INVALID Soldier's Pension, 1900. County De Kall. Co A according artillary Disability Hand wound Amount, \$ 100000 Mount JOHN W. LINDSEY, Commissioner of Pensions. WARRANT HANDED TO

LUWEL OF ALLUINCY, STATE OF GEORGIA. County. hereby authorize to receive and receipt for the pension allowed and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this [L. S.] Executed in the presence of

# FOR USE Of Applicants Who Have Not Heretofore Drawn. STATE OF GEORGIA. Della County. Personally appears. John Meet of said County, State of Georgia, who being duly sworn says on oath that he was born on the Della County State of Georgia, who being duly sworn says on oath that he was born on the Della County State of Georgia, and has been day of Narumlan 1888, that he enlisted

Sangsheets Carlos Diges, and was honorably discharged on the

\_\_\_186 / \_\_\_during the war between the States, and

of last Alexander wrteley Battalen

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

, on the 10 the day of Shrill the State of Dirawise he was disabled or wounded as follows: a Quen Shot wound in right hand which is partially disabled who To This time - it was at the Battle of Shotsylvanie Court house burginia. That Said wound is furnament & hund sulstantilesless. He also while in Said Service Can tracked Parennes vid which detilled in the sungs, which Sung trauble is mery Severe and has so Continued som Since the end of the war- mas present line of chity when bent Lee he is only able to live by the help herter or incame - That his disease is permanent greneling him almost helples

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.

at times and unable to perform physicia

30" day of 1.44 ) 1994 Office

labor.

Note-State fully nature of wound or character of disease which causes the disability, and explain particul riy 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 disabile.

Nork—The Ordinary will see that all blank spaces are filled when the affidavits are signed,

#### POWER OF ATTORNEY.

STATE OF GEORGIA, County. hereby authorize to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal this. Executed in presence of JOHN W. LINDSEY, DISABLED 1902 No. 325 Name Scott

#### POWER OF ATTORNEY

	ounty.				
		hereby			
		of		<u> </u>	
receive and receipt for the				at he remit	same to
					*
IN WITNESS WHER	EOF, I have	hereunto set	my hand and	seal this	*
ay of	1903.				
	-			<u> A. i. si </u>	[L. s.
Executed in presence of		100			
	4. 4.6.4.				
7	100			P P	
				120	
		1 1 1	1 8		11
ENROLLED.)			130	ension	
READY EMBLLED.		3	100	Y,	7
		4	1 10	NDSEY commissioner	

( FOR THOSE AL

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Se Kall County.
Personally appears John W. Scott of De Kath
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 1868; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
states, and served as a Private in Company A, of Authoritation
of 7 2 / Volunteers, 's Brigade; that whilst engaged
in such military service in the State of, on theday
of
of Procumonia which selled on line
- of since mornia which selled on lung
that deponent is smake to
- That deposition is smalle to
with for a support
And the control of th
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
County, been allowed an invalid pension of County of Dollars, for the year 1901.
Charlotte 1901 Dollars, for the year 1901.
Sworn to and subscribed before me, this the
day of Au 1902. Post-office
The Ardre Chaman,
Norm-State fully the nature of the wound or character of deense which causes the disability, and explain a particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
Le Kalh County.
I, Il Magsiace of Gridinary of said County,
do certify that I am well acquainted with John MACON
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know 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 A 1902.
(AMI) ( Man)
Ordinary de Nall County.
Ordinary Ac Aut County.

Batten: ala. attillery.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalh, County.
Personally appears Ino M Leo H of De Kall
County, State of Georgia, who being duly sworn, says on eath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the Murad to
1888; that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war, between the
States, and served as a Private in Company A Hargher Regulated
of Volunteers, 's Brigade; that whilst engaged
in such military service in the State of A , on the day
of 1862, he was wounded, injured or diseased as follows:
bad Preuminia while in service Contract
as learnel Church Va. settled on lungs
now, make to larn a support and word
see hand
Summer support the contract of
Deponent makes application for the remain to which he is 111 1 C at
Deponent makes application for the pension to which he is entitled for the year ending October 36th, 1903. I have heretofore, under said law, as a resident of
VI 2 V AVV
County, been allowed an invalid pension of Dollars, for the year 1902.
111/00.11
Sworn to and subscribed before me, this the
day of tan 1903. Post-office
MM Condace Osdinary
Nors.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
Le Stalk County.
I, MM Ragedoce Ordinary of said County,
do certify that I am well acquainted with with Acott
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under por official signature and seal, this 10
day of fan 1903.
Magidag !
{ your {
Norg.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1903.

#### POWER OF ATTORNEY.

	receipt for the second	have her	by			that he re	eby author	_ •	
Executed	in presence of	1904.					[1.	s.]	
				્યું ના	, l				1
(FOR THOSE ALREADY ENROLLED.)	DISABLED LDIER'S PENSIO	4	laux 8	in Head	185 186	LINDSEY.	ED TO	nter, Atlanta.	3
E ALREADY E	DISABLEI		3/3	Co. 4 Regiment Disability Hound &	el 11.	JOHN W. LINDSEY Commissioner	WARRANT HANDED TO	, State Printer,	no agu

## POWER OF ATTORNEY.

STATE OF C	EORGIA,			• • • • • •	i d	. O. ;
		COUNTY.	177 X			
	Ι,		· . · . · ·		here	by authoriz
			of			
to receive and	receipt for th	e pension j	paid hereon,	and request	that he re	emit same t
			b <b>y</b>		<u> </u>	
at.			- <del> </del>			
In WITNE	ss Whereof, I	have here	unto set my	hand and se	eal, this.	. 1
day of.		190	05.	1.		
						1
Execu	ted in the pre	sence of				
***(**)**(****************************						. p.
						A. Oak
					, , , , , , , , , , , , , , , , , , ,	
(ED.)	NOI		Ĵ,	2 1905.	ensions.	
(ROLLED.)	NOISN		stleg	2.3 1905.	X, of Pensions.	0 TO
FENROLLED.	EDED	10	Lo Co	7.3 1905.	DSEY, sioner of Pensions.	
ADY ENROLLED.)  \$\int \cdot \c	BLED PENSION	95.	in the state of th	25 1905.	LINDSEY, mmissioner of Pensions.	
Section 1280. (ILREADY ENROLLED.)  2 ~ 3	R'S PENSION	905.	Mach Beginent	1000. 72 1805.	W. LINDSEY, Commissioner of Pensions.	
Cons Section 1300. (SE ALREADY ENROLLED.) No. 202	ER'S PENSION	1905.	Jetter L.C. Regiment.	7,800.	OHN W. LINDSEX, Commissioner of Pensions.	
COME SECTION 1200. (COME ALREADY ENROLLED.) NO. 202	DIER'S PENSION	1905.	Lettect & Regiment of teg	:78ee	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO
× 4	LDIER'S PENSION	190	Courty Neltall	Disability.  Amount, S. M. C.S.  ACCURATE 2 1905.	JOHN W. LINDSEY, Commissioner of Pensions.	

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE C	OF GEORGIA.
18180	
None	
	appears )200 W Scott of Dertall
	Georgia, Tho being duly sworn, says on oath that he is a bona fide citizen
nd resident of	said State, and has resided therein continuously ever since the
ay of	18 8 8; that he enlisted in the military service of the Con-
	or of the State of) during the war between the
tates, and serv	ed as a Colland in Company 4, of the Regiment Both. Volunteers Lacy 10 Brigade; that whilst engaged
forgans	Sol. Volunteers Mudging & Brigade; that whilst engaged
	service in the State of // , on the , on the
Zlan P	1862, he was wounded, injured or disease as follows:
	neumonia settles on lings
woun	es in head
	the same of the sa
2 10	
nding Octobe	makes application for the pension to which he is entitled for the year r 26th, 1904. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1903.
Sworn to	and subscribed before me, this the fm ofcott
1 0 da	1901 (20 140 )
anul 1	( alanta
NoteState	fully the nature of the wound or character of disease which causes the disability, and explain nt of the disability resulting from the wound or disease.
t,	
STATE	OF GEORGIA,
DEIT	6.11.
1. Ju	one of George Drdinnery of said County,
do certify that	I am well acquainted with free, W. Scoth
the applicant i	n the foregoing affidavit, and a well satisfied that the statements made
	aid affidavit are true, and I know he is the individual he represents himself
AND DESCRIPTION OF THE PARTY OF	
to be, and that	he resides in this County.
to be, and that	

Nors .- Fill all blanks and of Company and Regiment. Norg.-All vouchers and allidavits must bear date after January 1, 1904.

