 1910—As Amended by Act of 1919.

DeKalb County

Name Edward F. Small

Company _____

Regiment Confederate Light Artillery

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

State Printing Co., State Prison, Atlanta.

10-17-1919

Questions For Applicants to Answer

STATE OF GEORGIA,

Fulton COUNTY.

Edward F. Small 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) Edward F. Small, Ga.
2. How long and since when have you been a continuous resident citizen of this State? 1888
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? In the army of the Confederate States for the reason
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) May 1861 Washington D.C. Guided Flag Bearer Light Artillery
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) 4 years May 5th 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? at Grenada D.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. a.
- a. Where was your command when you left it? at Grenada D.C.
- b. When did you leave the command? 5th of May 1865
- c. For what cause did you leave? disorder
- d. By whose authority did you leave? Genl. William Daniel commanding Confederate Army of Tenn.
- e. For how long was your leave granted? In what way? a
- f. Why did you not return to your command after leave expired? disorder
- g. In what way were you prevented? a
- h. What effort did you make to return? a
- i. Were you captured during the war? a
- j. If so, when, and where? In what prison were you held and when were you released? a
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? I have not

Sworn to and subscribed before me, this the

13 day of October 1919
James R. George Ordinary
of DeKalb County.

(SEAL)

E. F. Small

Georgia, DeKalb County.

Personally appeared before me, the undersigned, Edward F. Small, who being first duly sworn, says on oath: That he has made diligent and exhaustive search to find a witness who was in the same Company or Regiment, to which the affiant belonged, but has been unable to find any one.

Sworn to and subscribed before me, }

This 13th day of October, 1919.

Edward F. Small

Ordinary.

James P. George

NAME Small, Edward F.

YEAR 1920

COUNTY DeKalb

WHEN AND WHERE BORN? A resident of Georgia since 1888.

ENLISTED WHEN AND WHERE? May 1864, Washington, N.C.

RANK.

COMPANY AND REGIMENT? Guidon, Light Artillery, N.C.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

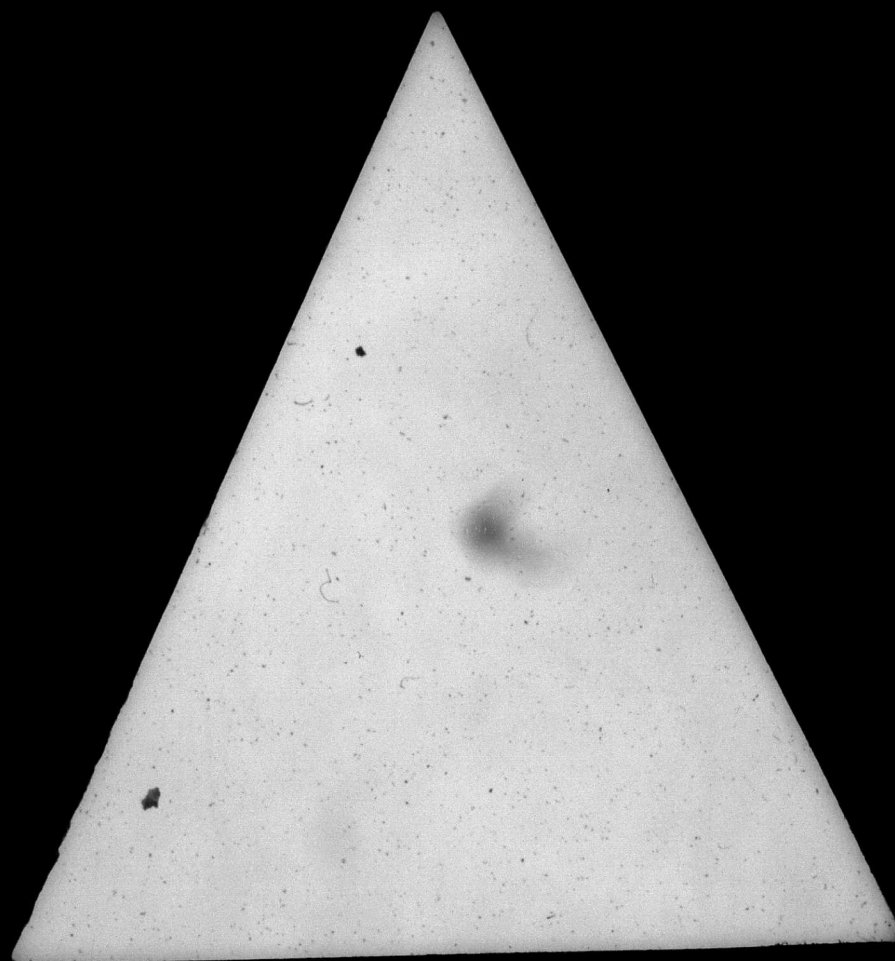
WHEN AND WHERE SURRENDERED? May 5, 1865, Greensboro, N.C.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None



Smith, A. L.
De Kalb County

OK for 1913.
No.

**Confederate
Soldier's Application.**

UNDER ACT 1910.

County *De Kalb*
Name *A. L. Smith*
Company *H*
Regiment *3rd Cav Vol*
Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

8/21-1912
ENTERED ROSTER OFFICE

Questions for Applicants to Answer.

STATE OF GEORGIA,

DeKalb County.

A. L. Smith 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). A. L. Smith
Silvana Ga Post # 2
2. How long and since when have you been a continuous resident citizen of this State? 80 years July 1912
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service). June 25 1861 Company 40th N. 3rd Regt.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge). Winter 1861 discharged from Service
6. When and where was your Company and Regiment surrendered or discharged from the Service? June 9 1865
7. Were you actually present with your Command when it was surrendered or discharged? No
8. If you were not actually present, state specifically and clearly where you were. Smith
Carolina
 - a. Where was your Command when you left it? Road Old Island N.C.
 - b. When did you leave the Command? (Smith) 1861
 - c. For what cause did you leave? Discharged
 - d. By whose authority did you leave? Board of Officers
 - e. For how long was your leave granted? In what way? Indefinitely
9. Why did you not return to your Command after leave expired? Went into other
to what way were you prevented? Went to other Service
10. What effort did you make to return? None
11. Were you captured during the war? No
12. If so, when, and where? In what prison were you held and when were you released? No
13. 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). 1000 00
House, Range, wagon, 2 cows, Household Good
all Personal Property except 200 00
Total 1200 00
14. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? None disposed off
15. 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). Same as Above Stated
Total Value 1200 00
16. What annual or monthly income or earnings of yourself and wife and the source derived have you? No
17. Are you drawing a pension of any amount from this State or the United States? No
18. 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

20 day of August 1912

Ordinary,

DeKalb County.

Soldier's Application.

UNDER ACT 1910.

Confederate

OAK for 1913.

Smith A. L.
DeKalb County

County DeKalb
Name A. L. Smith
Company H
Regiment 3rd Regt
Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. F. BIRCH, State Printer, Atlanta.

ENTERED POSTER OFFICE

8-31-1912

STATE OF GEORGIA.

Rockdale County.

A. C. McCalla of said State and County is hereby presented as a witness in support of the application of A. L. Smith 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? A. C. McCalla, Congress Rd.
2. How long and since when have you known A. L. Smith the applicant? since first 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? Rockdale County. I know it by my own personal knowledge.
4. When, where and in what Company and Regiment did A. L. Smith enlist during war from 1861 to 1865? (Give date and place). Apr 25, 1861, Co. H. 3rd Va.
5. How did you obtain your information of this Service? I was in same Co and Regiment
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) up to winter of 1861.
7. When and where was his Command surrendered or discharged (give date and place). 3rd Va - Co. H. Surrendered April 9, 1865 =
8. Were you personally present at the Surrender? No.
9. If not, where were you and how came you there? Not present, was at home exchanged prisoners of war.
10. Was the applicant personally present with his Command at surrender? No.
11. If not where was he and how came him there? He left our Command in winter 1861. Saw him on the island N. C.
12. When did he leave his Command? winter 1861. Where was his Command when he left it? Saw him on the island for what cause did he leave? Physical disability. By whose authority did he leave? By being discharged and how long was he granted leave? How do you know that you have stated to be true? If of your own knowledge (Tell clearly and specifically) from my own knowledge by reports of others, disabilities by reports of others.
13. In what way was he prevented from returning to his Command? How do you know? disabilities by reports of others.
14. What effort did he make to return to his Command and how do you know? 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

20th day of August, 1912

B. F. Book

Ordinary

of Rockdale County.

STATE OF GEORGIA.

DeKalb County.

Personally before me comes B. M. Johnson & M. E. Watson who on oath says that they are freeholders residing in said County and we know A. L. Smith

the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of the cash value to wit: (Make List by items and value.)

Land valued at \$1200.00 Personal Property \$802.00
Total \$2002.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4. Nov 1908? (State it fully by items.) none

2. When and to whom was it sold or given to? none

3. What was the price paid or stated to be paid? none

4. What relation is the party to applicant? none

5. What disposition was made of the proceeds of the sale? none

6. Was the disposition of this property made in good faith and full value? none

or was it made to obtain a pension? none

Sworn to and subscribed before me, this the

20th day of August, 1912

James R. George Ordinary

of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

DeKalb County.

I, James R. George Ordinary of said County, certify that I know the applicant A. L. Smith for Pension is the person he represents himself to be and resides in

said County. That I also know A. C. McCalla the witness swearing to the

service and B. M. Johnson & M. E. Watson 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 A. L. Smith and wife

value for tax is in 1908 \$1157.00 for 1909 \$741.00 for 1910 \$840.00 1909 1910

Sworn under my hand and official seal of office this day of August, 1912

James R. George Ordinary

of DeKalb County.

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

1910-1911-1912-1913-1914-1915-1916-1917-1918-1919-1920-1921-1922-1923-1924-1925-1926-1927-1928-1929-1930-1931-1932-1933-1934-1935-1936-1937-1938-1939-1940-1941-1942-1943-1944-1945-1946-1947-1948-1949-1950-1951-1952-1953-1954-1955-1956-1957-1958-1959-1960-1961-1962-1963-1964-1965-1966-1967-1968-1969-1970-1971-1972-1973-1974-1975-1976-1977-1978-1979-1980-1981-1982-1983-1984-1985-1986-1987-1988-1989-1990-1991-1992-1993-1994-1995-1996-1997-1998-1999-2000-2001-2002-2003-2004-2005-2006-2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100-2101-2102-2103-2104-2105-2106-2107-2108-2109-2110-2111-2112-2113-2114-2115-2116-2117-2118-2119-2120-2121-2122-2123-2124-2125-2126-2127-2128-2129-2130-2131-2132-2133-2134-2135-2136-2137-2138-2139-2140-2141-2142-2143-2144-2145-2146-2147-2148-2149-2150-2151-2152-2153-2154-2155-2156-2157-2158-2159-2160-2161-2162-2163-2164-2165-2166-2167-2168-2169-2170-2171-2172-2173-2174-2175-2176-2177-2178-2179-2180-2181-2182-2183-2184-2185-2186-2187-2188-2189-2190-2191-2192-2193-2194-2195-2196-2197-2198-2199-2200-2201-2202-2203-2204-2205-2206-2207-2208-2209-2210-2211-2212-2213-2214-2215-2216-2217-2218-2219-2220-2221-2222-2223-2224-2225-2226-2227-2228-2229-2230-2231-2232-2233-2234-2235-2236-2237-2238-2239-2240-2241-2242-2243-2244-2245-2246-2247-2248-2249-2250-2251-2252-2253-2254-2255-2256-2257-2258-2259-2260-2261-2262-2263-2264-2265-2266-2267-2268-2269-2270-2271-2272-2273-2274-2275-2276-2277-2278-2279-2280-2281-2282-2283-2284-2285-2286-2287-2288-2289-2290-2291-2292-2293-2294-2295-2296-2297-2298-2299-2300-2301-2302-2303-2304-2305-2306-2307-2308-2309-2310-2311-2312-2313-2314-2315-2316-2317-2318-2319-2320-2321-2322-2323-2324-2325-2326-2327-2328-2329-2330-2331-2332-2333-2334-2335-2336-2337-2338-2339-2340-2341-2342-2343-2344-2345-2346-2347-2348-2349-2350-2351-2352-2353-2354-2355-2356-2357-2358-2359-2360-2361-2362-2363-2364-2365-2366-2367-2368-2369-2370-2371-2372-2373-2374-2375-2376-2377-2378-2379-2380-2381-2382-2383-2384-2385-2386-2387-2388-2389-2390-2391-2392-2393-2394-2395-2396-2397-2398-2399-2400-2401-2402-2403-2404-2405-2406-2407-2408-2409-2410-2411-2412-2413-2414-2415-2416-2417-2418-2419-2420-2421-2422-2423-2424-2425-2426-2427-2428-2429-2430-2431-2432-2433-2434-2435-2436-2437-2438-2439-2440-2441-2442-2443-2444-2445-2446-2447-2448-2449-2450-2451-2452-2453-2454-2455-2456-2457-2458-2459-2460-2461-2462-2463-2464-2465-2466-2467-2468-2469-2470-2471-2472-2473-2474-2475-2476-2477-2478-2479-2480-2481-2482-2483-2484-2485-2486-2487-2488-2489-2490-2491-2492-2493-2494-2495-2496-2497-2498-2499-2500-2501-2502-2503-2504-2505-2506-2507-2508-2509-2510-2511-2512-2513-2514-2515-2516-2517-2518-2519-2520-2521-2522-2523-2524-2525-2526-2527-2528-2529-2530-2531-2532-2533-2534-2535-2536-2537-2538-2539-2540-2541-2542-2543-2544-2545-2546-2547-2548-2549-2550-2551-2552-2553-2554-2555-2556-2557-2558-2559-2560-2561-2562-2563-2564-2565-2566-2567-2568-2569-2570-2571-2572-2573-2574-2575-2576-2577-2578-2579-2580-2581-2582-2583-2584-2585-2586-2587-2588-2589-2590-2591-2592-2593-2594-2595-2596-2597-2598-2599-2600-2601-2602-2603-2604-2605-2606-2607-2608-2609-2610-2611-2612-2613-2614-2615-2616-2617-2618-2619-2620-2621-2622-2623-2624-2625-2626-2627-2628-2629-2630-2631-2632-2633-2634-2635-2636-2637-2638-2639-2640-2641-2642-2643-2644-2645-2646-2647-2648-2649-2650-2651-2652-2653-2654-2655-2656-2657-2658-2659-2660-2661-2662-2663-2664-2665-2666-2667-2668-2669-2670-2671-2672-2673-2674-2675-2676-2677-2678-2679-2680-2681-2682-2683-2684-2685-2686-2687-2688-2689-2690-2691-2692-2693-2694-2695-2696-2697-2698-2699-2700-2701-2702-2703-2704-2705-2706-2707-2708-2709-2710-2711-2712-2713-2714-2715-2716-2717-2718-2719-2720-2721-2722-2723-2724-2725-2726-2727-2728-2729-2730-2731-2732-2733-2734-2735-2736-2737-2738-2739-2740-2741-2742-2743-2744-2745-2746-2747-2748-2749-2750-2751-2752-2753-2754-2755-2756-2757-2758-2759-2760-2761-2762-2763-2764-2765-2766-2767-2768-2769-2770-2771-2772-2773-2774-2775-2776-2777-2778-2779-2780-2781-2782-2783-2784-2785-2786-2787-2788-2789-2790-2791-2792-2793-2794-2795-2796-2797-2798-2799-2800-2801-2802-2803-2804-2805-2806-2807-2808-2809-2810-2811-2812-2813-2814-2815-2816-2817-2818-2819-2820-2821-2822-2823-2824-2825-2826-2827-2828-2829-2830-2831-2832-2833-2834-2835-2836-2837-2838-2839-2840-2841-2842-2843-2844-2845-2846-2847-2848-2849-2850-2851-2852-2853-2854-2855-2856-2857-2858-2859-2860-2861-2862-2863-2864-2865-2866-2867-2868-2869-2870-2871-2872-2873-2874-2875-2876-2877-2878-2879-2880-2881-2882-2883-2884-2885-2886-2887-2888-2889-2890-2891-2892-2893-2894-2895-2896-2897-2898-2899-2900-2901-2902-2903-2904-2905-2906-2907-2908-2909-2910-2911-2912-2913-2914-2915-2916-2917-2918-2919-2920-2921-2922-2923-2924-2925-2926-2927-2928-2929-2930-2931-2932-2933-2934-2935-2936-2937-2938-2939-2940-2941-2942-2943-2944-2945-2946-2947-2948-2949-2950-2951-2952-2953-2954-2955-2956-2957-2958-2959-2960-2961-2962-2963-2964-2965-2966-2967-2968-2969-2970-2971-2972-2973-2974-2975-2976-2977-2978-2979-2980-2981-2982-2983-2984-2985-2986-2987-2988-2989-2990-2991-2992-2993-2994-2995-2996-2997-2998-2999-3000-3001-3002-3003-3004-3005-3006-3007-3008-3009-3010-3011-3012-3013-3014-3015-3016-3017-3018-3019-3020-3021-3022-3023-3024-3025-3026-3027-3028-3029-3030-3031-3032-3033-3034-3035-3036-3037-3038-3039-3040-3041-3042-3043-3044-3045-3046-3047-3048-3049-3050-3051-3052-3053-3054-3055-3056-3057-3058-3059-3060-3061-3062-3063-3064-3065-3066-3067-3068-3069-3070-3071-3072-3073-3074-3075-3076-3077-3078-3079-3080-3081-3082-3083-3084-3085-3086-3087-3088-3089-3090-3091-3092-3093-3094-3095-3096-3097-3098-3099-3100-3101-3102-3103-3104-3105-3106-3107-3108-3109-3110-3111-3112-3113-3114-3115-3116-3117-3118-3119-3120-3121-3122-3123-3124-3125-3126-3127-3128-3129-3130-3131-3132-3133-3134-3135-3136-3137-3138-3139-3140-3141-3142-3143-3144-3145-3146-3147-3148-3149-3150-3151-3152-3153-3154-3155-3156-3157-3158-3159-3160-3161-3162-3163-3164-3165-3166-3167-3168-3169-3170-3171-3172-3173-3174-3175-3176-3177-3178-3179-3180-3181-3182-3183-3184-3185-3186-3187-3188-3189-3190-3191-3192-3193-3194-3195-3196-3197-3198-3199-3200-3201-3202-3203-3204-3205-3206-3207-3208-3209-3210-3211-3212-3213-3214-3215-3216-3217-3218-3219-3220-3221-3222-3223-3224-3225-3226-3227-3228-3229-3230-3231-3232-3233-3234-3235-3236-3237-3238-3239-3240-3241-3242-3243-3244-3245-3246-3247-3248-3249-3250-3251-3252-3253-3254-3255-3256-3257-3258-3259-3260-3261-3262-3263-3264-3265-3266-3267-3268-3269-3270-3271-3272-3273-3274-3275-3276-3277-3278-3279-3280-3281-3282-3283-3284-3285-3286-3287-3288-3289-3290-3291-3292-3293-3294-3295-3296-3297-3298-3299-3300-3301-3302-3303-3304-3305-3306-3307-3308-3309-3310-3311-3312-3313-3314-3315-3316-3317-3318-3319-3320-3321-3322-3323-3324-3325-3326-3327-3328-3329-3330-3331-3332-3333-3334-3335-3336-3337-3338-3339-3340-3341-3342-3343-3344-3345-3346-3347-3348-3349-3350-3351-3352-3353-3354-3355-3356-3357-3358-3359-3360-3361-3362-3363-3364-3365-3366-3367-3368-3369-3370-3371-3372-3373-3374-3375-3376-3377-3378-3379-3380-3381-3382-3383-3384-3385-3386-3387-3388-3389-3390-3391-3392-3393-3394-3395-3396-3397-3398-3399-3400-3401-3402-3403-3404-3405-3406-3407-3408-3409-3410-3411-3412-3413-3414-3415-3416-3417-3418-3419-3420-3421-3422-3423-3424-3425-3426-3427-3428-3429-3430-3431-3432-3433-3434-3435-3436-3437-3438-3439-3440-3441-3442-3443-3444-3445-3446-3447-3448-3449-3450-3451-3452-3453-3454-3455-3456-3457-3458-3459-3460-3461-3462-3463-3464-3465-3466-3467-3468-3469-3470-3471-3472-3473-3474-3475-3476-3477-3478-3479-3480-3481-3482-3483-3484-3485-3486-3487-3488-3489-3490-3491-3492-3493-3494-3495-3496-3497-3498-3499-3500-3501-3502-3503-3504-3505-3506-3507-3508-3509-3510-3511-3512-3513-3514-3515-3516-3517-3518-3519-3520-3521-3522-3523-3524-3525-3526-3527-3528-3529-3530-3531-3532-3533-3534-3535-3536-3537-3538-3539-3540-3541-3542-3543-3544-3545-3546-3547-3548-3549-3550-3551-3552-3553-3554-3555-3556-3557-3558-3559-3560-3561-3562-3563-3564-3565-3566-3567-3568-3569-3570-3571-3572-3573-3574-3575-3576-3577-3578-3579-3580-3581-3582-3583-3584-3585-3586-3587-3588-3589-3590-3591-3592-3593-3594-3595-3596-3597-3598-3599-3600-3601-3602-3603-3604-3605-3606-3607-3608-3609-3610-3611-3612-3613-3614-3615-3616-3617-3618-3619-3620-3621-3622-3623-3624-3625-3626-3627-3628-3629-3630-3631-3632-3633-3634-3635-3636-3637-3638-3639-3640-3641-3642-3643-3644-3645-3646-3647-3648-3649-3650-3651-3652-3653-3654-3655-3656-3657-3658-3659-3660-3661-3662-3663-3664-3665-3666-3667-3668-3669-3670-3671-3672-3673-3674-3675-3676-3677-3678-3679-3680-3681-3682-3683-3684-3685-3686-3687-3688-3689-3690-3691-3692-3693-3694-3695-3696-3697-3698-3699-3700-3701-3702-3703-3704-3705-3706-3707-3708-3709-3710-3711-3712-3713-3714-3715-3716-3717-3718-3719-3720-3721-3722-3723-3724-3725-3726-3727-3728-3729-3730-3731-3732-3733-3734-3735-3736-3737-3738-3739-3740-3741-3742-3743-3744-3745-3746-3747-3748-3749-3750-3751-3752-3753-3754-3755-3756-3757-3758-3759-3760-3761-3762-3763-3764-3765-3766-3767-3768-3769-3770-3771-3772-3773-3774-3775-3776-3777-3778-3779-3780-3781-3782-3783-3784-3785-3786-3787-3788-3789-3790-3791-3792-3793-3794-3795-3796-3797-3798-3799-3800-3801-3802-3803-3804-3805-3806-3807-3808-3809-3810-3811-3812-3813-3814-3815-3816-3817-3818-3819-3820-3821-3822-3823-3824-3825-3826-3827

NAME Smith, A. L.

YEAR 1913. COUNTY DeKalb.

WHEN AND WHERE BORN? Born in ^{July} 1832, in Georgia. A resident of Ga. 80 years.

ENLISTED WHEN AND WHERE? Apr. 25, 1861, Covington, Ga.

RANK:

COMPANY AND REGIMENT? ^{Regt.} Co. H, 3d/Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Was discharged in ^{December} winter of 1861 by Board of Doctors was disabled for service.

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? Command surrendered Apr. 9, 1865, place.

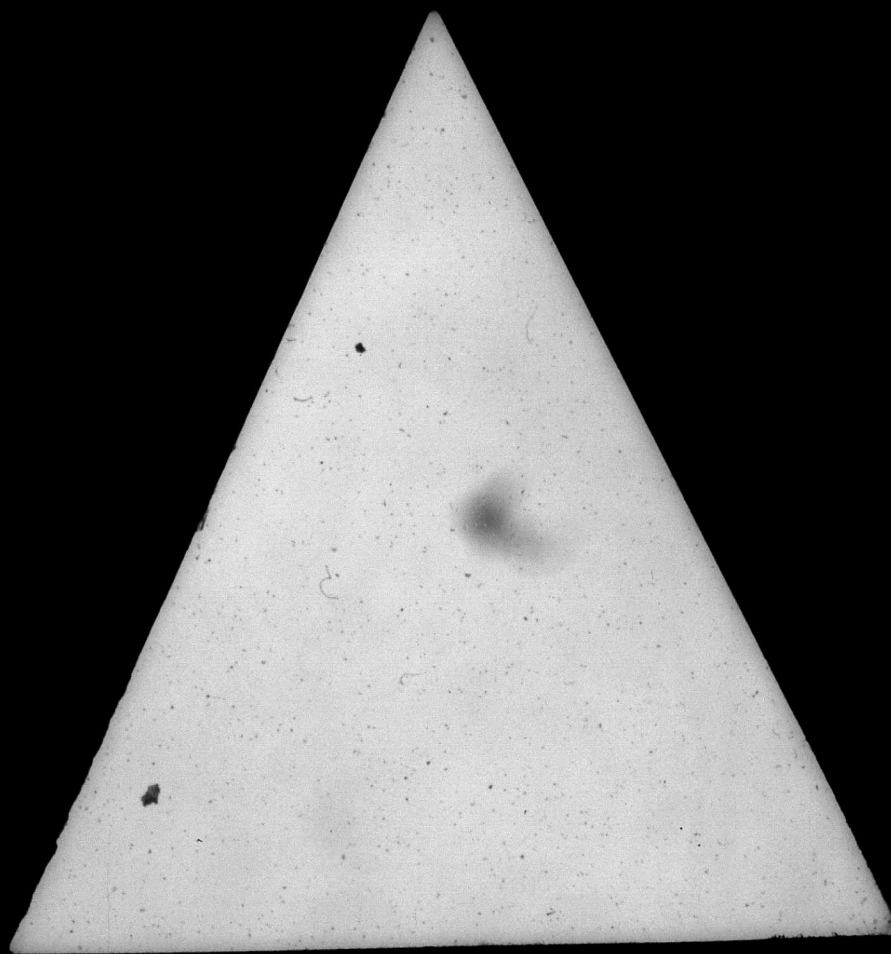
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Was discharged by Board of Doctors December 1861 disability. Was in South Carolina. Left command at Roanoke Island, N. C.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: A. C. McCalla-Same Command--No data.

mt.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County: }

I, _____, hereby authorize

of _____

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

at _____

by _____

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

[L.S.]

Executed in presence of _____

Pension office
10/10-1907

The Command & Col's
application filed and
was I. C. State. Writen
to don and give a
Pension to the Writen
of some State
of not entitled to
this Pension
J. W. Lindsey
Secy of Pensions

Smith, B. H.
of the Hall County
No. _____
Disapproved 1907/07

INDIGENT PENSION.
1906

Name B. H. Smith
County DeKalb
Co A 1 South Carolina
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.

Laurance 9/7/8/10
O. G. Thompson
Bob Young
Bill

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 presence of

Queen's Office
10/10-1906
The Commissioned School
Applicant belonged
was J. G. State Prison
to don't pay a
Prisoner to the State
of whom State
I got recaptured &
this Prisoner
M. L. Liberty
Cain of Phil.

INDIGENT PENSION.

1906

Name B. H. SmithCounty DeKalband 1 South Carolina

Approved _____ 1906

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.

Laurancey 9/28/06
O. G. Threlkeld
Billings 9/27

STATE OF GEORGIA,

COUNTY.

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

1. What is your name and where do you reside? (Give State, County and Postoffice.)

B. H. Smith DeKalb Tucker Ga

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

9 years 1899 South Carolina Aug 20 1844

3. When and where were you born?

Aug 20 1844 Company A 1 South Carolina

4. When and where and in what company and regiment did you enlist or serve?

Regiment State Troops

5. How long did you remain in such company and regiment?

3 years

6. When and where was your company and regiment surrendered and discharged?

Lawrence Count House L C

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

I was

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

I was 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?

Farming

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty,"

second, "infirmity and poverty," or third, "blindness and poverty"? Infirmity & Poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third,

state whether you are totally blind and when and where you lost your sight? My incapacity for farming & living - as I was oldMy physical condition is such that I am not able to make a living at an13. What property, real and personal, or income, do you possess, and its gross value? none

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same?

nothing

15. What County did you reside during those years, and what property did you then return for taxation?

DeKalb County

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905?

work as long as I could by my own

17. How much did you support cost for each of those years, and what portion did you contribute thereto by your own labor or income?

Caring the mail as long as I was able

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?

19. Have you a family? If so, who composes such family? Give their means of support. Have they a home-stand, or other property? Their ages and how employed?

I have no family

20. Are you receiving any pension? If so, what amount and for what disability?

I am not

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

have not

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

none

Sworn to and subscribed before me this the

17 day of July 1906

Ordinary.

of DeKalb County.B. H. Smith
Applicant.

Every Question MUST Be Answered.

STATE OF GEORGIA,

Laurens

COUNTY.

Joe A. Pissors of said State and County, having been presented as a witness in support of the application of B. H. Smith for pension under section 1254, Code, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Joseph A. Pissors, reside in the City of Laurens S.C.
2. Are you acquainted with B. H. Smith, the applicant; if so how long have you known him? Yes, Ever since 1861, 45 years,
3. Where does he reside, and how long and since when has he been a resident of this State? I don't know of his residence now
4. When, where and in what company and regiment did he enlist, and how do you know? 1864, Laurens C.H. S.C. Co. "A" Williams Battalion ^{State Troops}
5. Were you a member of the same company and regiment? I was a member of Co. "B" Williams Bat ^{S.C. State Troops}
6. How long did he perform regular military duty? 10 or 12 months
7. When and where was his command surrendered? This Battalion Disbanded at Newbury S.C. April 1865
8. Were you present when it surrendered? Yes.
9. Was applicant present? Don't know
10. If he was not present, where was he? _____
When did he leave his command? Don't know For what cause? _____
By what authority he left? _____ How do you know all of this? I was a member of the same command and know that
11. What property, effects or income has the applicant? (Give your means of knowledge.) Baril H. Smith served in that command
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort; if so, why?
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code
19. Who composes family? What property have they? Children's ages and their earning capacity?
20. What interest have you in the recovery of a pension by this applicant? None whatever

Sworn to and subscribed before me, this the

9th day of October 1906

O. G. Thompson

Ordinary.

Probate Judge

Laurens County

S.C.

Witness.

STATE OF GEORGIA,

COUNTY.

Personally came before me L. H. Jones and Joe A. Pissors, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

B. H. Smith, applicant for pension under Section 1254, Code, and after such persons examination say that his precise physical condition is as follows:

Laternal dislocation of Left Knee Joint, the same rendering him unable to do any kind of work

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

Sworn to and subscribed before me, this the

17 day of July 1906

James R. George

Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

COUNTY.

I, James R. George Ordinary, in and for said County, hereby certify that the applicant B. H. Smith resides in said County, and has

been a bona fide resident of this State since the day of _____ 189

and that the witnesses, viz.: L. H. Jones & Joe A. Pissors

Physicians

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 1901 _____ Dollars of

property, and in 1902 Nothing Dollars of property; in 1904

_____ Dollars of property; in 1905

_____ Dollars of property.

_____ Dollars of property.

_____ 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 Sept 1906

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.

witness knows nothing as to subject matter embraced in these questions.

OFFICE OF
O. G. THOMPSON
PROBATE JUDGE LAURENS COUNTY

Laurens, S. C., Oct. 9, 1906

Hon. James R. George
Ordinary.
Dear Sir,

I regret this delay. W. H. Garnett is old and failing in memory and could not testify as to Smith's service. Garnett was not a member of the Williams Battalion. I think Smith got mixed this way. Smith served with Garnett & Jones in the Constabulary first & then went in to this Battalion, - Williams Battalion - (not Regiment) I have always understood that Smith served in that Battalion. I know of this Battalion. The same Williams - James H. commanded the 3rd S. C. Infantry Regiment of which I was a member that was among the first troops that

OFFICE OF
O. G. THOMPSON
PROBATE JUDGE LAURENS COUNTY

Laurens, S. C., _____ 1906

went to the front - Mannassas - in the early days of 1861.

There is no sort of question that Mr. B. H. Smith served in Williams Battalion and if the testimony of Mr. Joel A. Pinson is not sufficient please let me know. I will seek some other witness, or witnesses.

The apparent discrepancies in the statements of these old men may be accounted for wholly on the ground of weakened vitality, failing memory.

I obtained proof here of Mr. Smith's service so as to procure for him a Cross of Honor, but had lost sight of all the particulars.

Yours very truly
O. G. Thompson

The State of South Carolina
Laurens County

I, O. G. Thompson, Probate
Judge for Laurens County S.C. do
hereby certify that I am person-
ally and well acquainted with
Joseph A. Pinson and know him
to be a man of high standing and
character, and that any statement he
may make is entitled to belief, and
I believe the statement he has made
in the matter of the application of B. H.
Smith for Pension under the laws of
the State of Georgia is true.

Given under my hand and seal the 9th day of October 1906

O. G. Thompson

Probate Judge

DISAPPROVED

NAME Smith, B. H.

YEAR 1907

COUNTY DeKalb

WHEN AND WHERE BORN? February 20, 1844 - South Carolina
Resident of Georgia nine (9) years.

ENLISTED WHEN AND WHERE? Does not state date of enlistment.

Witness states: Laurens Court House, S.C.

RANK.

COMPANY AND REGIMENT? Company A, 1st South Carolina Regt. State Troops

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Lawrence Court House, ~~Virginia~~ South Carolina.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

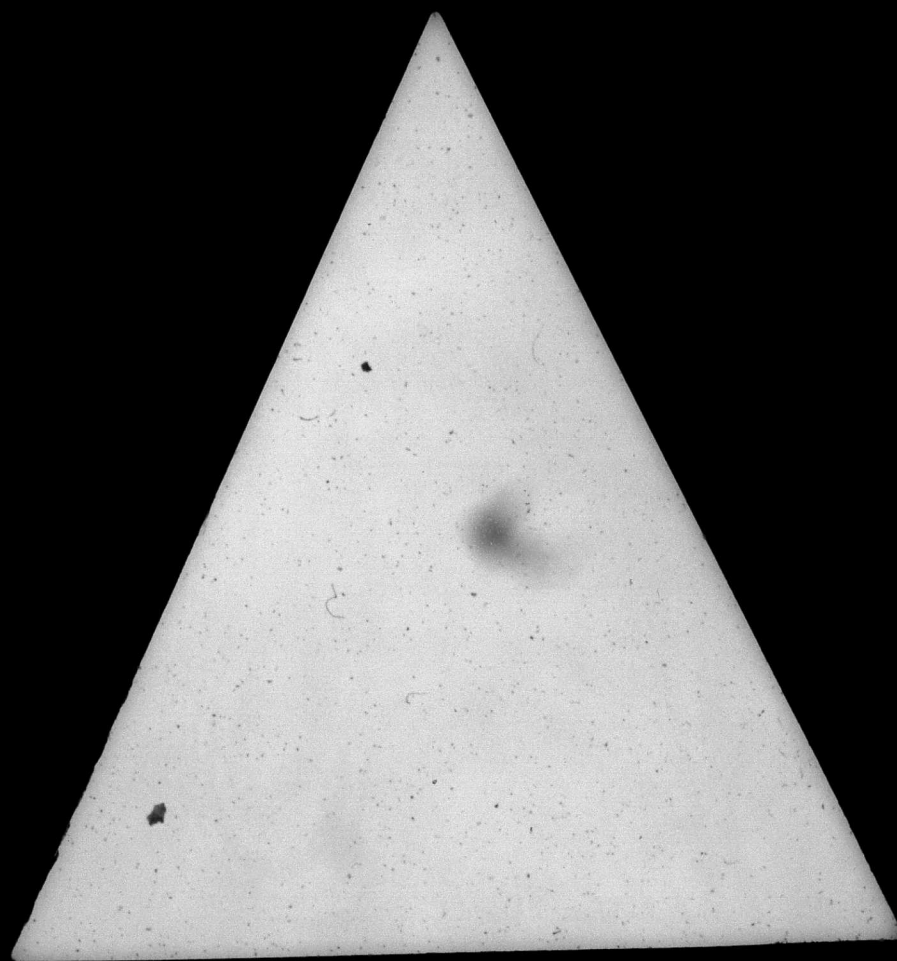
DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Joe A. Pinson - Company D, Williams' Bat. S. C. State Troops

lw

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 _____ 190

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

Executed in presence of _____ [L.S.]

Smith, Bryce
DeKalb County

No. _____ on 1908

INDIGENT PENSION.

1908

Name *Bryce Smith*

County *DeKalb*

Co. *A South Carolina Regt.*

Approved _____ 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr.,
Atlanta, Georgia.

9/28/07

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

Smith, Bryce
Dekalb County

No. *60118*

INDIGENT PENSION.

1908

Name *Bryce Smith*County *Dekalb*Capt *South Carolina 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.,

4/26/08

STATE OF GEORGIA,

COUNTY.

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

1. What is your name and where do you reside? (Give State, County and Postoffice.)

Bryce Smith

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

From Feb 1st 1869 until this date

3. When and where were you born?

May 10 1828 in Charleston S.C.

4. When and where did you serve in the military service?

In April 1862 near to Decatur Ga. in Company 19th South Carolina Regiment C.S.A.

5. How long did you remain in such company and regiment?

From enlistment to the end of the War

6. When and where was your company and regiment surrendered and discharged?

At Fort Mifflin near High Point No. Ca soon after the surrender

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

9. How much can you earn (gross) per annum by your own exertions or labor?

Nothing

10. What has been your occupation since 1865?

Mercantile life traveling salesman

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"?

Old age and infirmity

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 78 years of age & have been sick & unable to make a living for more than a year & am still in that condition

13. What property, real and personal, or income, do you possess, and its gross value?

No real estate, some personal furniture & some money - gross value about \$500

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same?

In 1901, 1902, 1903, 1904 and 1905 I had no property, real or personal, except the furniture & some money. I have disposed of the furniture & some money for medical attention & for my support.

15. In what County did you reside during those years, and what property did you then own, or have, or use?

I resided in Dekalb County, Ga. in 1901, 1902, 1903, 1904 and 1905. I had no property, real or personal, except the furniture & some money. I have disposed of the furniture & some money for medical attention & for my support.

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905?

I was supported by my family & by the charity of friends.

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?