STATE OF GEORGIA,	
Rull COUNTY.	
	of 6) 6
Personally appears for MI Sa	alt of Settall
County, State of Georgia who, being duly sworn, sa	ys on oath that he is a bona fide citizen
and resident of said State, and has resided therein of	ontinuously ever since the
day of 18; that he enlis	sted in the military service of the Con-
federate States (or of the State of	) during the war between the
States and served as a tractity of ola. in of Volunteers of John in volunteers	Company (, of th Regiment .
of Volunteers	's Brigade; that whilst engaged
in such military service in the State of	on the day
of 186, he was wo	ounded, injured or diseased as follows:
Disable hund Spalinger.	aria, Cepr 10-18log
The second secon	
	an aliah la in antistad fam sha man
Deponent makes application for the pension ending October 26th, 1905. I have heretofor	e, under said law, as a resident of
At I'll 6 Count	y, been allowed an invalid pension of
	lars, for the year 1904.
Sworn to and subscribed before me, this the	
19 day of Juneary 1905.	
	Devi effec
anus Rubrge Ordinay	Post-office_
Note.—State fully the nature of the wound or character particularly the extent of the disability resulting from the wound of	of disease which causes the disability, and explain
STATE OF GEORGIA,	In Scatt
Dellaco county.	
1, Junio Hilling	Ordinary of said County,
do certify that I am well acquainted with	e III Scott
the applicant in the foregoing affidavit, and am v	
by him in his said affidavit are true, and I know he	is the individual he represents himself
to be, and that he resides in this County.	19
Given under my official signature and day of farmary	
day of fer the the	
Affix	ames Ryeorge
Beal here. Ordinary	heltaco county.
Note.—Fili all blanks and of C	ompany and Regiment.

#### POWER OF ATTORNEY.

	DeKALR	County.		
· I,				hereby author
	manales for the	e pension paid hereon	and request	that he remit same
to receive and		by		
at				
		have hereunto set my	hand and seal,	, this
day of			A Will	
				0 Ot.
Exec	uted in present	ce of		
	P			
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			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
E0)	NOI		1907.	Pensions.
ROLLEO)	NSION	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	hand.	X, et of Pensions. 5 TO Analysis.
V ENROLLEU)	PENSION	Z.	(21 1907.	DSEY, Issioner of Pensione.  (DED TO
IEADY ENROLLED)	BLED PENSION	Seatt Arty ginent	Tal 1907.	LINDSEY, Journissioner of Pensions.  HANDED TO  LANDER TO  LANDER ANALYSIS.
CODE SECTION 1550. THOSE ALREADY ENROLLED. No. 25-2	DISABLED IER'S PENSION	907.  M. Seatt  DeKALB  Regiment  Regiment	(21 1901)	JOHN W. LINDSEY, Commissioner of Pensions. WARRANT HANDED TO

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. State of Georgia, De Hall County. Personally appears John M. Scott of S. Wall 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 low 1888; that he enlisted in the military service of the Con-\_) during the war between the federate States, (or of the State of\_ 's Brigade that whilst engaged of hat Batt Wolnsteers 's Brigade that whi in such military service in the State of Desgrade, on the 186 2, he was wounded, injured or diseased as follows: 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 County, been allowed an invalid pension of Dollars, for the year 1905. Sworn to and subscribed before me, this the day of January 1906. Norg.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. State of Georgia, County. James R. George Ordinary of said County do certify that I am well acquainted with\_\_\_ the applicant in the foregoing affidavit, and am well satisfied that the statements made

States, and served as a Private in Company 9, of tastes Regiment Had rheumatiem settled in himbs by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this Note .- Fill all blanks and of Company and Regiment.

State	of Georgia,	
DeK	(ALB County.)	
Perso	mally appears Yohn ne Scott of DeKALI	3
	ate of Georgia, who, being duly sworn, says on oath that he is a bona fide	
	t of said State, and has resided therein continuously ever since the	
day of	18 : that he enlisted in the military service of the	don
federate Stat	served as a Soldier in Company A, of the Reg	n the
States, and	served as a Soldier in Company A of the Reg	v/h
of ala	(fockson's Botton) 's Brigade; that whilst en	page
in such milit	tary service in the State of, on the 10th	day
of AK		
1	Resolled hand Spotsylvania	
	The same of the sa	
* *		
₽		
		7, -
(	Dollars, for the year 1906.	
4	day of January 1907. M. Nest	
Van	Postoffice Dicatur	0
XIMUL		70
Note.—S	State fully the nature of the wound or character of disease which causes the disability, and extent of the disability resulting from the wound or disease.	explai
State	of Georgia,	
De	KA County.	
Ι,	Yanne & R. George Ordinary of said C	ounty
	at I am well acquainted with John M Scott	
	t in the foregoing affidavit, and am well satisfied that the statements	mad
	is said affidavit are true, and I know he is the individual he represents h	
	iat he resides in this County.	
	Given under my official signature and seal this	
	day of Jacobary 7 1907.	
	James Pografic	•
Affix	Ordinary Do Cou	nty.
here		y.

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

Note.—All vouchers and affidavits must bear date after January 1st, 1937.

Note .- All vouchers and affidavits must bear date after January 1st, 1906.

NAME Scott, John M.

YEAR 1901 COUNTY Dekalb

WHEN AND WHERE BORN? December 11th. 1837 - resident of Ga. since 1888.

ENLISTED WHEN ALL WHERE? May 15th. 1861

RANK.

COMPANY AND REGIMENT? MERKER Alexander's Battn. Alabama Artillery

Jordan's Battery

NAME OF CAPTAIN AND COLONEL?

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

CAPTURED, WHEN AND WELLE?

RELEASED.

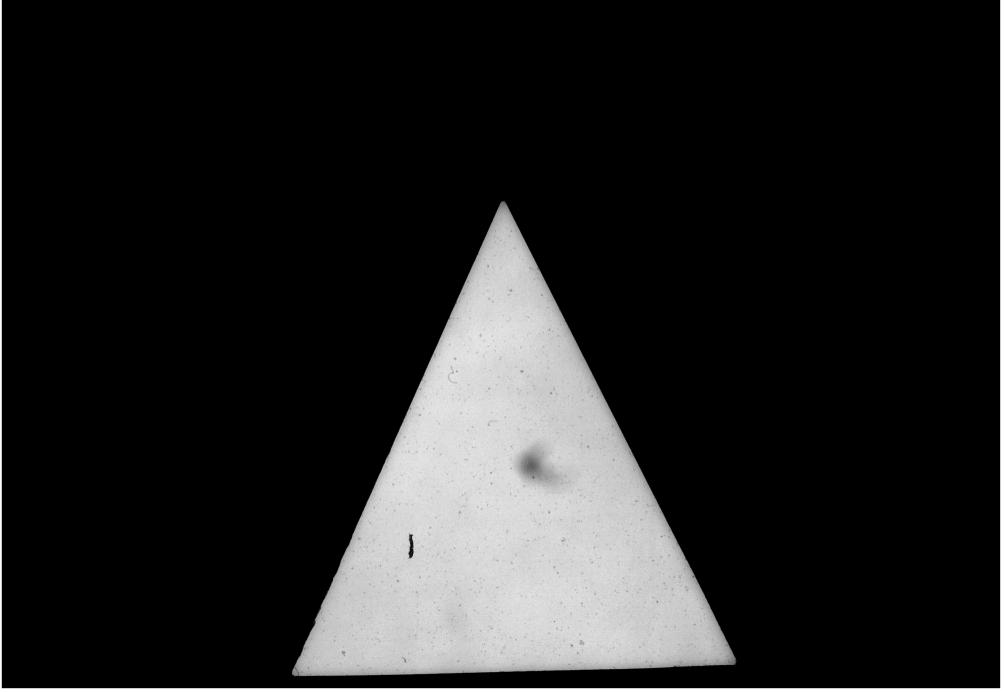
WHEN AND WHERE SURRENDERED? Appointtox Court House, Va. at surrender.