I received about \$200 per year from my family & friends. I contributed nothing.

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year?

I was employed as a traveling salesman for the Georgia & Florida Cigar Co. I received about \$200 per year.

19. Have you a family? If so, who compose such family? Give their means of support. Have they a home, or other property? Their ages and how employed?

I have a family consisting of my wife & three children. They are supported by my family & friends. They have no home or other property.

20. Are you receiving any pension? If so, what amount and for what disability?

No

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

No

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

None

Sworn to and subscribed before me this the

26 day of Sept 1907

Jessie K. Brown Ordinaryof *Dekalb* County.*Bryce Smith* Applicant.

Every question must be answered.

STATE OF GEORGIA,

Fuller

COUNTY.

of said State and County, having been presented as a witness in support of the application of Byrce Smith 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? My name is W.D. Ellis
I reside in Atlanta, Fuller County, Georgia
2. Are you acquainted with Byrce Smith the applicant? If so how long have you known him? I have known him fifty years
3. Where does he reside, and how long has he been a resident of this State? He resides in Fuller County & has so resided over 37 years
4. When, where and in what company and regiment did he enter, and how do you know? He enlisted in Co F 11. Smith Cavalry Regt. C.S.A. April 1862.
5. Were you a member of the same company and regiment? I was in the same Regiment
6. How long did he perform regular military duty? from enlistment to close of war
7. When and where was his command surrendered? I was captured in 1865
he was then transferred to the Regiment
8. Were you present when it surrendered? I was not present then - was in
9. Was applicant present? I only know he was present when the
10. If he was not present, where was he? other members of the Command
When did he leave his command? For what cause?

By what authority he left? How do you know all of this?

I acted as adjutant of the Regiment then & he was not absent without leave at any time so far as I know

11. What property, effects or income has the applicant? (Give your means of knowledge.) I am sure he has no property from which he can derive any support
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? None so far as I know
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? I have been intimate with him during those years
None to my knowledge

14. What is the applicant's occupation and physical condition? he was for years an
unsuccessful life. then for some years manager in for
Atlanta Chamberlain Room on a small salary
15. Is the applicant unable to support himself by labor of any sort; if so, why? he is
unable to support himself as a consequence of
rickets and weak physical condition

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? in the first
several years raised by salary as above - since then by an
17. What portion of his support for these four years was derived from his own labor or income? 1901 & 1902 all for salary - balance of time by own

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code under 1254 or his military service
to Fuller County the file is

19. Who composes family? What property have they? Children's ages and their earning capacity? with no dependents within his property - works of himself

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

Sworn to and subscribed before me, this the 26 day of Sept 1907
John R. Johnson Ordinary. a desire to see an old and
needing money who was a
good soldier & a
pension which he deserves

W.D. Ellis
Witness.

STATE OF GEORGIA,

DeKalb

COUNTY.

Personally came before me H.M. Smith M.D. and
Clinton S. Smith M.D., both known to me as reputable physicians
of said County, who, being severally sworn, say on oath that they have examined carefully

Byrce Smith, applicant for pension under Section 1254, Code, and after
such personal examination say that his precise physical condition is as follows:

Complete inability to walk, standing, or
discharge of urine or bowels - numbness
and wasting of said muscles - does
suffer from constant - vertigo and is
totally unable to earn a living now.
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.
H.M. Smith M.D.
Clinton S. Smith 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 Byrce Smith resides in said County, and
been a bona fide resident of this State since the 11 day of Oct 1865
and that the witnesses, viz: W.D. Ellis

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 1901 _____ Dollars of
property, and in 1902 _____ Dollars of property; in 1903 _____ Dollars of property; in 1904 _____ Dollars of property; in 1905 _____ Dollars of property.

In my opinion the foregoing claim is just 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.

NAME Smith, Bryce YEAR 1908 COUNTY DeKalb

WHEN AND WHERE BORN? May 5th, 1888, Charleston, S.C.
(Resident of Ga. since Feb. 1, 1889.)
Focatalago

ENLISTED WHEN AND WHERE? April 1862, near to ~~Charleston~~, S.C.

RANK.

COMPANY AND REGIMENT? Co. F. S.C. Regt.
C.S.A.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

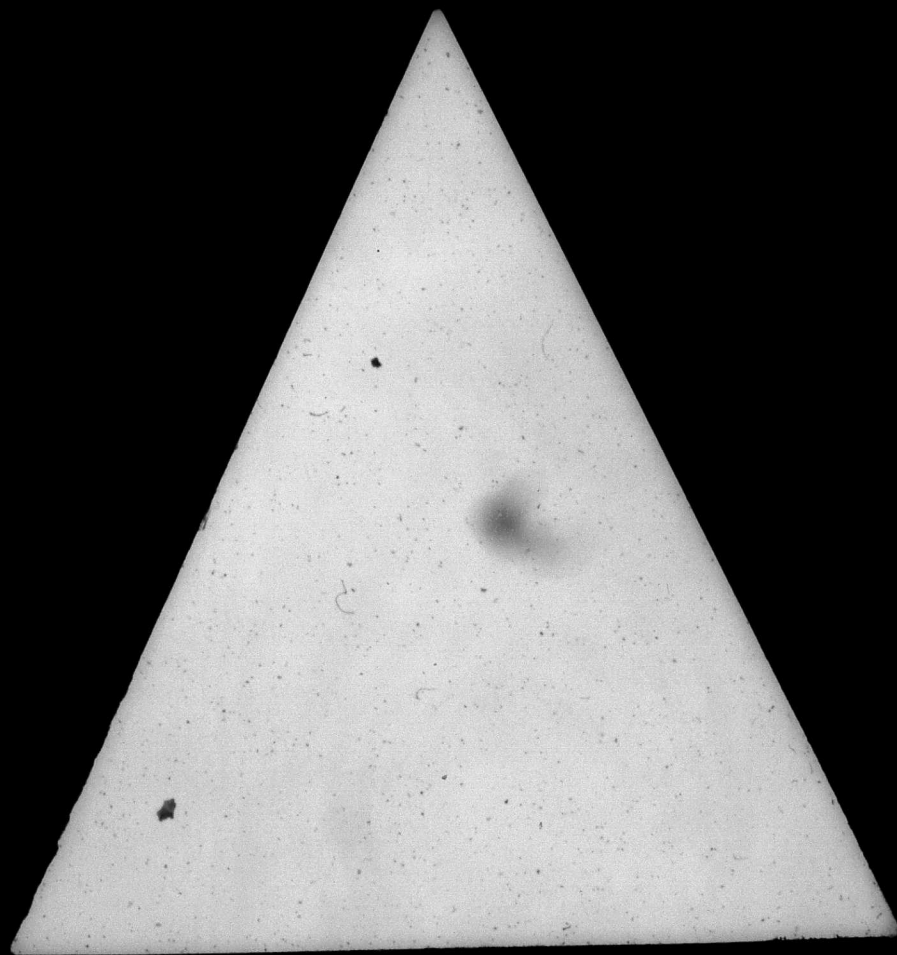
WHEN AND WHERE SURRENDERED? At or near
High Point, North Carolina,
(soon after the surrender)

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. W.D. Ellis,- Same Regiment- No data.
mh.



OK for - 1912
Smith, C.C.R. Mrs.
DeKalb, County
No. 1

Widow's Pension

UNDER ACT 1910

County

DeKalb

Name

Mrs. C.C.R. Smith

Widow of

J.R. Smith

Co. F. 36

ENTERED ROSTER OFFICE

J. W. LINDSEY,

Commissioner of Pensions.

Chas. P. Byrd, State Printer

9/19/11

9/19-1911

STATE OF GEORGIA,

DeKalb County.

Personally before me comes Mrs E. C. R. Smith 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. C. R. Smith
 2. How long and since when have you been a continuing resident of the State of Georgia? 74 years Dec 30 1837

3. When, where and to whom were you married? Dec 5 1862 DeKalb Co
J. P. Smith

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service) April 1862
Company H - 30th Regiment

5. When and where did the Command of your husband surrender or discharge from the army? April 1865 High Point NC

6. Was your husband personally present at the time of the surrender or discharge of this Command? He was

7. If he was not present state clearly where he was? Present

8. Where was his command when he left? did not leave

a. For what cause did he leave his Command? _____

b. By whose authority did he leave his Command? _____

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? War over

h. Was he captured by the enemy at any time? was not

i. If so, when and where captured and where held as a prisoner, and when and for what cause released? _____

j. When and where did your husband die? Jan 31 1911 DeKalb Co

k. Were you residing together when he died? we was

l. If not, how long had you resided apart? _____

9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908? (State same by items.) I own one fifth interest in 140 acres of Land Lot 31 Val of \$400
House hold goods \$500

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? one fifth interest in
 Give list and cash value. \$400

12. What are your annual earnings or income and their value? I have
no income

13. Have you heretofore been paid a pension by the State? have not

If so, when and for what cause were you struck from the Roll? _____

Sworn to and subscribed before me this the _____ day of _____ 1911

James P. George Ordinary.

of DeKalb County.

E. C. R. Smith

DeKalb County.

Widow's Pension

UNDER ACT 1910

County

DeKalb

Name

Mrs E. C. R. Smith

Widow of

J. P. Smith

Co

DeKalb

ENTERED REGISTER OFFICE

J. W. LINDSEY,

Commissioner of Pensions

U.S. P. BIRTH STATE RECORD

Personally before me comes W. D. Harris County Dekalb who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? W. D. Harris 417 E. Fair Atlanta Ga.
2. How long and since when have you known James R. Smith For the last 40 years applicant?
3. How long and since when has she continuously resided in this State? (Give date.) From 1870
4. When and to whom was she married? J. R. Smith How do you know? General knowledge
5. How long and since when did you know J. R. Smith her husband? For the last 50 years
6. When and where did J. R. Smith the husband of Applicant die? Jan. 31 - 1911 in Dekalb Co.
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? 20
9. When, where and in what Company and Regiment did J. R. Smith enlist? Company H. 3rd Reg. At Decatur Ga. April 1862
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? Until Surrender
12. When and where did his Command surrender, and was discharged? High Point N.C. April 26th 1864
13. Were you personally present when it was surrendered? I was If not where were you _____ and how came you there? _____
14. Was the husband of applicant personally present at surrender? Yes If not where was he? _____ when, where and for what cause did he leave Command? (Give date.) _____ By whose authority did he leave his Command? _____ and how long was he granted leave? _____ How do you know all this? By my own knowledge
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? _____
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? _____

Sworn to and subscribed before me this the 25 day of August 1911 W. D. Harris Ordinary.
Marcellus M. Anderson Clerk of said County.
 I hereby certify that the above witness is of trustworthy character his statements entitled to full faith and credit.
Marcellus M. Anderson Clerk of said County.

Personally before me comes J. R. Smith County Dekalb who on oath says that they are freeholders of said County and that they know W. D. Harris 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	\$ <u>50.00</u>
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	\$ <u>400.00</u>
Horses and Mules	\$ _____
Cows and Hogs	\$ _____
Other Property	\$ _____
Income and Earnings	\$ _____
Total Value of all property and effects	\$ <u>400.00</u>

Sworn and subscribed before me this the 11 day of Sept 1911 J. H. Anderson Ordinary.
James R. George of Dekalb County.

ORDINARY'S CERTIFICATE.
 STATE OF GEORGIA,
Dekalb County.
 I, James R. George Ordinary of said County do certify that, I know W. D. Harris 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 _____ the witness who swears to the service of husband, and _____ who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to full faith and credit.
 That the Tax Returns none Returned for Tax is for 1908 \$ none for 1910 \$ none
 Sworn under my hand and official seal of office this 17 day of August 1911
 (SEAL) James R. George Ordinary,
Dekalb County.
 (SEAL)

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God?"
 2. Additional affidavits may be attached if blank spaces are insufficient.
 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.

State of Georgia,)
DeKalb County. }

To any Ordinary, Minister of the Gospel, Judge
of the Superior or Inferior Court, or Justice of the Peace.
You are hereby authorized to join James R. Smith and Miss Cecilia
E. R. Kittredge in the holy state of matrimony, according to the
Constitution and Laws of this State, and for so doing this shall
be your sufficient license.

Given under my hand and seal, this 3rd day of December, 1860.

J. B. Wilson, Ord.

Georgia, DeKalb County.

I hereby certify that the marriage of the per-
sons named in the above license was duly solemnized before me, this
5th day of December, 1860.

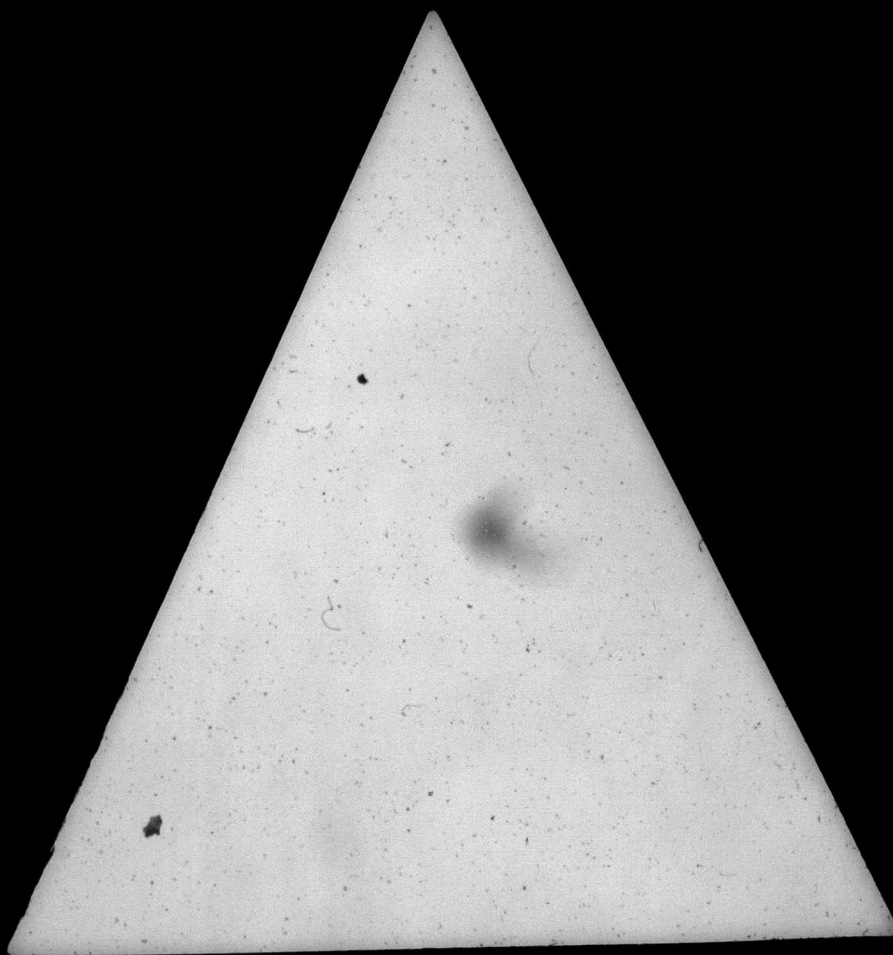
John S. Wilson, D. D.

Georgia, DeKalb County.

I, James R. George, Ordinary in and for said
county, do hereby certify that the above and foregoing copy of mar-
riage license and certificate of marriage of James R. Smith and Miss
Cecilia E. R. Kittredge, is a true, correct and complete copy of said
marriage license and certificate, as the same appear of record in my
office, in Book B. Record of Marriages, Page 104.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of
said court of ordinary, at Decatur, Georgia, this 17th day of August, 1911.


Ordinary, DeKalb County, Georgia



Private, mar-4-1862 -
Captured, near Atlanta
Ga, June 9-18-1864 -
Released, Camp
Grass, O. Prison
May 13-1865.
W.P.

Smith, F. O. DeKalb Co.
OK for 1917
In ex Rool vmt
for Award

**Confederate
Soldier's Application.**

✓ UNDER ACT 1910.

County DeKalb
Name F. O. Smith
Company J
Regiment 42 Ga
Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

12/11/16

Questions for Applicants to Answer.

STATE OF GEORGIA,

Dickall County F. O. Smith 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)
F. O. Smith, Res. at 426 West Peachtree St. Atlanta
2. How long and since when have you been a continuous resident citizen of this State?
for nearly three years
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?
Army of the Confederate States
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
Enlisted March 11, 1862, Co. G, 42nd Ala. Inf. Regt.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)
until I was captured about July 1, 1864 near Atlanta
6. When and where was your Company and Regiment surrendered or discharged from the Service?
High Point, N.C. During the month of April 1865
7. Were you actually present with your Command when it was surrendered or discharged?
NO
8. If you were not actually present, state specifically and clearly where you were
I was a prisoner in Camp Chase Ohio
 - a. Where was your Command when you left it?
near Atlanta Ga
 - b. When did you leave the Command?
About the first week in July 1864
 - c. For what cause did you leave?
Prisoner
 - d. By whose authority did you leave?
Prisoner
 - e. For how long was your leave granted? In what way?
I was captured and carried to Prison
 - f. Why did you not return to your Command after leave expired?
Prisoner
 - g. In what way were you prevented?
Prisoner
 - h. What effort did you make to return?
Prisoner
 - i. Were you captured during the war?
Yes
 - j. If so, when, and where? In what prison were you held and when were you released?
Captured about first of July 1864 near Atlanta Ga. Camp Chase Ohio
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.)
House and lot in East Atlanta valued 1,000.00
House and lot in West Atlanta valued 1,500.00
House and lot in West Atlanta valued 1,000.00
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?
House and lot in West Atlanta to F. O. Smith for the sum of \$1,500.00
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)
House and lot in East Atlanta valued 1,000.00
House and lot in West Atlanta valued 1,500.00
House and lot in West Atlanta valued 1,000.00
12. What annual or monthly income or earnings of yourself and wife and the source derived have you?
none whatever
13. Are you drawing a pension of any amount from this State or the United States?
no
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
have never applied

Sworn to and subscribed before me, this the

6 day of October 1914

Jamies R. George Ordinary

of Dickall County.

Soldier's Application.

UNDER ACT 1910.

Confederate

County

Dickall

Name

F. O. Smith

Company

G

Regiment

42nd

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

STATE OF GEORGIA.

Fulton County.

W. G. Bryant of said State and County is hereby presented as a witness in support of the application of P. C. Smith for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows:

1. What is your name and where do you reside? W. G. Bryant
Reside at Lake Wood Hill Ga
2. How long and since when have you known P. C. Smith the applicant?
Since the latter part of 1861 or early part of 1862
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? Reside in East Atlanta Ga
He has been a resident of the City of Atlanta since 1862
4. When, where and in what Company and Regiment did P. C. Smith enlist during war from 1861 to 1865? (Give date and place). En Co. G. 42nd Reg. Me. Inf. 1862
5. How did you obtain your information of this Service?
I belonged to same Co and Regt. Co. G. 42nd Regt.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date). From March 1862 until captured in May 1864
7. When and where was his Command surrendered or discharged (give date and place). High Point N.C. Sometime in April 1865
8. Were you personally present at the Surrender? No
9. If not, where were you and how came you there? I was a prisoner in Camp Chase Ohio
10. Was the applicant personally present with his Command at surrender? No
11. If not where was he and how came him there? He was a prisoner in Camp Chase Ohio
12. When did he leave his Command? About July 14th 1864 Where was his Command when he left it? Near Atlanta Ga for what cause did he leave? Prison
By whose authority did he leave? Prison and how long was he granted leave? Prison How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) Of my knowledge I belong to same Co & Regt.
13. In what way was he prevented from returning to his Command? Prison How do you know? I was in same prison with him
14. What effort did he make to return to his Command and how do you know?
He was a prisoner
15. Was applicant captured as a prisoner? Yes If so, when and where? About July 14th near Atlanta In what prison was he held? Camp Chase Ohio and when released? Released May 15th 1865

Sworn to and subscribed before me, this the

18th day of Sept 1916

Arthur R. Marbut black County

Ordinary,

of Fulton County.

STATE OF GEORGIA.

DeKalb County.

Personally before me comes E. A. Minor & J. N. Lacy who on oath says that they are freeholders residing in said County and we know P. C. Smith

the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make list by items and value.) The only lot

House lot in East Atlanta value of \$1000.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) None of my knowledge

2. When and to whom was it sold or given to? Nothing to our knowledge

3. What was the price paid or stated to be paid? None

4. What relation is the party to applicant? No Sale

5. What disposition was made of the proceeds of the sale? No Sale

6. Was the disposition of this property made in good faith and full value? No Sale

or was it made to obtain a pension? No Sale

Sworn to and subscribed before me, this the

18th day of Sept 1916

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

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 E. A. Minor & J. N. Lacy

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 P. C. Smith shows that he

and wife

value for tax is in 1908 \$Nothing for 1909 \$None for 1910 \$217.00

for 1911 \$115.00 for 1912 \$115.00 for 1913 \$115.00 for 1914 \$243.00

Sworn under my hand and official seal of office this 18th day of Sept 1916

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.

NAME Smith, F. O. YEAR 1917 COUNTY De Kalb.

WHEN AND WHERE BORN? A resident of Georgia for seventy-three (73) years.

ENLISTED WHEN AND WHERE? March 4, 1862, Atlanta, Georgia.

RANK

COMPANY AND REGIMENT? Company I, 42nd Georgia Regiment.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? First of July, 1864, near Atlanta, Ga., and taken to Camp Chase, Ohio.

RELEASED. Released from Camp Chase, Ohio, prison, May 15, 1865.

WHEN AND WHERE SURRENDERED? Command surrendered April, 1865, High Point, North Carolina.

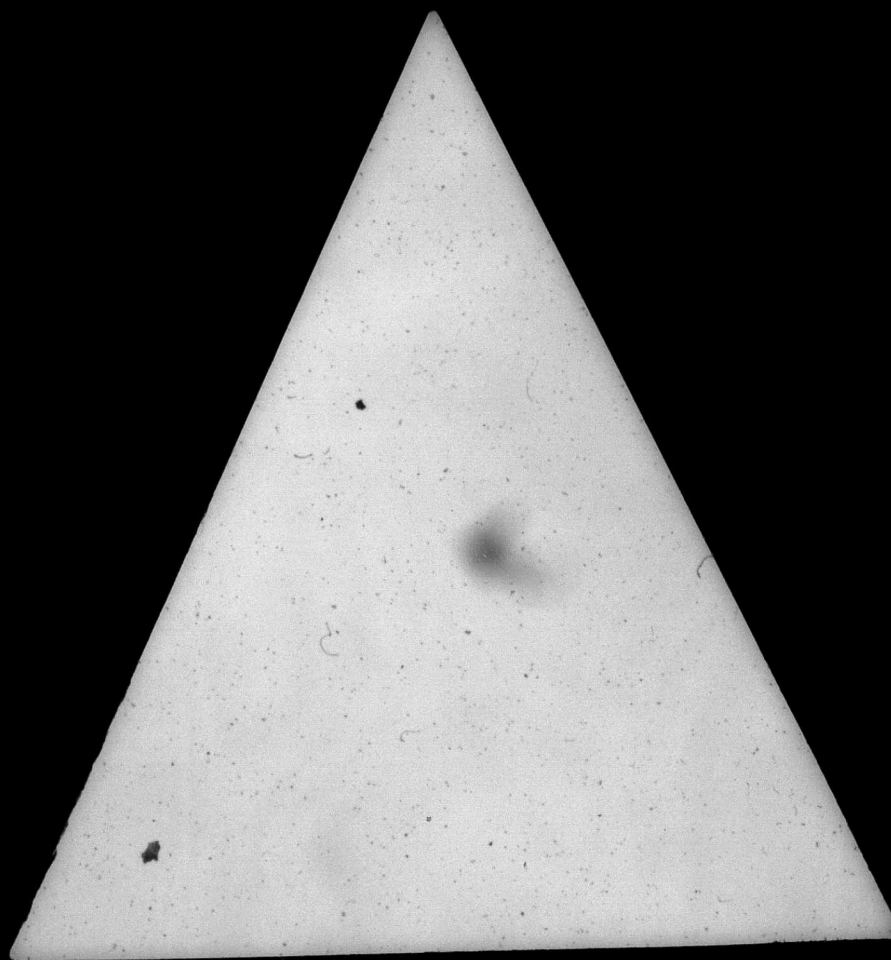
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? I was a prisoner in Camp Chase, Ohio.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. Wm. G. Bryant - same command - - - - - No data.

SB.



Surrendered
Gibsonville, Va, Aug.
1865.

485 Eon
201. 7th Regt
Surrendered

Warrant
408 110. N.E. Co.
110 Maids

Smith, I. F. Dekalb Co.
Oct 1917

No.

with for Rent

**Confederate
Soldier's Application.**

UNDER ACT 1910.

County

Name

Company

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10/28/16

Questions for Applicants to Answer.

STATE OF GEORGIA,

Dickalby County.
J. A. Smith 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) *Chambers*
J. A. Smith
 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) *July 1861 - Campfordville Ga. Company D - 15th Regt*
 5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) *from July 1861 to 1865*
 6. When and where was your Company and Regiment surrendered or discharged from the Service? *April 1865 - Sherman's Co. 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 present*
 a. Where was your Command when you left it? *did not leave*
 b. When did you leave the Command? *Did not leave*
 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? *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. 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.)
No Int - One House in Atlanta Ga \$5700.00
 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 itemised list.)
One half interest in Bondy Rd in Atlanta Ga Value of \$5700.00
 12. What annual or monthly income or earnings of yourself and wife and the source derived have you? *No Int - rent from rent of House amount of \$600*
 13. Are you drawing a pension of any amount from this State or the United States? *No*
 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *I made application at the time owned the above property and turned down until I became*
 Sworn to and subscribed before me, this the *24th* day of *October* 1916. *J. A. Smith*
James R. George Ordinary
 of *Dickalby* County.

Confederate
Soldier's Application.

UNDER ACT 1910.

County *Dickalby*
 Name *J. A. Smith*
 Company *D - 15th Ga*
 Regiment
 Approved

J. W. LINDSEY,
 Commissioner of Pensions.

CHAS. F. BRID, State Printer, Atlanta.

STATE OF GEORGIA,

Greene County.

John Johnson of said State and County is hereby presented as a witness in support of the application of J. F. Smith 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? John Johnson White Plains Ga
2. How long and since when have you known J. F. Smith the applicant? all of his life - were raised together
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? White Plains Ga for 40 years more - he has all his life
4. When, where and in what Company and Regiment did J. F. Smith enlist during war from 1861 to 1865? (Give date and place). Co. D 15th La Reg, June 1861
5. How did you obtain your information of this Service? was with him
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date). Entire war - at surrender
7. When and where was his Command surrendered or discharged (give date and place). Appomattox 1865
8. Were you personally present at the Surrender? yes
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender? yes
11. If not where was he and how came him there?
12. When did he leave his Command? Where was his Command when he left it? for what cause did he leave? By whose authority did he leave? and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).
13. In what way was he prevented from returning to his Command? How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner. No If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this the

26

day

1916

John Johnson
Ordinary,
of Greene County.

STATE OF GEORGIA,

Gulton County.

Personally before me comes John A. Davis & Wm. H. Bearden who on oath says that they are freeholders residing in said County and we know J. F. Smith the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value). Henry lot for 220 Lake Grove Atlanta Ga. The total value of the same and lot for 8000 ft. in lot 100 ft. in (3000 ft) from same place.

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items).
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension?

Sworn to and subscribed before me, this the

27

day of Oct

1916

Chas A. Davis
Wm H. Bearden
Ordinary,
of Gulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Gulton County.

I, Chas A. Davis Ordinary of said County, certify that I know the applicant J. F. Smith is the person he represents himself to be and resides in said County. That I also know Thomas Johnson & Chas A. Davis & Wm H. Bearden 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 J. F. Smith & Wm H. Bearden shows that and wife value for tax is in 1908 \$ for 1909 \$ for 1910 \$ for 1911 \$ for 1912 \$ for 1913 \$ 3040.00 1916

Sworn under my hand and official seal of office this 28 day of Oct 1916

Chas A. Davis Ordinary,
of Gulton 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.

NAME Smith, I. F.

YEAR 1917

COUNTY DeKalb.

WHEN AND WHERE BORN?

A resident of Georgia all my life, 75 years.

DECEASED WHEN AND WHERE?

July, 1861, Crawfordville, Georgia.

BANK

COMPANY AND REGIMENT?

Company D, 15th Georgia Regiment.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

April, 1865, Appomattox Court House, Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

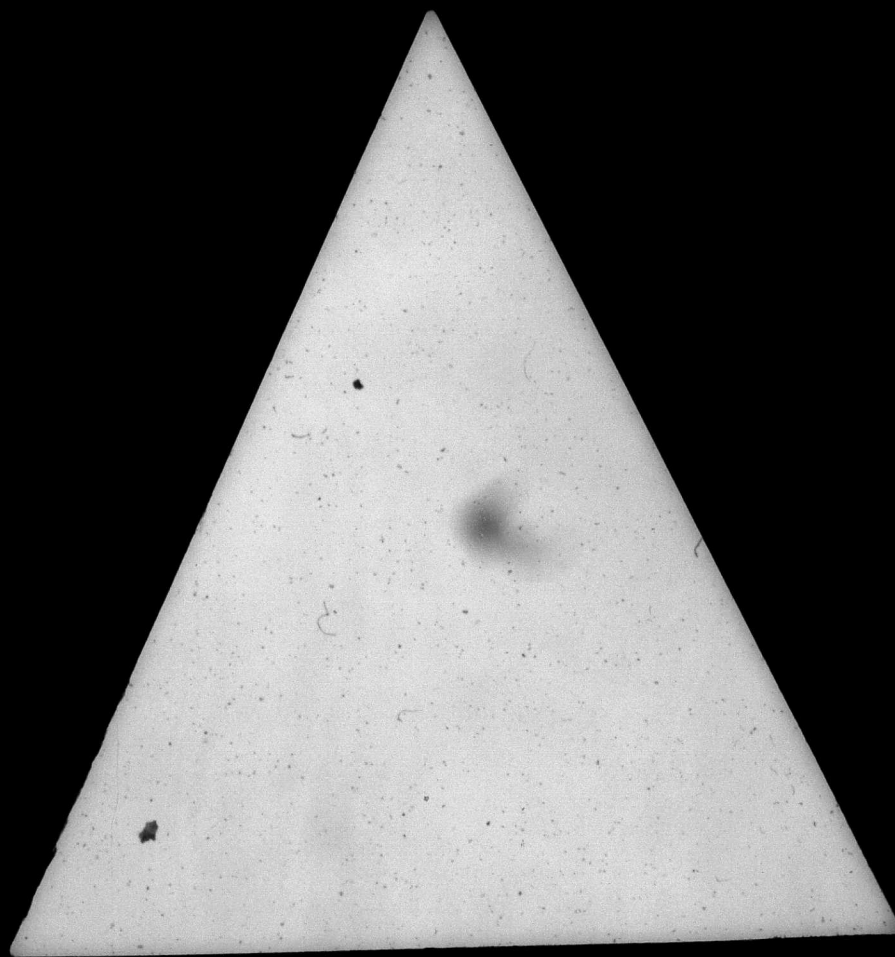
DIED, WHEN AND WHERE?

BURIED,

WITNESSES.

John Johnson - with applicant in service - - No data.

SB.



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 _____ 1899.

Executed in presence of

(L.S.)

Smith, John S.
DeKalb Co.

CODE SEC. 1284.

(For Those Already Enrolled.)

No. *2176*
In DeKalb Co 1899

INDIGENT
SOLDIER'S PENSION,
1899.

Name *John F. Smith*
County *DeKalb*

WARRANT ISSUED

1/19 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

appet

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 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. 1254.

(For Those Already Enrolled.)

No. 2176

INDIGENT

SOLDIER'S PENSION,

1899.

Name Jno F Smith

County De Kalb

WARRANT ISSUED

1899

4/19

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appet

Geo. W. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

at _____

by _____

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

Executed in presence of

[L. S.]

CODE SEC. 1254.

(For Those Already Enrolled.)

No. 2162

INDIGENT

SOLDIER'S PENSION,

1900.

Name J F Smith

County _____

WARRANT ISSUED

1900.

Jay & Co

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

appet

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb

County.

Personally appears John F. Smith of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 19 day of Feb 1826; 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 240 4/4 in Company E, of 1st th Regiment of Ga State Troops and (Covins Co) and Co B. Phillips Legion, that his physical condition is as follows: Afflicted with Rheumatism and from old age unable to make a support In Cal. 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 Gwinnett county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the 19th day of Jan 1899, John F. Smith Smith Ordinary.

State of Georgia,

De Kalb

County.

I, W. M. Ragudace Ordinary of said County, do certify that I am well acquainted with John F. Smith the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 1899.



W. M. Ragudace 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 John F. Smith 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 14th day of Feb 1826; 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 E, of 1st th Regiment of Ga State Troops and (Covins Co) and Co B. Phillips Legion, that his physical condition is as follows: Old age and Infirmary caused from Rheumatism that his property consists of the following items None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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 18th day of Jan 1900, John F. Smith Smith Ordinary.

State of Georgia,

De Kalb

County.

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

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



W. M. Ragudace 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 124

(For Those Already Enrolled.)

No. 678

INDIGENT

SOLDIER'S PENSION.

1901.

Name _____

County _____

WARRANT ISSUED

July 21 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

JOHN W. LINDSEY, 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 _____ 1902.

[L. S.]

Executed in presence of _____

CODE SECTION 124

(FOR THOSE ALREADY ENROLLED.)

No. 567

INDIGENT

SOLDIER'S PENSION

1902.

Name Smith, John F.

County Dekalb

Co. E Regiment 1st

WARRANT ISSUED

July 7 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

JOHN W. LINDSEY, State Printer, Atlanta.

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears John H. Smith of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 10 day of Mar 1876; 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 24 years in Company E, of 1st Regiment of La. Inf.; that his physical condition is as follows: Suffering from Rheumatism and old age

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 _____

day of Jan 1901.

Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

Given under my official signature and seal, this 4

day of Jan 1901.

Ordinary

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 John H. Smith 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 Feb 1876; that he is 76 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 24 years in Company E, of 1st Regiment of La. Inf.; that his physical condition is as follows: Suffering from Rheumatism and from old age unable to make 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 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 _____

day of Jan 1902.

Ordinary.

STATE OF GEORGIA,

De Kalb County.

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

County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County. }

I, John F. Smith hereby authorize W. M. Ragsdale
of DeKalb

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

by _____
Witness my hand and seal, this 23 day of Jan 1903.

Executed in presence of

A. B. Chandler
William Henderson

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 538

INDIGENT

**SOLDIER'S PENSION
1903.**

Name Smith J. F.

County DeKalb

Co. E Regiment 1st

WARRANT ISSUED

1/2 3 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

C. B. Ragsdale

Geo. W. Harrison, State Printer, Atlanta.

no data

Smith, John F.
DeKalb County

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 570

INDIGENT

**SOLDIER'S PENSION
1904.**

Name John F. Smith

County DeKalb

Co. E Regiment 1st

WARRANT ISSUED

1/2 3 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

J. F. Ragsdale

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County. }

I, John F. Smith hereby authorize
J. H. Cress of DeKalb County

to receive and receipt for the pension allowed and request that he remit same to
John F. Smith at Marshall Ga.

by _____
Witness my hand and seal, this 25 day of Jan 1904.

Executed in presence of

J. E. Harrison

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears J. F. Smith 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 Feb 1826; that he is 77 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 24 months in Company E, of 1st Regiment of Georgia State Troops; that his physical condition is as follows: Suffering with Rheumatism 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 1903.

Sworn to and subscribed before me, this the 19 day of Jan 1903, J. F. Smith Ordinary. mark

STATE OF GEORGIA,

De Kalb County.

I, N. M. Rogersdace Ordinary of said County, do certify that I am well acquainted with J. F. Smith the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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.



Ordinary De Kalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears John F. Smith 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 Feb 1826; that he is _____ years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 24 months in Company E, of 1st Regiment of Georgia State Troops; that his physical condition is as follows: Rheumatism and old age

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 14 day of Jan 1904, John F. Smith Ordinary. mark

STATE OF GEORGIA,

De Kalb County.

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



Ordinary De Kalb County.

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

Affix
your
seal
here

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

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1903.

Affix
your
seal
here

Given under my official signature and seal, this 11
day of January 1904.
James R. George
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.

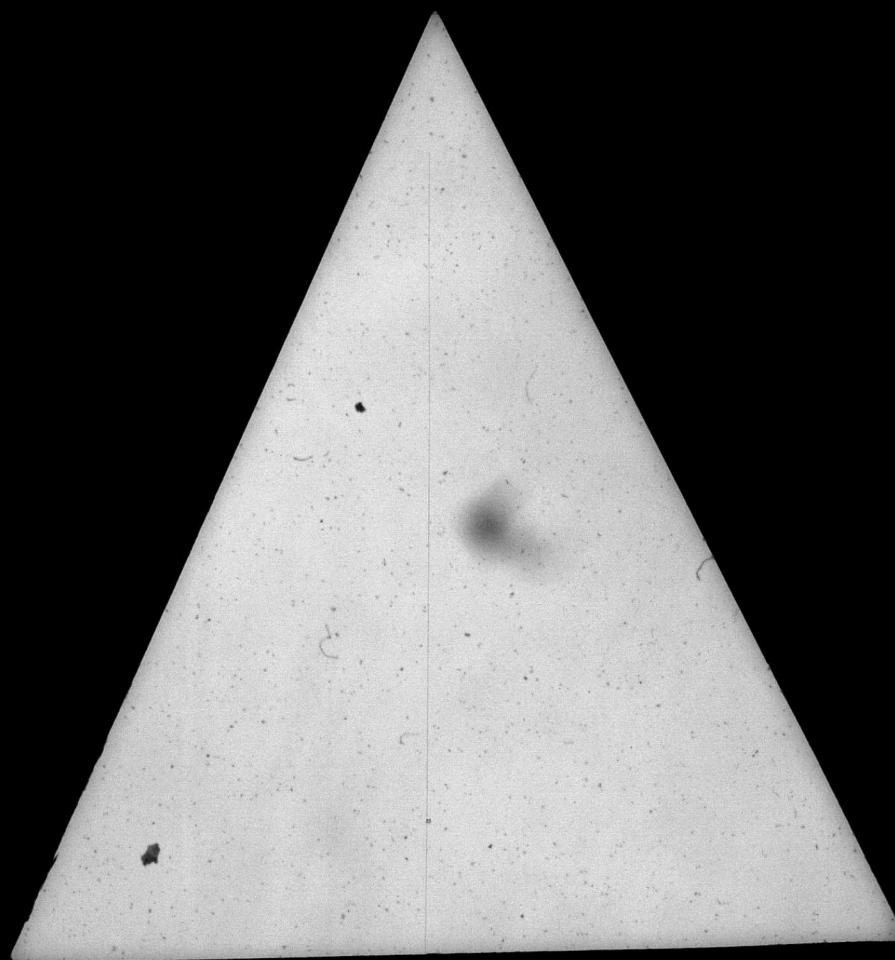
NOTE.—Affidavit should not be attested before January 1st, 1904.