IF NOT FRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

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



Scradel, D.D.,	
DeKall G.	
01( 1/406	Et eg
INDIGENT PENSION.	buted in pre
1906	sence of
Name I Scudden	
co. 6 = 12 go Ball Rost.	
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.	

STATE OF GEORGIA,

\_COUNTY.

POWER OF ATTORNEY.

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

Witness my hand and seal, this...

190\_

I,		COUNTY.				hereby author	ize	
	9,1			_ of				* 1 .
eive and receipt	for the pension	allowed and					undan g	
						•		
Witness my hand						190	1 .	
						[L, i	s. <sub>1</sub>	
Executed in pres	ence of		Carlot Va					
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		3	Regt.					
20N		Show		- craciona		nt, Company ve. E. Ga.		
NSION.		addon	7	SEY, of Pensions.	ED TO	plicant, Company 1 above. Attanta, Ga.		
ENSION.	9	2 wolder	7	NDSEY,	NDED TO			
PENSION.	90	Laudhr-	7	LINDSEY, nuisioner of Pensions.	HANDED TO			
VT PENSION.	706	o Soudden	7	W. LINDSEY, Commissioner of Pensions.	NT HANDED TO		4/00-	
ENT PENSION.	7061	13/2	Su Ball	IN W. LINDSEY, Commissioner of Pensions.	RANT HANDED TO		7/20/02	
IGENT PENSION.	1906	Named Sulling	Su Ball		Warrant handed to	Ordinary will write name of Applicant, Company and Regiment on back as indicated above.  Geo. W. Harrhon, State Printer, Attanta, Ga.	9/14/0	

Soudder, d.d

	STATE OF GEORGIA,
	COUNTY SQUARE and County, desiring
4	to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn type answers to make to the following questions, deposes and answers as follows:  1. What is your name and there do you reside? (Give State County and post-office).
	2. How long and since when have you been a resident of this State?
	8. When and where were you form? I NO 20 7838 Coverigion ga
1	4. When and where and in what company and regiment did you callet or serve?  862 = Allanta ya Company
	5. How long did you remain in such company and regiment?
rered	6. When and where was your company and regiment surrendered and discharged?
B's	7. Were you present with your company and regiment when it was surrendered 1. was.
Ap	8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
e M	9. How much can you earn (gross) per annum by your own exertions or labor?
H	10. What has been your occupation since 1865? Tall road Tharman.  11. Upon which of the following grounds do you base your application for pension, viz: first, "ggs and puverty,"
787	second, "infirmity and poverty," or third, "blindness and poverty"?  12. It 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,
A PA	and given the a great deal of fairt. I
d	13. What property, real and personal, or income, do you possess, and its gross value?
esti	14. What property real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1999, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? Noul hold food
D'A	about \$2300 made no disposition
Þ	15. Ja what County did you reside during those years, and what properly did you then return for taxation?
∆ei	16. How were you supported during the years 1800, 1000, 1001 and 1002? By What letter 17. How much did your support out for years and what portion did you contribute thereto by your own labor or income? At the first 1808, 1800, 1901 and 1902? About payoff you receive he cold your support of the second during 1808, 1800, 1901 and 1902?
A	The man jour employment during 1000, 1000 and 1002. Withat pay and jour receive in each year.
	19 Have you a family? If my who composes such family? High their means of support? Have they a homestead, or other property? Their ages and how employed? I have a way and
	Tow Small Children My wife owns 25 acree
	20. Are you receiving any pension? If so, what amount and for what disability?
	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? Note.
	Sworn to and subscribed before me this the S. A. S. credding
- (1	Applicant.  Applicant.
V	of County.

Likall COUNTY.
and B
The Transferred Manual Transferred Transferred
as a witness in support of the application of Wall to Could 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 Dekally Con M. Lankford
2. Are you acquainted with Carmiel & Sculdelin the applicant; if so, how
long have you known him?  3. Where does he reside, and how he and since when has he been a resident of this State?
3. Where gloes he reside, and how less and since when has he been a resident of this State?
Dekall OT want
When, where and in what company and regiment did he enlist, and how do you know?
1862 attente ya Company 6=12 Ga Ballion
5. Were you a member of the same company and regiment? I I was
6. How long did he perform regular military duty? 3 years Close of coras
7. When and where was his command surrendered? applaceation on the
8. Were you present when it surremy feed? Wil was
9. Was applicant present? The war
9. Was applicant present? 122 Cycle 1
10. If he was not present, where was he? The was freshed.
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 was present and know it from
aux aver Knowledge
11. What property, effects or income has the applicant? (Give your means of knowledge.)
The has a little Almorral 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 antog Revenual purperty
13. This he of nevered away any of his property in the last four years; if so, with was it and to whom? Mische Les
he has not had but little ordisposition
14 What is the applicant's occupation and physical condition? Warries his
Physical Condition very fiver
15. Is the applicant unable to support himself by labor of any sort; if so, why?
The it on account of his shyrical
Condition
16. How was he supported during the years 1808, 1800, 1900, 1901 and 1902?
by what little he could do thy his family
17. What portion of his support for these four years was derived from his own labor of facome?
18. Give a full and complete statement of the applicant's physical condition that entitles him to pension under
Section 1254, Code? he is bady ruftima and his
Thyrical it very fisher 19. Why pomposes family? What property have they? Children's age and their earning sepacity?
has 25- acres of Land
20. What interest have you in the recovery of a pension by this applicant?
Sworn to and subscribed before me, this the \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3 day of July 1903

Istalle County.	
Personally came before me W. S. A	A
said County, who, being severally sworn, say on oath the	both known to me as reputable physicians
. 1 10	plicant for pension under Section 1254, Code, and after
uch personal examination say that his precise physical co	
0	harrie organic
head wirm mittal	remaiting feetetely
	debilita which were him
to the to the state of the stat	and the same
	The state of the s
nd that we have no interest in said pension being allowed.	
Sworn to and subscribed before me, this, the	WJ. Curly 2nd
20 day of 4/2 1965	W. J. Houston m. O.)
Janua Ryinge o	rdinary.
ORDINARY'S C	ERTIFICATE
STATE OF GEORGIA,	
COUNTY.)	
11 11 1	Ordinary, in and for said County, hereby certify
hat the applicant W & Curdent	regides in said County, and has
een a bona fide resident of this State sines the	Masof Lugar 189
nd that the witnesses, viz.:	m
re of trustworthy character, and that their statements are	entitled to full faith and credit.
	questions the applicant and each witness took the oath
ereon 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
turned for taxation in his name in 1899	Dollars of
roperty, 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	5 - day of 211 1965
las	un Plurge Ordinary.
Top of the second secon	of Dilkall County.
V	E.
1. Before any questions are answered, the Ordinary st	hall swear applicant and the witnesses in the following one asked of you, and the evidence you shall give will be
2. Additional affidavits may be attached if blank spaces	save insufficient

<sup>3.</sup> 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.	of	hereby authoriz
by_	at	
WITNESS my hand and seal, this	day of	1906.
Executed in the presence of		
Constitute of the Constitution of the Constitu	Regiment 13 Ha  WARRANT ISSUED  1/2 2 1906.  JOHN W. LINDSEY.  Commissioner of Persons.	WARRANT HANDED TO

State of Georgia,
De Yall County.
Personally appears, Sound les of Pall
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 200 1825; that he is 68 years old and
by occupation a, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the
States, and served for the term of in Company, of /2 th Resiment
of georgia (2011) ; that his physical condition is as
follows: ( lige of property
that his property consists of the following items:
of the value ofDollars. 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 a Kalba
County, been allowed a pension for the year 1905.
Sworn to and subgribed before me, this the
2 day of famy 1906.
James Rycorge Ordinary.
State of Georgia,
Malb County.
I, famee Il George Ordinary of said County,
do certify that I am well acquainted with Solard der
the a plicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 fameary 100.
- Janua Regione
Amar South County.