OFFICE OF
JOHN P. WEBB
ORDINARY GWINNETT COUNTY.

RICHARD B. RUSSELL, Judge, Winder.
C. H. BRAND, Sol. General, Lawrenceville.
THOS. A. HASLETT, Sheriff, Lawrenceville.
D. T. CAIN, Ck. Supr. Court, Lawrenceville.
ELI P. MINER, Tax Receiver, Lilburn.
A. W. MOORE, Tax Collector, Lawrenceville.
C. D. JACOBS, Co. Treasurer, Lawrenceville.
JAMES H. WILSON, Coroner, Lawrenceville.
R. N. MAFFETT, Surveyor, Lawrenceville.

Lawrenceville, Ga., Jan 12 1899

I John P Webb do hereby Certify
that John F Smith drawn an
Indigent-Pension as a citizen of
Gwinnett County for the year
1898 Witness my hand and
Seal of Office Jan 12 1899
John P Webb Ordinary



POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

County,

I, _____, hereby authorize _____

of _____ to receive and receipt for the pension allowed and

request that he remit same to _____ by _____

at _____

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

day of _____ 190

[L.S.]

Executed in the presence of _____

Pension office 9/30/05

It is not stated or proven to what extent the use of the leg has been effected by the wound. It must clearly appear by the examination of Drs. the extent of the injury to the leg as the sole and direct result of the ~~service~~ wounds received in the service. The law requires that it should be rendered substantial-ly and essentially useless as the result of the wound. That is the leg cannot be used for anything without artificial aid. This must be made to appear by testimony before a pension can be allowed.

J. W. Lindsey
Com. Of Pens.

*Pension office
9/30/05
Appl. has not
made and can't
aff. injury as
the ~~same~~ ~~injury~~
as ~~with~~
on the ~~ground~~
a ~~disability~~
L. Lindsey
Com. of P.*

Smith, Joseph
De Kalb
County
10/9-1906
No. _____

INVALID
SOLDIER'S PENSION,

190
Joseph Smith
Name _____
County *De Kalb*
Co. *Cobb's Legion Regt.*
Disability _____
Amount, \$ _____ 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.

9/8/05
10/1/06

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 _____ by _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 190 _____

[L. S.]

Executed in the presence of _____

Pension office 3/20/06

It is not stated or proven to what extent the use of the leg has been affected by the wound. It is not clearly apparent by the examination of Mr. _____ the extent of the injury to the leg at the date of the wound. The result of the service wounds received in the service should be reviewed substantially and essentially use less as the result of the wound. That is the leg cannot be used for anything without artificial aid. This must be made to appear by testimony before a pension can be allowed.

J. W. Lindsey
Com. of Pers.

INVALID

SOLDIER'S PENSION,

Joseph Smith

Name *Joseph Smith*

County *DeKalb*

Co. *B = Cobb's Light Regt.*

Disability

Amount, \$

190

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

Ceo. W. Lindsey, Sec. Printer, Atlanta.

10/3/06

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA,

DeKalb County,

PERSONALLY appears *Joseph Smith* of said

County, State of Georgia, who being duly sworn, says on oath that he was born on the *4th* day of *December* 1844, that he is a bona fide citizen and resident of Georgia, and has been

continuously since the _____ day of *December* 1850, that he enlisted

in the military service of the Confederate States (or the State of *Georgia*) on the

day of *July* 1861, during the war between the States, and

served in Company _____ of *Cobb's Legion* Volunteers

Wofford's Brigade, and was honorably discharged on the *15th* day of

Sept 1864; that whilst engaged in such military service, and in line of duty in

the State of *Va*, on the *3rd* day of *May* 1863

he was disabled or wounded as follows: *wounded in the right*

leg and left hip by gun shot at

the Battle of Chancellorsville Va and for

four years after, my wounds were

running sore. And pieces of bones

came out. later the wound healed

but I still suffer from a affection

caused by said gun shot wounds

which said wounds prevents me

from earning a support, by manual

labor My wounds give me pain

every day My occupation is a farmer

and I am not able to work on

a farm on account of my wounds

Where was command surrendered? *Appomattox Court House Va*

Was applicant present? *no was retires on wounds* If not, where

was he? *at home wound* How come there? *wound was retired*

And by whose authority? State fully: *by the Brigade*

Doctor in charge of Command

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof,

and makes application for the pension to which he is entitled for the year thereunder, ending _____ 26th, 190 _____

Sworn to and subscribed before me, this _____ day of _____ 190 _____

Janus R. George Post Office *Ingleside Ga*

Ordinary.

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

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

NOTE.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

STATE OF GEORGIA,

DeKalb County.

Personally appears before me, the undersigned Ordinary in and for said County, J. L. Argo and H. C. Reagan personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say under oath, that they are personally and well acquainted with Joseph Smith whose application is herewith presented for a pension, that he has resided in this State continuously since the

day of December 1860, that he served in Company C of the

68th Regiment of Volunteers Brigade, and from our personal knowledge he, while in line of duty, was injured by the service as follows: (Give full statement, and tell in your own language when, where, and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor or can do any, state what.)

He received a gun shot wound in his right leg and his left hip at Chancellville 3 days May 1863 that disabled him so that he was never able to do any more service in the Army his wounds were very severe for several years after the war he was retired on account of not being able to do duty in his command he is not able to work on his farm on account of effects of his wounds

Where was applicant's command surrendered? Appomattox Court House

Was he with it? was not Were all of you present? we were

If not, where was he? was wounded & retired

Where were you all? we were present

How do you know the facts you state to be true? Know them by our own knowledge was present

We personally know above stated facts. We were with him in the army and have known him ever since.

He was honorably discharged or retired from the service on _____ day of _____

1866. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1866.

We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

6 day of Sept 1865

James R. George Ordinary.

NOTE 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.

2.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.

3.—All blank spaces must be filled when signed.

4.—Three witnesses are required.

STATE OF GEORGIA,

DeKalb County.

Personally comes before me, the undersigned Ordinary of said County, J. T. Grace M.D. and J. H. Ross M.D. both known to me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully examined Joseph Smith and after such personal examination, say that the present condition of applicant is as follows: Right leg partially paralyzed away as the result of a gun shot wound Left hip also scarred severely by wound General debility & premature aging, that disable him & disqualify him for making a support.

and that such condition is permanent. Said condition arises from the following facts: age, debility, & wounds.

We have treated applicant professionally for 20 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

13 day of Sept 1865

James R. George Ordinary.

NOTE 1.—State fully the physical condition and especially the extent of disability. If disability results from accident or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by affiants.

NOTE 2.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA.

DeKalb County.

I, James R. George Ordinary of said County,

do certify that I am well acquainted with Joseph Smith the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he

resides in this County and has been a bona fide resident since the 4th day of Dec 1844

I also certify that the witnesses, to-wit: H. C. Reagan & J. L. Argo

and J. L. Argo 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 6 day of Sept 1865

James R. George Ordinary DeKalb County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____ to receive and receipt for the pension allowed and

request that he remit same to _____ by _____

at _____

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

day of _____ 190 _____

[L. S.]

Executed in the presence of _____

Code Section 1254.

No. 7 Jan 1910

INVALID

SOLDIER'S PENSION,

1907

Name Joseph Smith

County DeKalb

Co. C - 10th Regiment

Disability _____

Amount, \$ 50.00

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

6/27/09

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA,

County. }

PERSONALLY appears Joseph Smith of said _____

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

December 1844, that he is a bona fide citizen and resident of Georgia, and has been continuously since the _____ day of Dec 1844, that he enlisted

in the military service of the Confederate States (or the State of GA) on the _____ day of _____

first day of August 1862, during the war between the States, and

served in Company C of 10th Regiment of GA Volunteers,

Wafford Brigade, and was honorably discharged on the _____ day of _____

September 1864; that whilst engaged in such military service, and in line of duty in

the State of Va, on the 3 day of May 1863

he was disabled or wounded as follows: Received a gun shot

wound in Right Leg and Left Hip

while engaged in a Battle at

Chancellerville Va and said wound

discharged a lot of Pain for

a number of years after the war

or at least about four years ago

said wounds now renders me

from making a living at any

kind of labor

Where was command surrendered? Appamattox Co Va

Was applicant present? I was not not, where

was wounded & at home discharged

How come there? _____

And by whose authority? State fully By Army Board of Physicians

at Winchester Va

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof,

and makes application for the pension to which he is entitled for the year thereunder, ending October 28th, 190 _____

Sworn to and subscribed before me, this the _____ day of _____ 1909

25 day of September 1909 } Joseph Smith

James R George } Deatur ga

Ordinary. Post Office _____

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

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

NOTE.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

The Instructions as Set Out in the Notes Must be Observed.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,

Dekalb County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, J. L. Argo E. L. Robertson and J. S. Marbut personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say

under oath, that they are personally and well acquainted with Joseph Smith whose application is herewith presented for a pension, that he has resided in this State continuously since the

4 day of Dec 1844, that he served in Company E of the

Cobb's Legion Regiment of Waffords Brigade, and from our personal knowledge he,

while in line of duty, was injured by the service as follows: (Give full statement, and tell in your own language when, where, and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor or can do any, state what.)

while in line of battle at Chancellorsville Va
Joseph Smith was wounded
with a gun shot in right leg and
left hip which renders him
from earning a support

Where was applicant's command surrendered? At Appomattox Va

Was he with it? was not Were all of you present? we were

If not, where was he? wounded and at home discharged

Where were you all? Appomattox Va

How do you know the facts you state to be true? we was present and
know it of our own knowledge

We personally know above stated facts. We were with him in the army and have known him ever since.

He was honorably discharged or retired from the service on — day of September

1864. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1864
We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

25 day of Sept 1909

James R. George
Ordinary.

NOTE 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.

2.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.

3.—All blank spaces must be filled when signed.

4.—Three witnesses are required.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,

Dekalb County.

PERSONALLY comes before me James R. George Ordinary of said County, J. M. Tinkle M.D. and J. A. Farmer M.D. both known to me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully

examined Joseph Smith and after such personal examination, say that the present

condition of applicant is as follows: A gunshot wound in

right leg just before a bone the ankle

joint also gunshot wound in left

hip both of which render him totally

disabled him there for he can make

a living or any part of same

and that such condition is permanent. Said condition arises from the following facts: By both

shots rendering a way & totally disables

him from making a living

We have treated applicant professionally for — 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

25 day of Sept 1909

James R. George
Ordinary.

J. M. Tinkle M.D.
J. A. Farmer M.D.

NOTE 1.—State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by applicants.

NOTE 2.—The physicians will be careful to fill every blank space in oath.

Form No. 4.

STATE OF GEORGIA,

Dekalb County.

I, James R. George Ordinary of said County,

do certify that I am well acquainted with Joseph Smith the

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he

resides in this County and has been a bona fide resident since the — day of — 18—

I also certify that the witnesses, to wit: J. L. Argo Captain E. L. Robertson

and J. S. Marbut 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 25 day of Sept 1909

James R. George
Ordinary Dekalb County.

All amending proofs must be executed with the same formality as original proofs, and the ordinary must so certify.

GEORGIA,

County

I, Ordinary of said county, do certify
that I personally know the applicant, and that she
is the lawful widow of and was on
the Pension Roll of said county, and was paid
a Pension from county for 19 and at the time
of his death on the day of 191 .. 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 day of 1916

Ordinary.

County.

Smith, Joseph L.
DeKALB Co.

No.

1916

Application for Pension Due Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY *

Mrs.

Widow of

of

Co.

P. M. Smith
Joseph Smith
DeKalb County
C. C. Todd's Legion Vols.

Approved and paid

1916.

J. W. LINDSEY,

Commissioner of Pensions.

Chas. P. Byrd, State Printer, Atlanta.

GEORGIA,

County.

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

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, DeKalb County.

Personally before me comes Mrs. Mrs. Termina M. Smith, of said county, after being duly sworn, on oath says that she is the widow of Joseph Smith who was duly enrolled as a Indigent Pensioner from the county of DeKalb and was paid a Pension of Fifty (\$50.00) Dollars from DeKalb county for 1916, and that the said Joseph Smith died in DeKalb county on the 8 day of May, 1916, and at the time of his death a Pension of 60.00 was due him from DeKalb county and unpaid for 1916. Applicant further swears that she married the said Joseph Smith on the 19th day of Dec, 1871, in DeKalb county and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this day of , 1916.

James R. George Ordinary. Mrs. Termina M. Smith (L. S.)
DeKalb County.

AFFIDAVIT OF WITNESS.

GEORGIA, DeKalb County.

Personally before me comes J. R. Austin + R. T. Ayers, who on oath says that he knew Joseph Smith while in life and that he knows Termina Ayers Mrs. Mrs. Joseph Smith the above applicant; that he knows that the said Termina Ayers and Joseph Smith were in due form of law married in the county of DeKalb in the State of Georgia on the 19 day of Dec, 1871, and that they resided together as husband and wife from date of marriage to the day of his death on the 8 day of May, 1916, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 11 day of March, 1916.

James R. George Ordinary. J. R. Austin
DeKalb County. R. T. Ayers

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

Marriage License cannot be obtained
I will know the Parties I know the
above to be true James R. George
Ordinary

I well know the Parties I know the
above to be true James R. George
Ordinary

State of Georgia }
County of De Kalb }

We, hereby, further state
with reference to Joseph Smith, appli-
cant for pension, that said Smith is
quite feeble as a result of age (63 yrs.)
aggravated by a chronic sore leg, that
is partially perished, constantly pained
& needs to be supported with a stick.

His entire condition renders him
unable to make a support for himself
& family, by any kind of labor or calling.

Sworn to & subscribed J. H. Love, M.D.
before me Sept 29th 1866 W. S. Amley M.D.
James R. George
Ordinary

NAME Smith, Joseph

YEAR 1910 COUNTY DeKalb

WHEN AND WHERE BORN? Dec. 4, 1844- Georgia.

ENLISTED WHEN AND WHERE? Aug. 1st, 1861, - Georgia.

RANK.

COMPANY AND REGIMENT? Co. C. Cobbs' Legion, Ga. Vols.
(Wofford's Brigade)

NAME OF CAPTAIN AND COLONEL? J. L. Argo, Captain,

WOUNDED? May 3rd, 1863, in Va., Received a gun shot wound in right leg & left hip while engaged in a Battle at Chancellorsville, Va., & said wound discharged a lot of puss for a number of years after the war. Wound renders applicant from making a living at any kind of labor. CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Command surrendered Appomattox, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home- Wounded- Discharged. By authority of Army Board of Physicians at Winchester, Virginia.
DATED, WHEN AND WHERE? -Discharged Sept. 1864.

BURIED.

WITNESSES: J. L. Argo, Captain, G. L. Robertson, J. I. Marbut- No data.
-Present at the surrender & know of our own knowledge-

mh.

DISAPPROVED

NAME Smith, Joseph

YEAR 1906 COUNTY DeKalb

WHEN AND WHERE BORN? December 4, 1844 - Resident of Georgia continuously since December 1850

ENLISTED WHEN AND WHERE? July 1861 - Georgia

RANK.

COMPANY AND REGIMENT? Company C, Cobb's Legion

NAME OF CAPTAIN AND COLONEL?

WOUNDED? May 3, 1863, wounded in the right leg and left hip by gunshot at the battle of Chancellorsville, Virginia, resulting in running sores and pieces of bones came out, later the wounds healed but still suffer from effects of wounds.
CAPTURED, WHEN AND WHERE?

RELEASED.

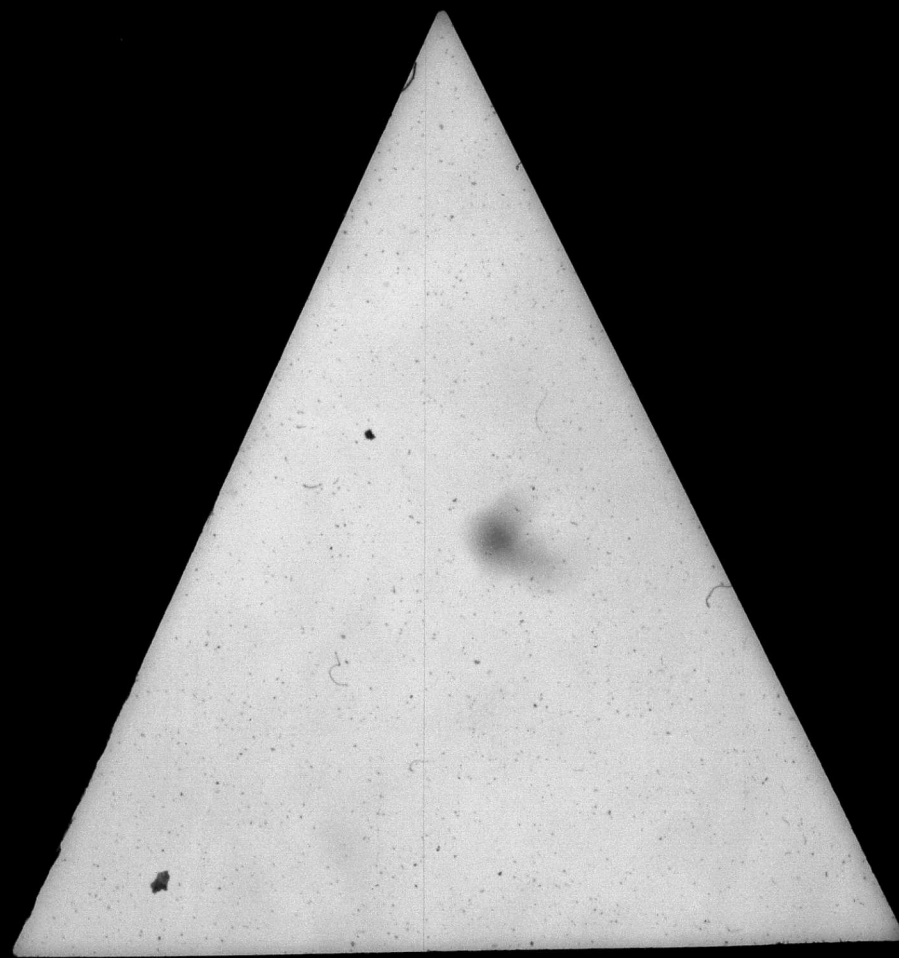
WHEN AND WHERE SURRENDERED? Appomattox Court House, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Retired from all military service September 15, 1864 on account of wounds.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. H. C. Reagin, J. L. Argo, J. I. Born - state they were in the army with applicant. -- No data.