} here

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.

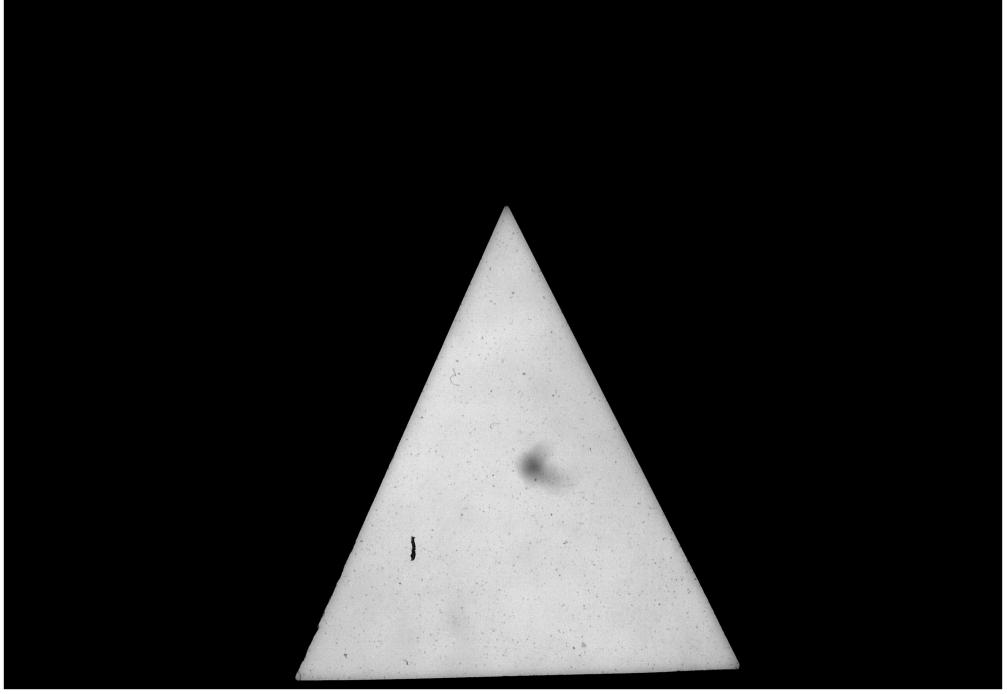
WHEN AND WHERE SURRENDERED? April 9, 1865, Appointtox Court House, Virginia.

IF NOT PRESENT AT SUCCEMBER, WHERE WERE YOU?

DIED, WHEN AND WHIRE?

BURIED,

WITNESSES. W.P. Brown, N.M. Lankford, -Same Command- No data mh.



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STATE OF GEORGIA,	STATE OF CEORGIA,
County.	De Kally County. ) 00
I, hereby authorize	James G. Shaddex of said State and County, desiring
of	to avail himsel of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true anawers 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)
to receive and receipt for the pension allowed, and request that he remit same to	1. What is your name and where do you reside? (give State, County and post office)
at hu	2. How long and since when have you been a resident of this State?
Windowski and the second	Born varied and lind all on life in ga
Witness my hand and seal, thisday of1900.	3. When and where were you porn? Dec 21, 1865; South Corred &c
[L. §.]	4. When and where and in what company and regiment did you enlist or serve?
Executed in presence of	May 12, 1862 Germation for learning 13"
The state of the s	5. How long did you remain in such company and regiment?
	Gom Adi of entistant to she close
	o the res
	6. For how long a period did you discharge regular military duty? 2 3 can s 11 marsh. 7. When, where and under what circumstances were you discharged from service? Were you with your
	command at the time? Africe 18 Accessed 19 Command at the time?
	I was in delait some in the Course
	will brings at the time, Parolled in Allenta
	8. What is your present occupation?
	<ol> <li>9. How much can you earn (gross) per annum by your own exertions or labor? Authors</li> <li>10. What has been your occupation since 1865?</li> </ol>
	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"?
.6	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
The state of the s	A upon the third, state whether you are totally blind and when and where you lost your sight?
70 44 44 1 10 10 10 10 10 10 10 10 10 10 10 10 1	I have spinal and Kridney tombles
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1. 2.49 6 1 89 1 4 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13. What property, effects or income do you possess, and its gross value? I want no property
3 - 04 3 34 0 34 1 0 5 1 4 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of are think
EG ( 4 and 19 6 4 13 1 19 1 6 1 1 1 2 1 30 16	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?
200 2 7 212 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 2	what disposition, it any, and you make of same?
2 213 2210 2 2 32 60 2 3 4 5 2 4 6 6 1 4 7 1 3 1 5 2 3 3	P. Committee of the com
3 3 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	15. In what County did you reside during those years, and what property did you then return for taxation?
2 2 4 2 4 4 1 1 1 4 5 4 5 1 1 2 3 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3	16. How were you supported during the years 1898 and 1899?
व भागा है	17. How much did your support cost for each of those years, and what portion did you contribute thereto
a jung unda producto and conte	by your own labor or income? About 10 feet and what portion did you contribute thereto
	18. What was your employment during 1898 and 1899? 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 homestead? Jes Wife We controlled the controlled
· / S / • / A / 3 / 5 / 8	
THE WARDEN THE TANK T	20. Are you receiving any pension? If so, what amount, and for what disability? To horrows
	Sworn to and subscribed before me this the
The state of the s	Sworn to and subscribed before me this the Harman day of Shaddof Applicant.
JOHN WARREN	M. Magshall , Ordinary,
3 7 8 5 0 10 10 10 10 10 10 10 10 10 10 10 10 1	of Del Kall County.
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2 16 7	

3. Where does he reside, and how long and since when has he been a resident of this State?  3. Where does he reside, and how long and since when has he been a resident of this State?  3. Where was a member of the same company and regiment? Some and the property of the same company and regiment?  5. Were you a member of the same company and regiment?  6. How long did he perform regular military dury, 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 company when discharged?  7. What property, effects or income has the applicant? (Give your means of knowledge?)  8. What property, effects or income has the applicant possess in 1896, 1807, 1898 and 1899, and what disposition, if any, did he make of same?  9. Has he convoyed away any of his property in the last four years, if so, what was it, and to whom?  10. What is the applicant's occupation and physical condition?  11. Is the applicant unable to support himself by labor of any sort, if so, why?  12. How was he supported during the years 1898 and 1899?  13. What portion of his support for these two years was derived from its own labor or income?  14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?  15. What interest have you in the recovery of a pension by this applicant?  16. What interest have you in the recovery of a pension by this applicant?  17. What interest have you in the recovery of a pension by this applicant?  18. What interest have you in the recovery of a pension by this applicant?  18. What interest have you in the recovery of a pension by this applicant?  19. What interest have you in the recovery of a pension by this applicant?	STATE OF GEORGIA,	
as a winces in support of the application of under Section 1224, Code, and after being fully sworn true answers to make to the following questions, deposes and antwers as follows?  1. What is your name and where do you reside?  2. Are you acquainted with the applicant of this state?  2. Are you acquainted with the applicant of this state?  3. Where does he reside, and how long and since when has he been a resident of this State?  4. When, where and in what company and regiment did he enlist, and how do you know?  5. Were you a meinher of the same company and 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 displarge from the service? Were you present with company when discharged? 2 1 1 1 2 1 2 1 1 2 1	A.C. Calle COUNTY.)	
as a witness in support of the application of under Section [254, Code, and after being duly sworn true answers to make to the following questions, deposes and antworks as follows?  1. What is your name and where do you reside?  2. Are you acquainted with the applicant of this state?  3. Where does he reside, and how long and since when has be been a resident of this State?  4. When, where and in what company and regiment did he enlist, and how do you know?  5. Were you a member of the same company and regiment?  6. How long did the perform regular military dury, and what do you know of his service as a Confederate soldier, and the time and circumstances of his displaree from the service? Were you present with company when discharged? 2 January 11 Howard of the service and the time and circumstances of his displaree from the service? Were you present with company when discharged? 2 January 11 Howard of the service of the s	10. A Conoway of said State and County, having been presented	
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What property, effects or income has the applicant? (Give your means of knowledge.)  Now that property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same?  Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?  What is the applicant's occupation and physical condition?  The same of the applicant unable to support himself by labor of any sort, if so, why?  How was he supported during the years 1898 and 1899?  How was he supported during the years 1898 and 1899?  What portion of his support for these two years was derived from his own labor or income?  The same of the applicant's physical condition that entitles him to a pension under Section 1254, Code?		
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Suffered from Spiral and Briding Twelle of a very surious maleus, the is a wiels.  15. What interest have you in the recovery of a pension by this applicant?	14. Order a full and complete statement of the approximate physical condition that entities him to a pension	
15. What interest have you in the recovery of a pension by this applicant?		
15. What interest have you in the recovery of a pension by this applicant?	suffered from Normal and Irading Truth	
15. What interest have you in the recovery of a pension by this applicant?	of a my summer maleur, He is a mid!	
the 20 day of Jefal 1908. A. Comanay Witness.	15. What interest have you in the recovery of a pension by this applicant?	
the 20 day of Jefot 1900.) Witness.	Sworn to and subscribed before me, this	
	the 20 day of Jeft 1908.) Witness.	