Rec'd V. L. Morgan, body, thirty dollars (\$30.00)
funeral expenses Mrs. Josephine Smithly decd.
11-14-95
Paul T. Donahoe.

Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DeKalb County:

Before me, the Ordinary of said County, comes Donehoo-Brandon Co.
of said County, who, after being duly sworn, on oath says
that he knew Mrs. Josephine Smith late of said County, a Confed-
erate pensioner, and that said person is the identical person named and described in the attached
certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of
ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted
to the sum of \$ 200.00, as shown by sworn statements FULLY and COMPLETELY
ITEMIZED, hereto attached.

Sworn to and subscribed before me,
this the 14 day of Aug, 1935.
V. S. Morgan Ordinary. } Donehoo-Brandon Co.
By Paul T. Donehoo. Pres.

CERTIFICATE OF THE ORDINARY

GEORGIA, DeKalb County.

I certify that Paul T. Donehoo who subscribed
to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and
credit. I further certify that I knew Mrs. Josephine Smith the deceased
pensioner referred to in the foregoing affidavit and that said deceased was at the time of death
regularly enrolled as a pensioner on the records of file in my office. I further certify that said de-
ceased pensioner is the identical person named and described in the attached certified copy of burial
certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses
of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 14 day of August, 1935.
(Seal of Ordinary) V. S. Morgan Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

CALHOUN 1121-22

DONEHOO-BRANDON COMPANY, INC.

FUNERAL DIRECTORS

744 N. CENTRAL AVE.

HAPEVILLE, GA. VETERANS SERVICE OFFICE

August 15th. 1935

The funeral expenses of Mrs. Josephine Smith.

Casket	\$ 150.00
Embalming	25.00
Hearse Service	15.00
Dress	10.00
	<u>\$ 200.00</u>

The above and foregoing account is rendered for funeral expenses of Mrs. Josephine Smith, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before
me this 14 day of Aug. 1935
Andrew M. Simpson

DONEHOO-BRANDON CO.

Paul T. Donehoo. Pres.

Received of V. S. Morgan, Ordinary, DeKalb County, Georgia, One
Hundred Fifty and no/100 (\$150.00) Dollars in full settlement
for funeral expenses of Mrs. Josephine Smith, deceased.
This 11 day of September, 1936.

Donehoo-Brandon Co.
By H.E. Camp. Secy & Treas.



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

Registered No. 3421

1. PLACE OF DEATH

County Fulton Militia District (Number and Name) 1061 State of Georgia
City or Town Atlanta Length of residence in this city or town: Yrs. Mos. Ds. NON-RESIDENT (Yes or No.)
Street and Number (No. 907 (Street) Edgewood Ave. Ward
(If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME

Mrs. Josephine Smith
Residence (City or Town) 907 Edgewood Ave. (Street and Number) (State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, year) May 20, 1849
7. AGE 86 Years 2 Months 18 Days 0 Hours 0 Minutes

(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.
(c) Date deceased last worked at (this occupation (month and year)) (d) Total years spent in this occupation

9. BIRTHPLACE Ga.
(P. O. Address)

10. NAME --- Shehee
11. BIRTHPLACE Ga.
(P. O. Address)

12. MAIDEN NAME Dont know
13. BIRTHPLACE Dont know
(P. O. Address)

14. INFORMANT Herman EWing
(Signed) Atlanta, Ga.
(Address)

19. BURIAL PLACE Ebenezer Cem.
(Cemetery) Zebulon, Ga. (Date) 8/8/35
(Postoffice)

20. UNDERTAKER Donehoo-Brandon Co.
(Signed) Hapeville, Ga.
(Address)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Aug. 7, 1935, at 9:30 A. M.
(Month, Day, Year) (Hour)

17. I HEREBY CERTIFY, That I attended the deceased from 7/1/1935 to 8/3/35
I last saw him alive on 8/3/35, death is said to have occurred on the date and hour stated above.

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

Heart disease (Arterio sclerotic)

Other contributory causes of importance:

Congestive heart failure

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

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

Was injury an accident, suicide, or homicide?

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

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

Manner of injury

Nature of injury

(Signed) J. T. Anderson M. D.
Ga. Bapt. Hosp.

(Address)

15. FILED 8/10/35

(Signed) [Signature] (Local Registrar)

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

Atlanta, Ga. 8/10/35

GEORGIA,
FULTON COUNTY.

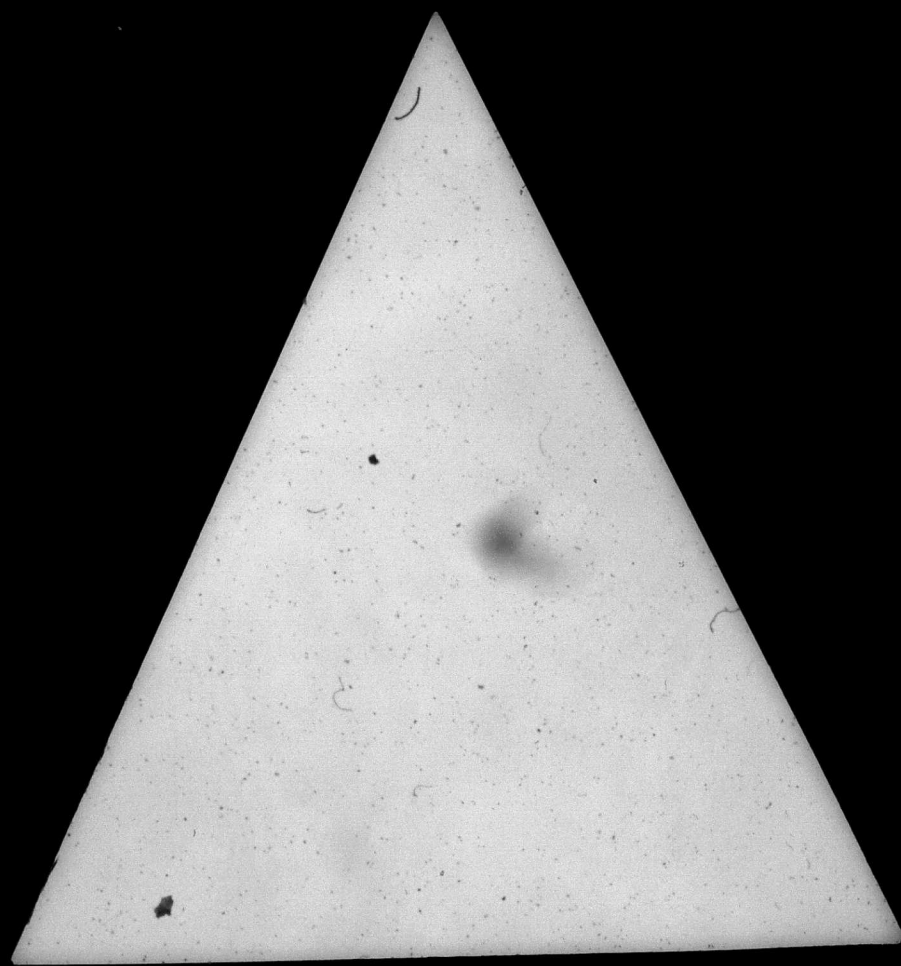
I hereby certify that the foregoing is a true and correct copy of the record of death Number 3421
of the series of 1935 for Mrs. Josephine Smith
as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

(Signed)

SEAL

Health Officer

[Signature] M. D.



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. Dep't.

Smith, Lewis J.
De Kalb Co.

1890.

Smith, Lewis J.

No. 2878

APPLICATION FOR ALLOWANCE

Disabled, by Disease

Applicant, Lewis J. Smith

County, De Kalb

Amount, 30

Date of Warrant, May 14

Entered on record

May 14

De Kalb

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDED TO

Applicant

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

Show by physician
Condition in 1866
1866 & 1867.

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.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears *Levi J. Smith* 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 *17th* day of

February 1838; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the

States, and served as a *1st Lieutenant* in Company *I*, of *44th* Regiment of *Georgia* Volunteers *Dool* Brigade; that whilst engaged in such military service *at the battle of* in the State

of *Virginia*, *on the morning of* 1862, he ~~was~~

wounded as follows: While in camp in the swamps around Richmond he contracted cold which settled in his legs terminating in Rheumatism. In 1863 during the march through Maryland and Pennsylvania, wearing stockings and other exposure to cold and weather, he suffered with severe pain in the feet and legs, so that it necessitated his being sent to a hospital at Richmond remaining there thirty days, that he has not been constantly since that time until the present, that since the war he has continued to grow weaker and his arms and legs have become almost useless, not being able to dress or undress himself, that he attributes his disability directly to these exposures.

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 the

21st day of *March* 1890.

Levi J. Smith

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.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

Hall County.

PERSONALLY came before me *Geo. B. Estes* of the county of *Hall* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *44th* Regiment of *Ga.* Volunteers, and that deponent knows *Levi J. Smith*, 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 *Levi J. Smith*

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

Sworn to and subscribed before me this

24th day of *March* 1890.

Geo. B. Estes

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.

APPLICATION FOR ALLOWANCE

1890.

No. *2878*

Disability by disease

Applicant *Levi J. Smith*

County, *De Kalb*

Amount, *50*

Date of Warrant *May 14*

Entered on record *May 14*

1890

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDED TO

Applicant

W. J. Campbell, State Printer, Constitution, 1890, Office, Atlanta

Show by physician's certificate - 1866 & 1867.

PERSONALLY came

citizens of _____ county, in said State,
who being duly sworn, say that they are well acquainted with

and know, from having been with him in the army, 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 disabled applicant, as
stated by him; the 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 _____ 1890.

NOTE.—Above affidavit must be made by three citizens who personally know of the service of applicant and can state of their
own knowledge precisely how he is disabled, and what disables him.
NOTE 2.—The attesting officer must see that each witness reads, or has read to him the affidavit he signs.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY comes before me _____ Ordinary of said county,
Robert C. Wood, and J. 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 Levi J. Smith, and after such
examination say that the applicant has been injured as follows:

*The tendons & muscles of
his arms are much and permanently contracted and emaciated; so also his
legs and fingers contracted to an extent that renders them substantially
and essentially useless; his knees also are permanently enlarged, and
disabled impairing his gait with other tendons of legs contracted
and repeated attacks of Rheumatism, greatly impairing his strength and
general health; which in our opinion originated from exposures etc
during the war as stated in the foregoing affidavit; from which he
has with only partial mitigation at times—suffered ever since the war
rendering him practically incompetent for the ordinary avocations of life.
One of his Opponents (J. Doren) states that he has been a Physician
in his family for last two years, and that the said applicant has
been bedridden most of that time*

Sworn to and subscribed before me, this _____
day of _____ 1890.

Robt. C. Wood M.D.
J. H. Green M.D.
M. W. Ragsdale
ORDINARY.

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

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

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

Given under my official signature and seal, this 27th day of March 1890.

M. W. Ragsdale,
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
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 _____ 1890.

[L. S.]

Executed in the presence of us:

DIRECTION.

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

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Ragsdale*,

Ordinary of said county,

do certify that I am well acquainted with *Levi J. Smith* 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 *20* day of *May* 189*1*.

W. M. Ragsdale,

Ordinary *De Kalb*

County.

Smith, Levi J.
De Kalb Co.
Smith, Levi J.
1890.

No. *3061*

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1891.

disabled by disease

Applicant, *Levi J. Smith*

County, *De Kalb*

Amount, *5.00*

Date of warrant, *May 20*

Entered on record

May 20 1891

W. H. Harrison

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

Applicant

De Kalb Co.
Smith, Levi J.
No. 87

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *Levi J. Smith*

County *De Kalb*

Disability *dis. by disease*

Amount \$ *5.00*

Entered on record *May 1* 1892.

W. H. HARRISON,

Secretary of Executive Department.

AGENT.

applicant

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

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Ragsdale*,

Ordinary of said county,

do certify that I am well acquainted with *Levi J. Smith* 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 *20* day of *Feb* 1892.

W. M. Ragsdale,

Ordinary *De Kalb*

County.

STATE OF GEORGIA,

De Kalb County, PERSONALLY appears Levi J. Smith 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 17th day of Feb^r 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a 1st Lieut in Company I, of 44th Regiment of Georgia Volunteers Dates's Brigade; that whilst engaged in such military service, at the battle of In the State of Georgia, on the 1st day of Spring 1862, he was wounded as follows:

while in Camp on the Swamp around Richmond he contracted cold which settled in his lungs terminating in Consumption. In 1863 during the March through Maryland and Pennsylvania reaching Streams and other exposure to cold and water he suffered with severe pain in legs and feet and subsequent long imprisonment at Fort Mifflin Pa. He has suffered from this time to the present. Since the war he has continued to suffer from the same to the present.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of \$50.00 dollars.

Sworn to and subscribed before me, this the 10th day of May 1891

Levi J. Smith

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,

KNOW ALL MEN BY THESE PRESENTS, That I,

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 10th day of May 1891

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 Levi J. Smith of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the 7th day of February 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a 1st Lieut in Company I, of 44th Regiment of Georgia Volunteers Dates's Brigade; that whilst engaged in such military service at the battle of In the State of Georgia, on the 1st day of Spring 1862, he was wounded as follows:

while in Camp on the Swamp around Richmond he contracted cold which settled in his lungs resulting in Consumption. During marches through Maryland and Pennsylvania the exposure was so great that he was sent to hospital. Subsequent long imprisonment at Fort Mifflin Pa. He has suffered from this time to the present. Since the war he has continued to suffer from the same to the present.

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 \$50.00 dollars.

Sworn to and subscribed before me this the 10th day of Feb^r 1892.

Levi J. Smith

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,

KNOW ALL MEN BY THESE PRESENTS, That I,

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 10th day of February 1892.

Executed in the presence of us:

John G. Brown
J. M. Rossdale
Ordinary

Send money to me as follows, by

to

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA, }

De Kalb County. }

Know all Men by these Presents, That I *Levi J. Smith*
of *De Kalb* County, State of Georgia, 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 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
16th day of *March*, 1893.

Levi J. Smith

Executed in the presence of us: *McLester* *McLester*

McLester DIRECTION.
Send money to me as follows, by _____ to _____ P. O.

_____ County, Georgia.

De Kalb Co
Smith, Levi J.
1893.

No. *878*

Application for Allowance

For the Year Ending October 24, 1893.

FOR

Dixie
Applicant, *Levi J. Smith*
County, *De Kalb*
Amount, *50.*
Date of Warrant, *3/17*
Entered on record, *3/17* 1893.

Clark
Secretary Executive Department.

WARRANT HANDED TO
Paul Smith
Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

STATE OF GEORGIA, }
De Kalb County, }

PERSONALLY appears Levi J. Smith 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 7th day of Feb 1833; 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 First Lieut in Company 7, of 44th Regiment of Ga Volunteers Dale's Brigade; that whilst engaged in such military service at the battle of Proctor in the State of Virginia, on the 10th day of Jan 1862, he was wounded as follows:

While in camp in Virginia around Richmond, an atrocious cold which settled in his leg resulting in Phlegmatism. During March through Maryland he was sent to hospital. The exposure was so great that he was sent to hospital. Subsequently long imprisonment in Fort Delaware, so settled the disease as to become permanent. Totally disabling dependent from work of any kind.

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

Eighty dollars, for Disease
Sworn to and subscribed before me, this, the 10th day of March 1893. } Levi J. Smith

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, resulting from the wound or disease.

STATE OF GEORGIA, }
De Kalb County, }

I, Wm. Ragsdale Ordinary of said County, do certify that I am well acquainted with Levi J. Smith 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 Wm. Ragsdale before whom the foregoing affidavits were made and power of attorney was signed, is a Justice of the Peace of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 10th day of March 1893.
Wm. Ragsdale
Ordinary De Kalb County.

STATE OF GEORGIA
BOMEB OF ALLOVMEK

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb COUNTY.

Know all Men by these Presents, That I,

Levi J. Smith

of *De Kalb*

County, State of Georgia, do hereby appoint *W. M. Rogers*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *9th* day of *March* 1894.

Levi J. Smith [L. S.]

Executed in the presence of us

Annie M. Smith
Ella E. Smith

DIRECTIONS.

Send money to me as follows, by

to _____ P. O.

County, Georgia.

(For Those Already Enrolled.)

3/19/2

Soldier's Pension.

1894.

Name *Smith, Levi J.*
County *De Kalb*
Disability *South American Disease*
Amount, \$ *50.00* *100.00*
3/2

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

W. M. Rogers

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I,

Levi J. Smith

of *De Kalb*

County, State of Georgia, do hereby appoint

P. C. Smith

of *De Kalb* my true and lawful attorney in fact, for

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *11th* day of *March* 1895.

Levi J. Smith [L. S.]

Executed in presence of us

E. J. Smith
W. M. Rogers

DIRECTIONS.

Send money to me as follows, by

to _____ P. O.

County, Georgia.

(For Those Already Enrolled.)

No. 263

SOLDIER'S PENSION.

1895.

Name *Levi J. Smith*
County *De Kalb*
Disability *Rheumatism*
Amount, \$ *100.00*
3/14

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

W. M. Rogers

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County. }

PERSONALLY appears *Levi J. Smith* 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 *17th* day of *Feb* 1833; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *1st Lieut* in Company *I*, of *44th* Regiment of *Volunteers* *Dales*'s Brigade; that whilst engaged in such military service at the battle of in the State of , on the day of 186 , he was

wounded as follows: *Contracted rheumatism in the fall of 1862 while in service resulting from cold and exposure which rendered the applicant unable to work the limbs being badly drawn. Deponent further says that the disease has become so acute and the limbs so drawn that he is unable to do any kind of work. The arms and legs are drawn and the joints enlarged and stiff and is unable to dress himself or get up and down without assistance.*

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 *9th* day of *March* 1894. *Levi J. Smith*

M. M. Rogers Ord. Mag.

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

STATE OF GEORGIA, }

De Kalb County. }

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

Ordinary *De Kalb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

De Kalb County. }

PERSONALLY appears *Levi J. Smith* 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 *7th* day of *February* 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 *1st Lieut* in Company *I*, of *44th* Regiment of *Volunteers* *Dales*'s Brigade; that whilst engaged in such military service at the battle of in the State of , on the day of 186 , he was

wounded as follows: *While in camp in swampy ground near Richmont, contracted cold which settled in his legs resulting in Rheumatism. During marches through Mary land and other places the exposure was so great that he was sent to hospital. Subsequent long imprisonment in Fort Mifflin on the Delaware River. Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of *One Hundred* dollars, for the year 1894.*

Sworn to and subscribed before me, this, the *11th* day of *March* 1895. *Levi J. Smith*

M. M. Rogers Ord. Mag.

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

STATE OF GEORGIA, }

De Kalb County. }

I, *M. M. Rogers* Ordinary of said County, do certify that I am well acquainted with *Levi J. Smith* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 *March* 1895.



M. M. Rogers

Ordinary *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County.

I, *Levi J. Smith* hereby authorize *Paul C. Smith*
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 *25*
day of *July* 1896.

Levi J. Smith [L. S.]

Executed in presence of us

Annie M. Smith
Ella E. Smith

(For Those Already Enrolled.)