STATE OF GEORGIA, COUNTY.
Personally came before me Tob townton and
. W.J. and , both known to me as reputable physicians
of said County, who, being severally sworn, say on eath that they have examined carefully
Shard dox, applicant for pension under Section 1254, Code, and after
such personal examination say that his precise physical condition is as follows:
Curitine of String . Disco 7"
test main Charles of 11/2) I to
The same
Morrie morry make - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
They further say on eath 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. Thelen & Curren Sind
Sworn to and subscribed before me, this the
24 day of left 1900.
W.M. Jasada e Ordinary.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
Le Call COUNTY.)
1. M. Maggalle , Ordinary in and for said County, hereby certify
that the applicant I C. Madray resides in said County, and has
been a bona fide resident of this State since the 21, day of Dee 1845,
and that, the witnesses, viz: Milly & Ausley MD, and
My Houston 26 D.
are of trustworthy character, and that their statements are entitled to full faith and credit.
I further certify that before answering the foregoing questions the applicant and each witness took
the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness
before same was signed.
I further certify that the tax digests of County show that applicant
returned for taxation in his name in 1898 had not swind in this Courselland
of property, and in 1899 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 1900.
Ordinary,
of ACHALL County.
NOTE,
<ol> <li>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 Ged."</li> </ol>
Additional affidavits may be attached if blank spaces are insufficient.     In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.
set out.

Mealt-Country & StM Vickett do Gorgia Stestify that I Belonged to co is 16th la car and I also testify that I C Shaddy Belonged to the Same Confany and Regenent as myself after Sherman left attanta our Rig-Quest the 16th ba car commanded try Cal Sam Allini Was ordered Back to attanta for the purpose of ficking up all Straglers that they Could find and Send them on to Surrendered and when he the front and I know and testify that Said Shaddof was in attanta Sworn to and Sollix Pickett Supresided hefore me I make With the command at that time and while there Some citizens of Rome Carrie down and Reforted to cal Dept 5"1902. Wirin that there were a good many Stragliss in and around Home a 11,114, Roysdace Ordina sy! taking and a Stealing everything They could find and hade shot a Worman and tal Winn ordered a

and capt (1) Warters to take comme and and proceed to home and arrest all he could find and Send their on to the front that was the duties of Said Special detail I was fresent when Said Special ditail was made and do know and testify that Said Shaddy was on Said detail and did go to Home with It that was that was about a mouth Before Lee. Surmedered that left Said detail

NAME Suaddox, 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?

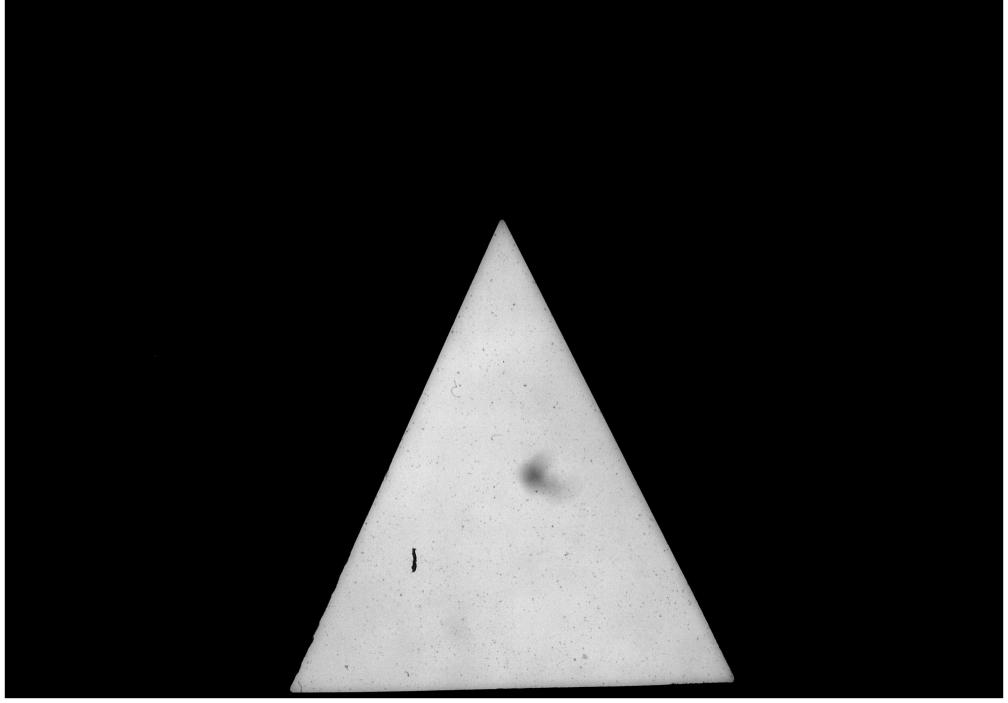
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? On detail service when command disbanded at Rome, Georgia. Paroled at Atlanta, Georgia.

DIED, WHEN AND WHERE?

BURIED.

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

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



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

County DE Kalb Name Mrs J. A. harp Widow of John Howard Sharp

Date of Marriage Regiment Oth 3: 1925

Ordinary's Certificate

January 1st, 1920; that I also know ents himself to be, and that he has been,

tled to full faith and credit.

(SEAL OF ORDINARY.)

Instructions:

s it answered the Ordinary shall swear applicant and the winces in the or that was will true answer make to each of the questions asked you a locarrib. So, help you God."

may be attached if blank spaces are sufficient, any ordinary lettled prior to January 1st, 1881, are outlied, a reflect of the County in which the county in the County in which the county in the County in which the county in the County in which the county is the County in which the county in which the county is the county in which the county in which the county is the county in which the county in which the county is the county in which the county in which the county is the county in the county in which the county is the county in the

the application carefully.

10-15-14:14.

#### Ordinary's Certificate

West !	CPAS	1 114	11101	DOLL	A

COUNTY Ordinary of said County, certify that I know The Athe 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 , the witness, who swears January 1st, 1920; that I also know 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

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 give shall be the whole truth. So help you God."
  Additional affidavits may be attached if blank spaces are sufficient.
  Only widows who married prior to January 1st, 1881; are entitled.
  All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.

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

(SEAL OF ORDINARY.)

requiation.

Fill out the back of the application carefully.

Fon't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to

#### 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 Hinter Sharo 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. Sharn, 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
- a. Have you married since the death of first and soldier husband? No
- 34. When, where and in what Company and Regiment did your husband enlist as a soldier in Confedcrate Army or Georgia Militia? (State the arms and class of Service, and give names of Colonel and (aptain.) April, 1861, Norfolk Va., First in Infantry from Norfolk, later in Richmond Va., Otey bettery 13th Battallion 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?
- 7. If he was not present, state specifically and clearly where he was? He was present
- 8. When did he leave the Command? At Apportatiox, Va.
- a. For what cause did he leave? Lee's surrender
- b. By whose authority did he leave?
- e. For how long was his leave of absence granted?

. In what way?

- c. What was his physical condition when he left his command? Good
- f. What effort did he make to return to his Command? lione
- g. In what way was he prevented from going back to Command? No way
- h. Was he captured by the enemy at any time? 10
- 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? Lea gate (Hear Wilmington, D. C.
- k. Were you residing together when he died! Yes, died Harch 29th 1921.
- 1. 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 t	o and s	ubscribed	i before m	ie, this th
15th d			ber	
EAM	reen	- 01	erk Ct,	Ordinar
of	De	Kelb		Count
(SEAL	OF OR	DINARY.	1	

Alchia Hunte Sharb andow of Holicant.

Georgia, Dekalb County.

Sworn to and subscribed before me,

this the 15th day of October, 1924.

Clerk Court Ordinary, Dehalb Co., Ga.

In person appeared before me, the undersigned, an officer authorized by law to administer oaths: Mrs Sophia minter 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 conrade 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 conrade, and verily believes that there is not now living any of his comrades who were in service with him.

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WARNINGTON

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

November 1, 1924.

. Honorable William J. Harris.

United States Senate.

My dear Senstor Harris:

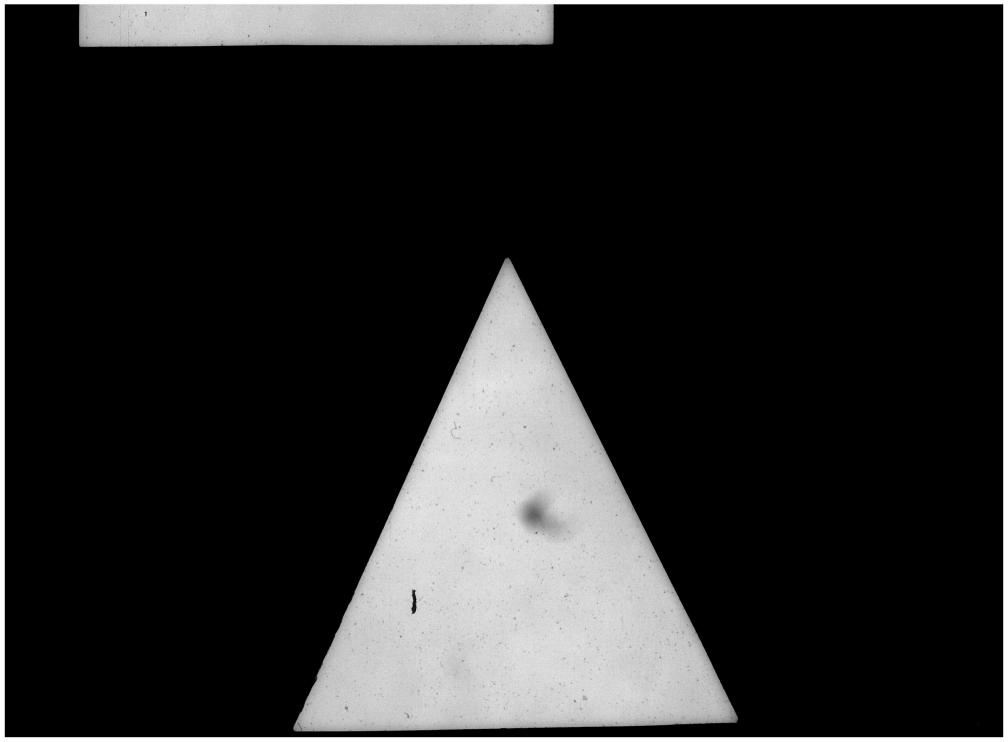
I have the honor to acknowledge the receipt of your letter of October 24, 1924, with which you inclosed one, herewith returned, from Mrs. John Howard Sharp, of 139 systteville Mad, Decatur, Georgia, who desires to obtain the Confederate military record of John Howard Sharp, who is said to have served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

The records show that John H. Sharp enlisted March 22, 1862, at Alchmond, Virginia, as a private of Company A, (Capt. G. G. Otey) 13th Esttalion 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 Michmond"— The muster rolls from September 1, 1864 to rebruary 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 emlisted mem on duty at Headquarters, lat Corps, Prisoners of War, belonging to the Army of Morthern Virginia, and shows him percled at Appoint to Court House, Virginia, April 9, 1865.

Very respectfully ( Wan C Wans

Impor General, The Adjutant General

1 Inclosure.



Sheliatt min NougE	
WIDOW'S APPLICATION	
Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendment of 1920.	*
County DEKalle. Name My Nawy E. Shelnus	6
Widow of J. a. V. Sprayberry Date of Marriage Jany 3, 1867 Company K - 22. Ca Reg.	
Approved John W. Clark	1
10 gune 26.	

# Ordinary's Certificate

(SEAL OF ORDINARY)  Of Strain. On	3	County and were duly sworn by me before signing the foregoing affidavits, and that they are truth-	the witness who swears to the service of husband; that both of them are now residents of said	dent citizen of said State since January 1st, 1920; that I also know III.	that I know Mad. Harries 6 Milliam the applicant for pension; that	1. V. S. Morgany of prilinary of said County, de	Forald. COUNTY.	STATE OF GEORGIA,
Ordinary. County	1926.	they are truth-	sidents of said	2	r pension; that a bona fide resi-	nty, do certify		

# Instructions:

- i. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
  "You'do solomnly 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.
  The properties of the application of January 1st, 1881, are entitled.
  All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and
  must be cortified by such Ordinary.

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  All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and
  must be controlled.

  A short, simple form is
  a careful solution.

Under Act of 1910— 1919, and Constit pprove WIDOW'S

#### Ordinary's Certificate

er

DEKall COUNTY.	
I, V. D. Mora august Ordinary of said County, do cer that I know Mus. Haury & Shelmutt the applicant for pension;	rtif
she is the person she represents herself to be, and that she has been, continuously, a bona fide	resi
dent citizen of suid State since January 1st, 1920; that I also know AD. Pace	
the witness who swears to the service of husband; that both of them are now residents of	
County and were duly sworn by me before signing the foregoing affidavits, and that they are tr	ruth
ful and trustworthy and their statements are entitled to full faith and credit.	,
Given under my hand and official seal of office this & day of June 199	26
(SEAL OF ORDINARY) V. Q. morgan , Ordinar	y.
of Defall co	ount

- 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 vidows 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 opies 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

QUESTIC	ONS FOR APPLICANT TO ANSWER:
STATE OF GEORGIA,	
DeKalb	COUNTY,
and hereby applies for the pe the Constitutional Amendmen ing duly sworn true answers 1. What is your name, and v	re me, V. S. Morgan, Ordinary of said State and County nsion allowed by the Act of 1910, as amended by the Act of 1919 and t of 1920, and submits testimony to support the same, and after betto make to the questions propounded, answers as follows, to-wit: where do you reside? (Give Post Office and County). h Sprayberry. East Atlante,
2. How long and since when of Georgia? All my li	n have you been, continuously, a bona fide resident citizen of the State fe
3. When, where and to who U. A. V. Sprayberry	om were you married? Jan. 3, 1867, In DeKalb Co., Ga
a. Have you married since t	the death of first and soldier husband? Yes
4. When, where and in wha federate Army or Georgia Mil	t Company and Regiment did your husband enlist as a soldier in Conitia? (State the arms and class of Service, and give name of Colonel by Co., Ga. Co. K. 22nd Ga. Regiment, Joe Albert
5. When and where did the Appoint tox Court Hou	commands of your husband surrender or discharge from the Service? se. Va. April 9, 1865.
6. Was your husband person charged? In prison	onally present with his command when it was surrendered or dis-
7. If he was not present, sta 8. When did he leave the Co a. For what cause did he lea b. By whose authority did	we? Did not leave command
c. For how long was his lea	4
e. What was his physical co f. What effort did he make t	ndition when he left his command? He never left command oreturn to his Command?
h. Was he captured by the e	
Don't remember. In V	In what prison was he held and when was he released? irginia . Released from prison after surrender.
j. When and where did your k Were you residing togethe	first husband die? Dec. 25, 1868. at home DeAalb, Co. er when he died? Yes
I. If not, how long had you m.Are you now a widow?	* *
9. Have you or your husband	heretofore been paid a pension by the State? No
If so, when and for what cau	se were you or your husband placed on the roll?
Surgary to an in the second	200
Sworn to and subscribed before	10 6 00 0
5th day of June	, 1926 / Care en la hal-

, Ordinary

(SEAL OF ORDINARY)

County.