No. *567*

SOLDIER'S PENSION.

1896.

Name *Levi J. Smith*
County *DeKalb*
Disability *Rheumatism*
Amount, \$ *2/20* 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

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

No later

DeKalb Co
Smith, Levi J.

ACT OF 24 OCT., 1887.

(For Those Already Enrolled.)

No. *252*

INVALID

SOLDIER'S PENSION.

1897.

Name *Levi J. Smith*
County *DeKalb*
Disability *Rheumatism*
Amount, \$ *100 00*
July 15 - 1/16 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

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

No later

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County.

I, *Levi J. Smith* hereby authorize *Paul C. Smith*
of *DeKalb Co Ga*

to receive and receipt for the pension paid hereon and request that he remit same to
by *in Person*

at *DeKalb Co*
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of *July 15* 1897.

Levi J. Smith [L. S.]

Executed in presence of

Annie M. Smith
Ella E. Smith

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

DeKalb County.

Personally appears Levi J. Smith 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 7th day of February 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 First Lieut - in Company I, of 44th Regiment of Georgia Volunteers, Dalles's Brigade; that whilst engaged in such military service in the State of Spring of 1862, on the day of 10th, he was wounded, injured or diseased as follows:

While in Camp in Swamps around Richmond, contracted Cold which settled in his legs, resulting in Rheumatism, During March through Maryland, waged retreat, the exposure was so great that he was sent to Hospital. Subsequently, long imprisonment in Fort Delaware, seated the disease till he nearly recovered from it and is now totally disabled from work of any kind.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of DeKalb county been allowed a pension of One Hundred dollars, for the year 1897.

Sworn to and subscribed before me, this, the 25th day of Feb 1896.

Levi J. Smith

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,

DeKalb County.

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

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



M. M. Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

DeKalb County.

Personally appears Levi J. Smith 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 7th day of February 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 First Lieutenant Company C, of 44th Regiment of Georgia Volunteers, Dalles's Brigade; that whilst engaged in such military service in the State of Spring of 1862, on the day of 10th, he was wounded, injured or diseased as follows:

While in Camp in Swamps around Richmond, contracted Cold which settled in his legs, resulting in Rheumatism, During March through Maryland, waged retreat, the exposure was so great that he was sent to Hospital. Subsequently, long imprisonment in Fort Delaware, seated the disease till he nearly recovered from it, and is now totally disabled from work of any kind.

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

Sworn to and subscribed before me, this, the 15th day of February 1897.

Levi J. Smith

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,

DeKalb County.

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

Given under my official signature and seal, this 15th day of Feb 1897.



M. M. Ragsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County.

I, Levi J. Smith hereby authorize Capt. Chas. Furman
of DeKalb Co. Ga

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

by me at DeKalb Co.

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

day of July 11 1898.

Levi J. Smith [L. S.]

Executed in presence of

Ed Smith

STATE OF GEORGIA,

DeKalb County.

I, Levi J. Smith hereby authorize Mr. J. A. Furman
of DeKalb Co. Ga

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

by me in person at DeKalb Co.

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

day of July 1899.

Levi J. Smith [L. S.]

Executed in presence of

J. A. Furman

(For Those Already Enrolled.)

No. 36

INVALID

SOLDIER'S PENSION.

1898.

Name LEVI J. SMITH

County DeKalb

Disability Total

Amount, \$ 100

1898.

1/12

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

C. T. Furman

Geo. W. Harrison, State Printer, Atlanta

No data

(For Those Already Enrolled.)

No. 30

INVALID

SOLDIER'S PENSION.

1899.

Name Levi J. Smith

County DeKalb

Disability Total

Amount, \$ 100

1899.

1/20

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

C. T. Furman

Geo. W. Harrison, State Printer, Atlanta

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

DeKalb County.

Personally appears

Levi Smith 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 *7th* day of *February* 18*33*; 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 *First Lieutenant* in Company *C*, of *44th* Regiment of *Georgia* Volunteers, *Dale's* Brigade; that whilst engaged in such military service in the *State of Georgia*, on the *Spring* day of *1862*, he was *wounded, injured or diseased* as follows:

While in Camp in swamps around Richmond, contracted Cold which settled in his legs, resulting in Rheumatism. During marches through Maryland, waded streams, the exposure was so great that he was sent to hospital, subsequent long imprisonment in Fort Delaware, so seated the disease till he never recovered from it & is now totally disabled from work of any kind.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of *DeKalb* county been allowed an invalid pension of *One Hundred* Dollars, for the year 189*7*.

Sworn to and subscribed before me, this, the

11 day of *Jan* 1898.

POST-OFFICE

Levi Smith
DeKalb Ga

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

STATE OF GEORGIA,

DeKalb County.

I, *Wm Regsdace* Ordinary of said County, do certify that I am well acquainted with *Levi Smith* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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* 1898.

Wm Regsdace
Ordinary *De Kalb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

DeKalb County.

Personally appears

Levi Smith 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 *7th* day of *February* 18*33*; 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 *First Lieut* in Company *C*, of *44th* Regiment of *Georgia* Volunteers, *Dale's* Brigade; that whilst engaged in such military service in the *State of Georgia*, on the *Spring* day of *1862*, he was *wounded, injured or diseased* as follows:

While in Camp in swamps around Richmond, contracted Cold which settled in his legs resulting in Rheumatism. During marches through Maryland, waded stream, the exposure was so great that he was sent to hospital, subsequent long imprisonment in Fort Delaware so seated the disease till he never recovered from it and is now totally disabled from work of any kind.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of *DeKalb* County been allowed an invalid pension of *One Hundred* Dollars, for the year 189*8*.

Sworn to and subscribed before me, this, the

24 day of *Jan* 1899.

POST OFFICE *DeKalb Ga*

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

STATE OF GEORGIA,

DeKalb County.

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

Given under my official signature and seal, this *24*

day of *Jan* 1899.

Wm Regsdace
Ordinary *De Kalb* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County.

I, *Leri J. Smith* hereby authorize *Capt Geo. Furlow*
of *DeKalb Co*

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

me by *self*
at *DeKalb Co*

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

Executed in presence of

Paul C. Smith

Leri J. Smith [S.]

DeKalb
Smith, Leri J.
He is the owner
(For Those Already Enrolled.)

No. *2*

**INVALID
SOLDIER'S PENSION.
1900.**

Name *L. J. Smith*
County *DeKalb*
Disability *Disease*
Amount, \$ *100.*
Warrant issued *July 10* 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No data

Audited _____ 18 _____
COMPTROLLER-GENERAL.

DeKalb

Maimed Soldiers.

Voucher No. *2828*

Amount \$ *50.*

Paid to *Leri J. Smith*

For *Disability from*
Disease

May 14 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

DeKalb County.

Personally appears

Levi J. Smith of DeKalb

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State and County, and has resided therein continuously ever since the 7th day of February 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 First Lieutenant in Company D, of 44th Regiment of Georgia Volunteers, Dale's Brigade; that whilst engaged in such military service in the State of Georgia 1862, on the day of 1862, he was wounded, injured or diseased as follows:

While in Camp in swamps around Richmond, contracted cold which settled in his legs, resulting in Rheumatism. During marches through Maryland, made streams, the exposure was so great that he was sent to hospital subsequent long imprisonment in Fort Sumter, contracted the disease till the near record from it and is now totally disabled from work of any kind

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of

DeKalb County been allowed an invalid pension of One Hundred Dollars, for the year 1899.

Sworn to and subscribed before me, this, the Levi J. Smith day of Jan 1900. POST OFFICE DeKalb

W. M. Raggs Ordinary

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

STATE OF GEORGIA,

DeKalb County.

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

Given under my official signature and seal, this 9th day of Jan 1900.

W. M. Raggs Ordinary DeKalb County.



No. 2828

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

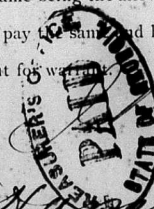
Atlanta, Ga., May 14 1890

Mr. Levi J. Smith of the County 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

Disability from Disease 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 sum and hold his receipt on this voucher, and return same to Executive Department for voucher.

By the Governor,



CLERK EXECUTIVE DEPARTMENT.

\$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Fifty & 00/100 Dollars, per above voucher, this 14 of May 1890 Levi J. Smith

Georgia. }
 De Kalb County. } In person came
 before me the undersigned, Dr
 J. H. Green a regular practicing
 Physician resident of said County
 who being duly sworn says
 that he has been the regular
 attending Physician ^{of Levi J. Smith} for the past
 four years. That he was afflicted
 with Rheumatism when he first
 knew him that the disease has
 continually grown worse until
 the said Levi J. Smith is helpless.
 His arms and legs are badly drawn
 the knee joint enlarged and stiff
 His hands are so drawn out of
 shape and fingers become so stiff
 as to render him unable to do
 anything, being unable to dress
 or undress himself. He has
 been in his present condition for
 more than a year past.
 Sworn to and subscribed J. H. Green & D.
 before me March 4th 1894.

M. M. Ragsdale
 Ordinary

Audited

1891.

COMPTROLLER GENERAL.

Smith, Levi J.
 De Kalb

1891.

Maimed Soldiers.

Voucher No. 3061

Amount \$ 50

Paid to Levi J. Smith
 for a license for
 disease

May 20 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

OFFICE

Ordinary Bull County, Georgia.

CHARLES M. WILEY.
Ordinary.

Macon, Ga., 18

To Whom it may concern.

This is to certify, that I knew Levi J. Smith, now of Decatur Ga, who was formerly Lieutenant in Company I 44th Ga, Regiment. I was at that time Adjutant of said Regiment. Leut. Smith was a good officer and performed his duty faithfully, and was never known to shirk from hardship or danger. And any statement he should make in regard to his sickness being caused from exposure in the army, can be relied upon as true.

C. M. Wiley
Ordinary Bull Co Ga

1891.

No. 3061

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga May 20 1891.

Mr. Levi J. Smith 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
Disabled by disease
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, 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. J. Norrish
GOVERNOR.

\$ 50

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

Fifty & 00/100 Dollars,
per above voucher, this 20 of May 1891.

Levi J. Smith

State of Florida } Personally appeared be-
County of Orange } fore me J. R. Ryan
Judge of the County
Court in and for said County and State
aforesaid, Dr. J. H. Connally, a practicing
Physician in the city of Orlando, Orange Co
Fla, who on oath says, that he is well
acquainted with Levi J. Smith. That
he formed his March on April 1862. While
in Camp of instruction at Griffin Ga preparato-
ry to entering the service of the Confederate States,
that to all appearances he was then a stout
healthy & robust young man. That we served
in the same regiment through the War up
to the 10th day of May 1864. When we were
captured by the Federal forces at the
Battle of Spotsylvania Court House Va.
At that time said Smith's health was in
a broken down condition, & had been
for some time before. During our
prison life at Fort Delaware, Del. We missed
together from & were intimately associated
from the time we arrived at Fort Delaware in
April 1864 until June 1865; and during
that time he the said Smith was almost
a constant sufferer with Rheumatism and
other troubles and was in a feeble condition
when we came home from prison in June 1865.
I beg leave to

Macon, Ga, April 15th 1890.
This is to certify that I have known
Levi J. Smith (of Comp. "D" 44th Ga. Regt. Soler's Regt)
almost from his boyhood, - lived neighbor to
him for years prior to the late War. - in
which we both volunteered & served as Lieutenants
in the same Company from March 4th 1862
until we were captured at ^{or near} Spotsylvania C. H. Va.
10th May 1864, and were held as prisoners of war
until June 13th 1865.

While in active service, we were subjected to al-
most every hardship & exposure that is common
to a Soldier's life. Such as Picket duty on Ridge Banks
during heavy Snows, - Marching day & night and
wading cold streams, & wearing the same clothes until
they dried on us. During our prison-life
on an Island, at Ft. Delaware, the atmosphere was
at times quite damp, & much colder than we were
accustomed to & was very severe on those persons raised
farther south.

Until we went into Camps I regarded Mr
Levi J. Smith as normal in body & limbs, and he

further state that, in my opinion, as a
physician that his physical condition
is the result of exposure and hardship,
that he was subjected to during his army
& prison life.

I beg to further state, that
I was detailed to act as Surgeon of the
Regiment on several occasions during the
war and before my capture, and to the best of
my recollection L. G. Smith was then broken
in health with Rheumatism more or less severe.
I have not subscribed to J. H. Cornally,
before me this 2nd day } M.D.

1890
J. H. Cornally
Surgeon
Orange Co. Fla.

State of Fla. } I hereby certify, that Dr. J. H. Cornally,
Orange County } whose genuine signature appears to the
above and forgoing affidavit, is a practi-
cing physician in good standing in the city of
Orlando, State of Florida, aforesaid, and that his
diploma, as such, is recorded in my office.
This April 21st 1890.

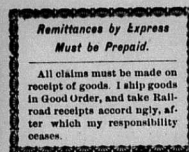
D. S. Thine
clerk circuit

received into the Confederate Army as such, by
the examining Surgeon. But during his term
of service & after much exposure to which Camp-life
subjected him, having contracted severe cold which
seemed to settle in his lower limbs - something
like Rheumatism, & then to the close of the
war he suffered, at times intensely with pains in his
lower limbs, and once from Camps & once while in
prison he had to go to the Hospital for treatment.
I have not seen him now for several years
but am reliably informed that he continues to
grow worse with Rheumatism.

I would state in conclusion, - that I never knew the said
Levi J. Smith to shrink from or to shun any hardship,
exposure, or even danger, to which orders as duty
called him.

Served to and subscribed before } J. A. McMillan
on this 22nd of April 1890

Chas. Wells
Clerk
Beth County Va



Bought of SAMUEL WILKINS,

Wholesale * and * Retail * Grocer.

FEATHERS A SPECIALTY.

TERMS CASH.

16 W. MITCHELL ST.

Atlantic City April 7th 1890
 This to Certify that I knew L. J. Smith
 in the years Nineteen hundred and Sixty Seven
 Eight and Nine and knew him to be a
 sufferer from Rheumatism in his feet
 and legs and have known him to be ever
 since. We were room mates together slept
 together for several years and I know
 him personally

Samuel Wilkins
 16 West Mitchell Street
 May 14th
 1890

Atlantic City
 April 25th 1890

W. S. H. H. H.

It is to certify
 that I have been acquainted
 with the Smiths with
 some fifteen or twenty
 years when I was first
 called in, professionally. I
 found the Smiths suffering
 from a general affection of the
 system attributed to cold and
 exposure while serving in the
 Confederate army, the joints and
 muscular system being painful
 and his whole system showing
 great loss of vitality to some

M

Remittances by Express
Must be Prepaid.All claims must be made on
receipt of goods. I ship goods
in good order, and take Rail-
road receipts accordingly, af-
ter which my responsibility
ceases.

Bought of SAMUEL WILKINS,

Wholesale * and * Retail * Grocer.

FEATHERS A SPECIALTY.

TERMS CASH.

16 W. MITCHELL ST.

Atlanta Ga April 7th 1890
 This is to Certify that I knew L. J. Smith
 in the years Eighteen hundred and Sixty Seven
 Eight and nine and knew him to be a
 sufferer from Rheumatism in his feet
 and legs and have known him to be ever
 since. We were room mates together slept
 together for several years and I know
 him personally

Attest

Samuel Wilkins
 16 West Mitchell Street
 May 14th
 1890

Atlanta Ga
 April 5th 1890

W. H. Harrison

Clerk ex D State of Georgia

Sir this is to certi-
 fy that I have been ac-
 quainted with Mr. Levi C. Smith
 some Eighteen or twenty
 years when I was first
 called in professionally. I
 found Mr. Smith suffering
 from a general affection of the
 system attributed to cold and
 exposure while serving in the
 Confederate army, his lungs and
 muscular system being painful
 and his whole system showing
 great loss of vitality to some

considerable extent I have been
his physician for some eighteen
or nineteen years and found
each each attack more
severe than the previous one
his worst symptoms ^{and} Rheumatism
continue to get worse until
now he is completely disabled
by Rheumatism from labor
or moving about his hands
and feet being drawn so as
to prevent him walking, only
a very little at a time or
even writing entirely prevent-
ing him from earning a
living or part of a living

Sworn to and Subscribed
before me April 7th 1890 J. M. Baker J.P.

Georgia - Fulton County
I, Dr. L. L. Calhoun, Ordinary
of said County, certify
that P. H. Brown was
at the time of signing
the foregoing Instrument
a Justice of the Peace
in and for said
County & that his
signature thereon is genuine
given under my official
seal of Office
This April 7th 1890

L. L. Calhoun

Ordinary

McDonough, Ga

This is to certify that I was the family
Physician of Mr. Levi J. Smith's father's family
for several years prior to and up to the
war of 1861, and can testify of my own
knowledge that Mr. Levi J. Smith had
no Rheumatism up to that time

Sworn to and Subscribed J. S. Hunter M.D.
before me This April
29th 1890.

Wm. A. Nelson,
Ordinary
Henry Co., Ga.

NAME, Smith, Levi J.

YEAR 1890 COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of Ga., since Feb. 17, 1833

ENLISTED WHEN AND WHERE?

RANK. 1st Lieutenant

COMPANY AND REGIMENT? Co. I, 44th Regt. Ga., Vols. Doles' Brigade.

NAME OF CAPTAIN AND COLONEL? Jno. B. Estes, Col. 44th Regt. Ga. Vols.

WOUNDED? Near Richmond, 1863. Disabled by disease.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE REWOUNDED?

IF NOT PRESENT AT SURRENDER, WHAT WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Samuel Wilkins. J. B. Estes, Col. 44th Regt. Ga. Vols.
J. A. McMullan; C. W. Wiley.

ADAIR BROS. & CO.

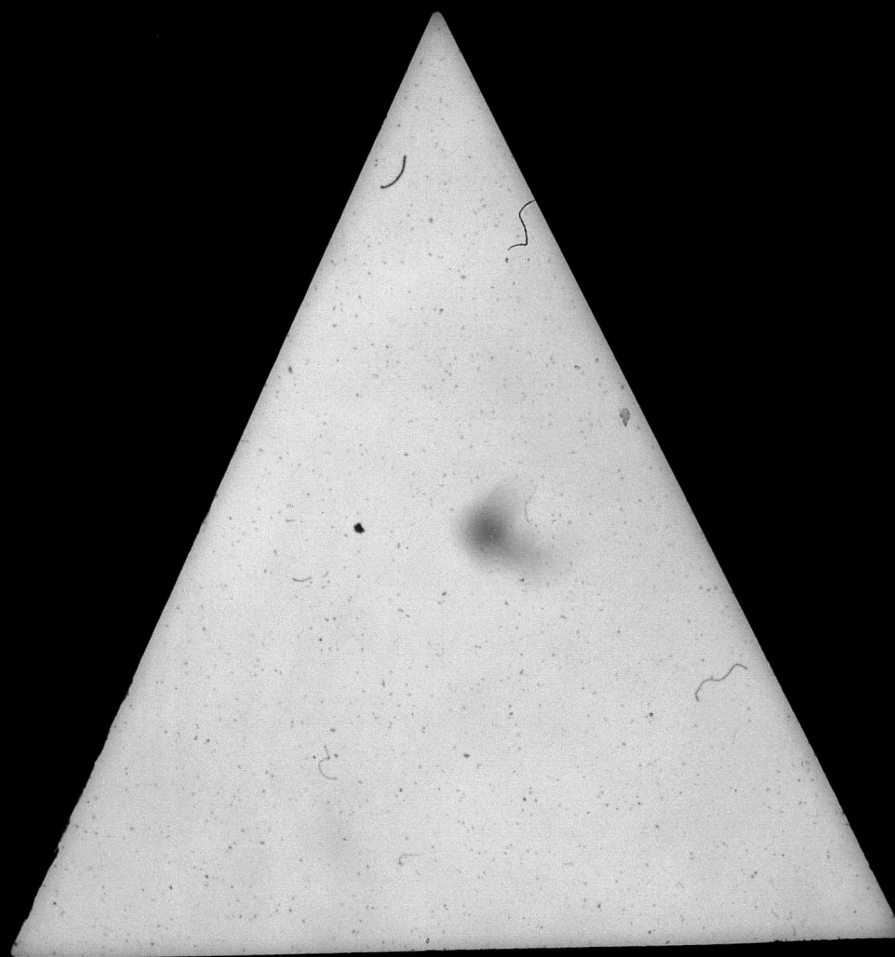
COTTON & FERTILIZERS

ATLANTA, GA.

April 8 1890

Personally appeared before a notary public
and for this Fulton County Ga. A. D. Adair
S. B. Adair & W. A. Carroll ~~and~~ being duly
sworn depose that they know Levi J. Smith
and have known him since the Surrender
in '1865' Eighteen hundred & sixty five
and that he is entirely disabled by Rheuma-
-tism and that he has had Rheumatism ^{ever} since
the war, and that in belief he contracted
the disease in the Confederate Army while
a member of the 44th Ga. Co. I. Doles brigade
Adair to and A. D. Adair
Subscribed before
me this 8th day of April 1890
Edgar M. Kelly, W. A. Carroll
Fulton County Ga.

Georgia - Fulton County. I, W. L. Graham
Ministry of said County, certify that
Edgar M. Kelly, before whom the foregoing
affidavit was executed is an acting
Notary Public in and for said County,
and was such at the time of each of the
above and that his signature to this
instrument is genuine. Given under my
official seal and seal of said County this 14th day of April 1890
W. L. Graham



Smith Martha J.
Mar 10 1910
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 *DeKalb*
Name *Martha J. Smith*
Widow of *James M. Smith*
Company *E*
Regiment *30 Ga*
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Index Printing Co., State Printers, Atlanta.

STATE OF GEORGIA, Dade COUNTY

Personally before me comes Mrs. Martha J. Smith of said County, who, after being duly sworn, on oath says, that she is the widow of Jos. M. Smith to whom in the County of Fulton State of Georgia she was married on the 18 day of Aug 1867, and that she remained his wife, and resided with him to the date of his death in July 26 1907, and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in Georgia said State of Georgia, and he was on the Fulton Pension Roll of the State and paid a pension of \$ 60 in Fulton County for 1906 per annum, on account of being a soldier in Company 30 Ga Regiment 30 Ga (Volunteers of State Militia)

At the death of Jos. M. Smith he was in the use and possession of the following property None 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 and where situated.)

<u>Equity</u> 125	Acres land <u>Henry Co.</u>	\$ <u>1450.00</u>
	Horses and Mules <u>None</u>	\$
	Hogs, Cows, etc. <u>"</u>	\$
	Total Cash value of all property	\$ <u>1450.00</u>

That she is now a bona fide resident citizen of said County of Dade and she has so continuously resided since 18 day of March 1912

Sworn to and subscribed before me, this the 26 day of Oct 1911 } Dr. F. P. Smith
David C. Maron 66 Ordinary, Dade County.
Atlanta, Ga (Worked Co.)

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

STATE OF GEORGIA, Fulton COUNTY

Personally before me come Dr. F. P. Smith 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. Martha J. Smith who made the foregoing affidavit, is the lawful widow of Jos. M. Smith who died in Fulton County in said State of Georgia on 20 day of Feb 1907, and that she has not since remarried. That she became the wife of Jos. M. Smith on the 18 day of Aug 1867, and that she and he had resided together as man and wife continuously since 18 day of Aug 1867, and that the Jos. M. Smith was the same man who was on the pension roll of said State Georgia from Fulton County when he died.

Sworn to and subscribed before me, this the 26 day of Oct 1911 } F. P. Smith
David C. Maron 66 Ordinary,
of Fulton 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 Dade
Name Martha J. Smith
Widow of Jos. M. Smith
Company E
Regiment 30 Ga
Approved _____

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

STATE OF GEORGIA, Sullivan County

Personally before me comes Mrs Bertie Moore who after being sworn on oath says, that they are freeholders of said County, and that they know Mrs Martha J Smith of said County and knew her said husband Jos. M. Smith at his death on the 20 day of July 1917 that she and he were in the use, possession and control of the following erty to-wit: House, Lot 383, Route Ave & farm Henry Co with Loan thereon of the value of \$ 1500.00 That she is now in the use, possession and control of the following property to-wit: equity in 125 Acres land in Henry County of the value of \$ 1350.00

Sworn to and subscribed before me, this the 26 day of October 1917 } Mrs Bertie Moore
Andrew Mason clerk Ordinary, N.B. Brightwell
of Denton County.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA, DeKalb County

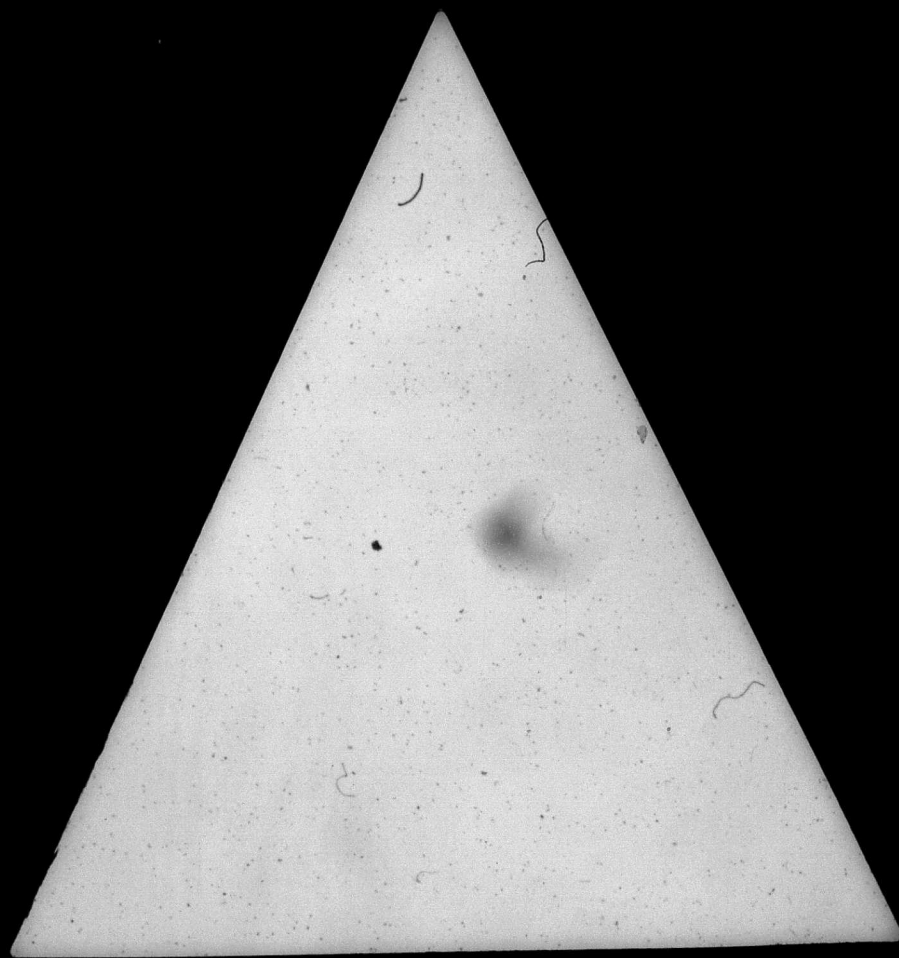
I, James R. George Ordinary of said County, do certify, that, I know Mrs Martha J. Smith the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 1917

That I also know _____ witness as to marriage and I also know _____ who I know to be a resident freeholder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of _____ County show that _____ returned property to the amount of \$ _____ for 1908, \$ _____ for 1909, \$ _____ for 1910, \$ _____ for 1911, \$ _____ for 1912, \$ _____ for 1913, \$ _____ for 1914, \$ _____ for 1915, \$ _____ for 1916, \$ _____ for 1917, \$ _____ for 1918.

Sworn under my hand and official seal of office this 30 day of Oct 1917
(SEAL.) James R. George Ordinary.
DeKalb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January, 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.



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

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. *Mary J. Smith*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 Smith* deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.In Witness Whereof I have hereunto set my hand and affixed the seal of my office, this, the *23rd* day of *Jan*, 1894.

Ordinary.

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 _____ 1894.

Executed in the presence of us: _____

[L. s.]

DIRECTIONS.

Send amount by _____

me at _____

_____ to _____, and oblige _____

Smith, Mary J.
De Kalb County
FOR THOSE HERETOFORE PAID.

1894.

No. *1075*

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. Mary J. Smith

—OF—

De Kalb

COUNTY.

WARRANT ISSUED

AND HANDED TO

M. M. Ragsdale

1894,

Smith, Mary J.
De Kalb County
(Widow of John Smith)
Dec - 11th - 1893
De Kalb
1st Replication 1893

STATE OF GEORGIA, County of *De Kalb*
I, *W. M. Kagsdale*, Ordinary in and for said County of
De Kalb, State of Georgia, hereby certify that I am acquainted with Mrs.
Mary J. Smith 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 *John Smith* deceased, and as such has heretofore
been allowed a pension for the year ending February 15th, 1893.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
this, the *23rd* day of *Jan*, 1894.
[SEAL] *W. M. Kagsdale*, Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, County. *De Kalb*
KNOW ALL MEN BY THESE PRESENTS, That I,
of
County in said State, do hereby appoint
of *W. M. Kagsdale* 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 *Jan*, 1894.

Executed in the presence of us:

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

1894.
No. *1075*
WIDOWS' PENSION,
for year ending February 15th, 1894.
—PAID TO—
M. Mary J. Smith
—OF—
De Kalb COUNTY.
WARRANT ISSUED
AND HANDED TO
W. M. Kagsdale
1894.
Geo. W. Harrison, State Printer, Atlanta.
Smith, Mary J.
De Kalb County
FOR THOSE HERETOFORE PAID.

STATE OF GEORGIA,
County of *De Kalb*

Personally comes Mrs.

Mary Smith

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 *April*

1848. That she is the Widow of

John Smith

who was a Soldier in Company

K of the*64th*

Regiment of

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

1863 and served in the Army up to

Aug

1864. That he lost his

life on the

day of

18

(State here

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

*Killed over and died while in
service at Quincy Fla in August
1864.*

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1863; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

23^d day of *Jan*

1894.

Wm. R. R. R. Ordinary.

Post-office

Stone Mt Ga

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

STATE OF GEORGIA, County of De Kalb
 I, John Rogers Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
Mary J. Smith 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 John Smith 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.
 {SEAL} John Rogers Ordinary.

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. [L. S.]

Executed in the presence of us: _____

DIRECTIONS.

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

Smith, Mary J.
De Kalb
 FOR THOSE HERETOFORE PAID.
1895.
 No. 991
WIDOW'S PENSION.
 for year ending February 15th, 1895.
 —PAID TO—
Mary J. Smith
 —OF—
De Kalb County.
 widow of John Smith
WARRANT ISSUED
Jan 25th
AND HANDED TO
Caplan
 1895.
 Geo. W. Harrison, State Printer.

STATE OF GEORGIA, County of De Kalb
 I, John Rogers Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
Mary J. Smith 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 Smith
 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} John Rogers Ordinary.

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 _____

Smith, Mary J.
De Kalb
 FOR THOSE HERETOFORE PAID.
1896.
 No. 1707
WIDOW'S PENSION,
 for year ending February 15th, 1896.
 —PAID TO—
Mary J. Smith
 —OF—
De Kalb County.
 widow of John Smith
WARRANT ISSUED
21st
AND HANDED TO
Caplan
 1896.
 Geo. W. Harrison, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

Mary J. Smith

who being sworn, says on oath, that she is a bona fide resident of said county of *De Kalb* State of Georgia, and that she has resided in said State continuously ever since *all her life* 18 That she is the Widow of *John Smith* who was a Soldier in Company *K* of the *64th* Regiment of *Georgia*

Volunteers, that he enlisted in said Regiment on or about the month of *April* 1863 and served in the Army up to *August* 1863. That he lost his life on the day of *August* 1863. (State here full particulars of the husband's death, when, where and from what cause.)

He had fever while in service and died at Quincy Florida in August 1863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1863, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this *21st* day of *Jan* 1895.

Mary J. Smith Ordinary. Post-office *Stone Mountain*

FOR WIDOWS' HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.

Mary J. Smith

who being sworn, says on oath, that she is a bona fide resident of said county of *De Kalb* State of Georgia, and that she has resided in said State continuously ever since *all her life* 18 That she is the Widow of *John Smith* who was a Soldier in Company *K* of the *64th* Regiment of *Georgia*

Volunteers, that he enlisted in said regiment on or about the month of *April* 1863 and served in the Army up to *August* 1863. That he lost his life on the day of *August* 1863. (State here full particulars of the husband's death, when, where and from what cause.)

He had fever while in service and died of the disease at Quincy Fla. in August 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1863, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of *De Kalb* County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

27th day of *Jan* 1896. *Mary J. Smith* Ordinary.

Post-office *Stone Mountain Ga.*

STATE OF GEORGIA, County of De Kalb

I, M. M. Rogsdale, Ordinary in and for said County of De Kalb, State of Georgia, hereby certify that I am acquainted with Mrs. Mary J. Smith 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 Smith 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 18th day of Jan, 1897.

M. M. Rogsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

I, Mary J. Smith hereby authorize C. D. Adams 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 18th day of January, 1897.

Executed in the presence of

M. M. Rogsdale, Ordinary.

State of Georgia, De Kalb County.

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

In Witness Whereof, I have hereunto set my hand and seal, this 12th day of Jan, 1898.

Executed in the presence of

R. J. Dalton, Ordinary.

Mary J. Smith [L. S.]

Mary J. Smith
De Kalb County
For Those Heretofore Paid.

1898.

NO. 2644

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO Mary J. Smith

County, De Kalb

Widow of John Smith

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

1898.

AND HANDED TO

J. N. Nash

Geo. W. Harrison, State Printer, Atlanta

FOR THOSE HERETOFORE PAID.

1897.

No. 2148

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO Mary J. Smith

County, De Kalb

Widow of John Smith

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

211 1897.

AND HANDED TO

alt

Geo. W. Harrison, State Printer, Atlanta

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

Mary J. Smith

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 *April 14* 18*46*. That she is the Widow of *John Smith* who was a Soldier in Company *B* of the *64th* Regiment of *Ga* Volunteers, that enlisted in said regiment on or about the month of *April* 186*3* and served in the Army up to *Aug* 186*3*. That he lost his life on the *Aug* day of *August* 186*3* (State here full particulars of the husband's death, when, where and from what cause.)

had fever while in service at Quincy Fla. of which he died on date above given.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 186*3*, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension 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 *18th* day of *Jan* 1897.

Mary J. Smith
Post-office *De Kalb Ga.*

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of *De Kalb*

Personally Comes Mrs.

Mary J. Smith

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 *14th April* 1846. That she is the Widow of *John Smith* who was a Soldier in Company *K* of the *64th* Regiment of *Ga* Volunteers, that he enlisted in said regiment on or about the month of *April* 186*3* and served in the Army up to *Aug* 186*3*. That he lost his life on the *Aug* day of *Aug* 186*3*. (State here full particulars of the husband's death, when, where and from what cause.)

had fever and died at Quincy Fla on date above given

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 186*3*.

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 *13* day of *Jan* 1898.

State of Georgia,
De Kalb County. I, *M. Ragsdale* Ordinary of said County, certify that I am well acquainted with Mrs. *Mary J. Smith* 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 *Jan* 1898.

Given under my official signature and seal this the *13* day of *Jan* 1898.

Official Seal.

Ordinary of *De Kalb* County.

POWER OF ATTORNEY.

State of Georgia.

De Kalb County.

I, M. J. Smith hereby authorize J. N. Nash
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 13
day of Jan 1899.

her
M. J. X Smith [L. S.]
Nash

Executed in presence of

W. E. Duggles
W. M. Ragsdale
Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA.

De Kalb County.

I, M. J. Smith hereby authorize J. N. Nash
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 16
day of Jan 1900.

her
M. J. X Smith [L. S.]
Nash

Executed in presence of

O. L. Sawyer
W. M. Ragsdale
Ordinary.

Smith, M. J. Mrs.
De Kalb Co.

For Those Heretofore Paid.

1899.

NO. 2474

WIDOW'S PENSION,

For year ending February 15th, 1899.

Mrs. M. J. Smith

De Kalb County

Widow of John Smith

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

21 1899.

AND HANDED TO

J. N. Nash

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Smith, M. J. Mrs.
De Kalb County
To Those Heretofore Paid

1900.

NO. 1229

WIDOW'S PENSION,

For year ending February 15th, 1900.

Mrs. M. J. Smith

De Kalb County

Widow of John Smith

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

July 14 1900.

AND HANDED TO

J. N. Nash

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs.

M. J. Smith

De Kalb 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 April 14 1848. That she is the Widow of
John Smith who was a soldier in Company
K of the 64th Regiment of La
Volunteers, that he enlisted in said regiment on or about the month of Mar
1863 and served in the Army up to Aug 1863. That he lost his
life on the Aug day of Aug 1863 (State here
full particulars of the husband's death, when, where and from what cause.)

Had fever and died at Quincy, Fla.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 1863.

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

Sworn to and subscribed before me, this 43rd day of Jan 1899,
W M Ragsdale Ordinary. Mrs M. J. Smith
Post Office Stone Mtn Ga

State of Georgia,
De Kalb County, I W M Ragsdale
Ordinary of said County, certify that I am well acquainted
with Mrs. M. J. Smith 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 14 day of April 1848.

Given under my official signature and seal this the 13 day of Jan 1899.

{ Official
Seal. }

Ordinary of De Kalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs.

M. J. Smith

De Kalb 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 April 14th 1848. That she is the Widow of
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K of the 64th Regiment of La
Volunteers, that he enlisted in said regiment on or about the month of April
1863 and served in the Army up to Aug 1863. That he lost his
life on the Aug day of Aug 1863 (State here
particulars of the husband's death, when, where and from what cause.)

Had fever and died at Quincy, Fla.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 1863.

I have been allowed a pension as a resident of De Kalb County for the year ending
February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 16th day of Jan 1900,
W M Ragsdale Ordinary. Mrs M. J. Smith
Post Office Stone Mtn

State of Georgia,
De Kalb County, I W M Ragsdale
Ordinary of said County, certify that I am well acquainted
with Mrs. M. J. Smith 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 14 day of April 1848.

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

{ Official
Seal. }

Ordinary of De Kalb County.