Formerly Gorayberry.

.... VE GEOMINA.

COUNTY.

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

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 or resident

4. When and to whom was she married? U.A.V. Sprayberry im 1867 

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 They were death?

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

9. When, where and in what Company and Regiment did Henry Co., Ga. (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) Appoint ox Court House Va. April 9, 1865

18. Were you personally present with this Command when it was surrendered? No

If not, where were you. Atlanta, da. 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 J day of June (Witness)

(SEAL OF ORDINARY)

State of Georgia, I DeKalb County.

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

Justice of the REMEE 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.

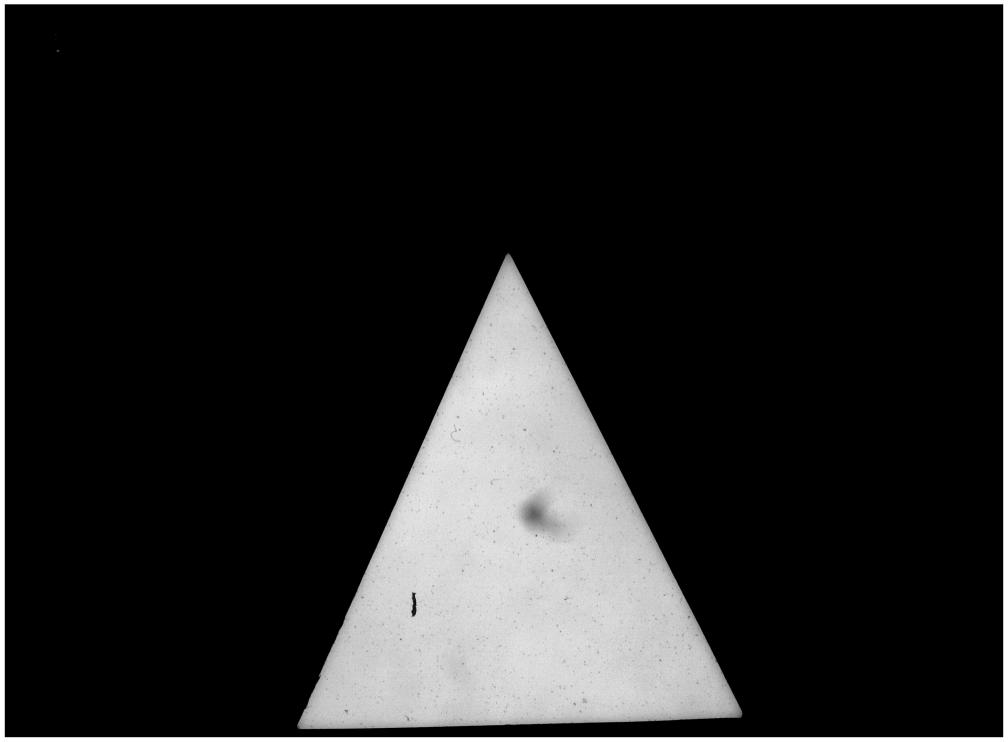
Samuel C. Masters, M. G.

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, seorgia, this the 5th day of June, 1926.

Exmason Clerk Court Ordinary, DeKalb County, Georgia.



Pensin offin 1/4/7 This appearation Description of mo line my Lobinital on Read for Compay Races of the Comment Count offers without commenter of Server as statute

Com y hums

Thelmeston a -Do Kall Co

No.....

# 'Confederate

### Soldier's Application.

UNDER ACT 1910.

County Delalt

Regiment first Regiment From

Approved

J. W. LINDSEY,

CHAS. P. BYRD, State Printer, Atlanta.

Company of Pensions of Pensions

#### Questions for Applicants to Answer.

TAT	6 OF GEORGIA.
17	11 01 -
-1	County
	of said State and County, hereby applies
	enmon provided by Act of 1910; to Confederate Soldiers, and submits his sworn statement, with mony to make out the same, and after being duly sworn true answers to make to the questions
	ded answers as follows to wit:
1.	What is four name and where to you reside? (Give Qunty and Post-office).
	helverton Relatinga
2.	How long and since whe have you been a continuous resident citizen of this State?
	all my life 72 years
8.	Did you enlist in the Army of the Confederate States or of the Organized Militia of this State
	1 to 1865? Confidenates
4.	When and where, and in what Company and Regiment did you enlist? (Give the arm and class
Servic	How long did you regular in the active Military Service with said Company and Regulant?
5.	How long did you remain in the actual Military Service with said Company and Regiment?
Give da	te of discharge) The Thorne Hinz
6,	When and there was your Company and Regiment surrendered or discharged from the Service?
1	10mh 74/863
7.	110
	you were not actually present state specifically and clearly where you were
	Columbia Ca
	Where was your Command when you left it?
	When did you leave the Command March 777863
D.	
C.	
	By whose authority did you leave the surface of the
0.	For how long was your leave granted? In what way?
	The state of the s
1.	Why did you not return to your Command after leave expired?
E.	
h.	
. 1.	Were you captured during the war?
1.	It so, when, and where? In what prison were you held and when were you released?
9.	
nd wife,	and its cash value on the 4. Nov. 1908? (Make list by items and value.)
	. What property of any kind have you or your wife displaced of and for what purpose since 4 Nov.
08. T	o whom and for what price? The nathing to difficulty
	~~~
11.	What property of any description of any kind, and of any value now owned and in the use,
ossessio	n and control of serself and wife and its eash value? (Make itemised list).
	ffermy -
	T
	What annual of monthly income or earther of yourself and wife and the source derived have
	have nutting no income
	Are you drawing a pension of any amount from the State or the United States?
DOMESTIC STREET	Have you everapplied for the Georgia Pension and had it refused? and for what cause it was
14.	rod? have hay
	001
	A //
ot allow	worn to and subscribed before me, this the
Sv allow	worn to and subscribed before me, this the A Shelverton
s allow	All

JOHN W. LINDSEY
Commissioner of Pensions
Atlanta, Georgia

Adjutant-General,

8/9/17

Washington, D. C.

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,

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,

Applicant

this the 6th day of August, 1917.

. .

Ordinary

#### DISAPPROVED

NAME. Shelverton, A. YEAR . 1917

COUNTY DeKalb.

. LAND WHERE BORN? 1845-Georgia.

LISTED WHEN AND WHERE? 1862, Augusta, Georgia.

RAMK:

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

MAME OF CAPTAIN AND COLONEL?

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

3.PTURED, WHEN AND WHERE?

ALLIASED:

WHEN AND WHITE SURMENDERED? Command; Does not state when or where.

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

DILD. WHEN AND WHERE?

BURIED:

WITNESSES: None . WAR DEPARTMENT.

THE ADJUTANT GENERAL'S OFFICE.

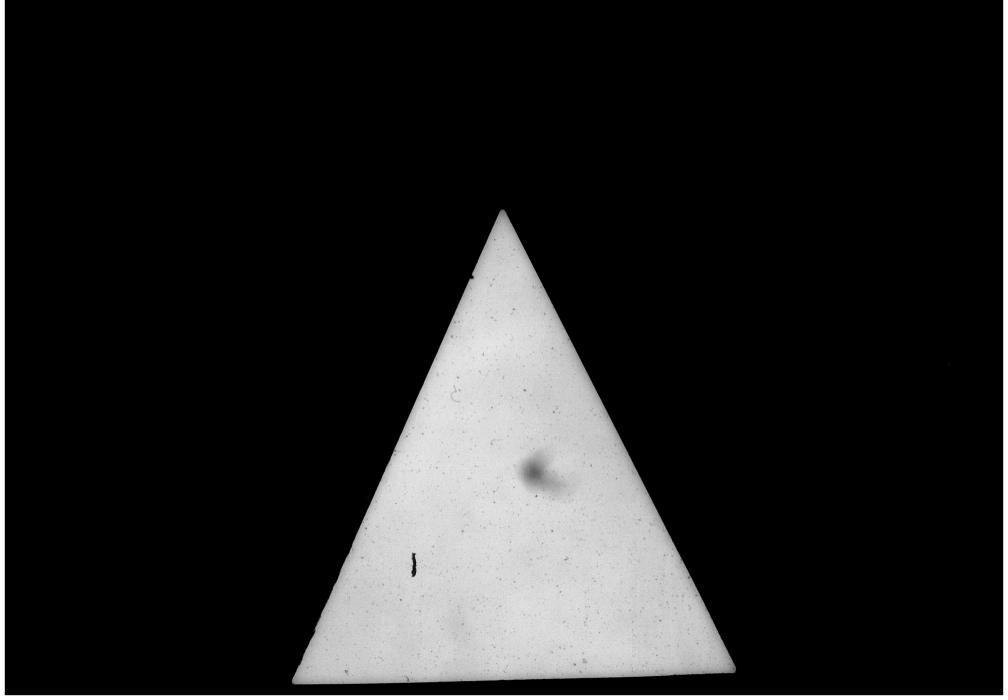
WASHINGTON. Aug. 17, 1917.

Respectfully returned to the Commissioner of Pensions State of Georgia, AHanta,

with the information that the name mentioned 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 1803. to June 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.

Form No.580-A. G. O. Rd. Jan. 29-17-5,000.



Widow's Pension

UNDER ACT 1910

County DeKall

Name Han N. O. Sheppard

ENTERED ROSTER OFFICE

J. W. LINDSEY, Commissioner of Pension.

10/341917

Questions for Applicant STATE OF GEORGIA,... Personally before me comes Www W. Suppard 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 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! Mas , M.J. Sheffand Defall 2. How long and since when have you been a continuing resident of the State of Georgia 67 grown all my life. When where and to whom were you married? March ! a. Have you married since the death of first and soldier Musband? have nd 4. When, where and in what Company and Regiment did your husband enlist as Confederate Army of Georgia Militia? (State the assess and class of price.) March 41986/ Decature Ga Company D=42 Regioned Compelerati 5. When and where did the Command of your husband surrends or discharge from the army! 1865 Vingina 6. Was your hysband personally present at the time of the surrender or discharge of this Com-Newas If he was not present state clearly where he was Where was his command when he left? For what cause did he leave his Command? By whose authority did he leave his Command? For how long was he granted leave of absence? What was his physical condition when he left his Command? What effort did he make to return to his Command? In what way was he prevented from going back to Co Was he captured by the enemy at any time? Wielliams Luge i. If so, when and where captured and where held as a prisoner, and when and for what cause Wicksonvage Miss When and where did your first husband die? k. Were you residing together when he died? Vue cva If not, how long had you resided apart? m. Are you now a widow? 9. What property of any description did you own, hold of control for your use and State name by items and where situated) owny a one gh which is worth about \$300000 did not own any 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 Mulhing did not own angthing in 1968 11. What property of any description of any value have you now your a one 9th intrest Give list and eash value in My husband Estate Value of obne 300 I will have and income of one Its Ind in hulling 13. Have you or your husband heretofore been paid a pension by the State Have No. If so, when and for what cause were you or your husband placed on the Roll? by 214 /20/

and Marriage
STATE OF GEORGIA, LINEAL COUNTY
Personally before me comes of 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! I A Hally Delvator
2. How long and since when have you known man H I happened applicant?
3. How long and since when has she continuously resided in this State? (Give date.)
67 years all him hose
When and to whom was she married? West Shelf Jowes you know because they
Howflong and since when did you know of the france her
husbandt 60 Heart D. C. Chishand
Nicial A II II
the husband of applicant die? Fully 2 24911 Autoli 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
death? Then was
8. If not bow long did they live apart before his death? Aid Nut Superste
Were they divorced? Was Nat
March 1861 Diestur Ga Company D=42 Degenerat
Hervin 1001 for come of the street
100. 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 Com-
pany and Regiment? from Harsh 1861=to Short 1865 1. When and where did his Command surrender, and was discharged! 1865 Virginia
12. When and where did his Command surrender, and was discharged 7000 2000
13. Were you personally present when it was surrendered! Was Hot If not where
were you No full and how came you there? Just
14. Was the husband of applicant personally present at surrender? he was 11 not
where was he? Julii When, where and for what
cause did he leave Command? (Give date.) Lid nut leave By whose
authority did he leave his Command? And how
and from Myoun Inowalds he was with this
amman a laid not come hone or home comment till Sunder
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? Aid Never Law Command
A. 15-1-1
Sworn to and subscribed before me this the
26 day of Ochober 1917 ) Till the
Ames Referral Ordinary,
Dela 16
of Osletaw County

STATE OF G	GEORGIA, LI Rall	County
D	y before me comes P. Aruman + USA	Massell.
	of said County and that they know Must h J	
	and know what property she owned on Nov. 4, 1900 s follows: In ownia Mulhin	
Schedule (A) as		
· · · · · · · · · · · · · · · · · · ·	Personal property	* nulling
* 1	Notes and accounts due	*
	Total	\$
	Schedule (B).	
We know	the property sold or given away since Nov. 4, 49	908, its cash value to be as follows:
	Personal property Mullimy	* sulling
	Money, Notes and Accounts	*
	Schedule (C).	
le We also k	mow what property she has now in her possession	, use and control, to-wit:
rus a one gind	177 Acres of land worth alen	11 18600
	Horses and Mules All	•
•••••••••••••••••••••••••••••••••••••••	Cows and Hogs 710 MC	<b>8</b>
<b>3</b>	Other Property 70001	* * * * * * * * * * * * * * * * * * *
	Income and earnings	* }
	Total value of all property and effects	\$400.00
Sworn an	ad subscribed before me this the	xecciair.
	00/11	I Ar au
()	00	
yannes.	Durge Ordinary	
/	of Rekalle	County.
	7	
	Ordinary's Certi	ticate
	ordinary 3 Gerti	licure
STATE OF G	EORGIA, XXIII (	COUNTY
1/40	Alexander	
Ι,		Ordinary of said County do certify -
is the person she	Store sha 6 June 1974	the applicant for pension. She
		and daing resident entired of said County
and was on the	( ) 1 1 - 00	
That I ale		Line witness who swears
to the service of	husband, and I A Thermal V	SMOVER Who are who were signing
the foregoing aff	idavits and that they all are truthful, trustworthy	, and their statements are entitled to full
faith and credit.		
	Tax Returns	Returned for Tax is for
1908 \$	7 <u>0</u>	ulli tor 1913 \$
Sworn un	der my hand and official seal of office this Z	6 726 day of
Despr	1919 land	Ali
(SEAL)	Junes.	Ordinary.
		Deffalle County.
NOTES: 1 Refor	e any questions are answered the Ordinary shall swar	
words	e any questions are answered the Ordinary shall swes: "You do solemnly swear that you will true answers e evidence you shall give will be the truth. So help onal affidavits may be attached if blank spaces are	make to each of the questions asked you you God."
2. Additi 3. Only	widows who married prior to first January, 1870, are	insufficient. entitled.
A All af	fidavits must be made before the Ordinary.	

4. All affidavlis must be made before the Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by some

#### 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 marraige record from 1865 to 1871 was destroyed.

Given under my hand and seal of office.

This 28th day of July, 1917

B. G. Rolinson

Georgia, DeKalb County.

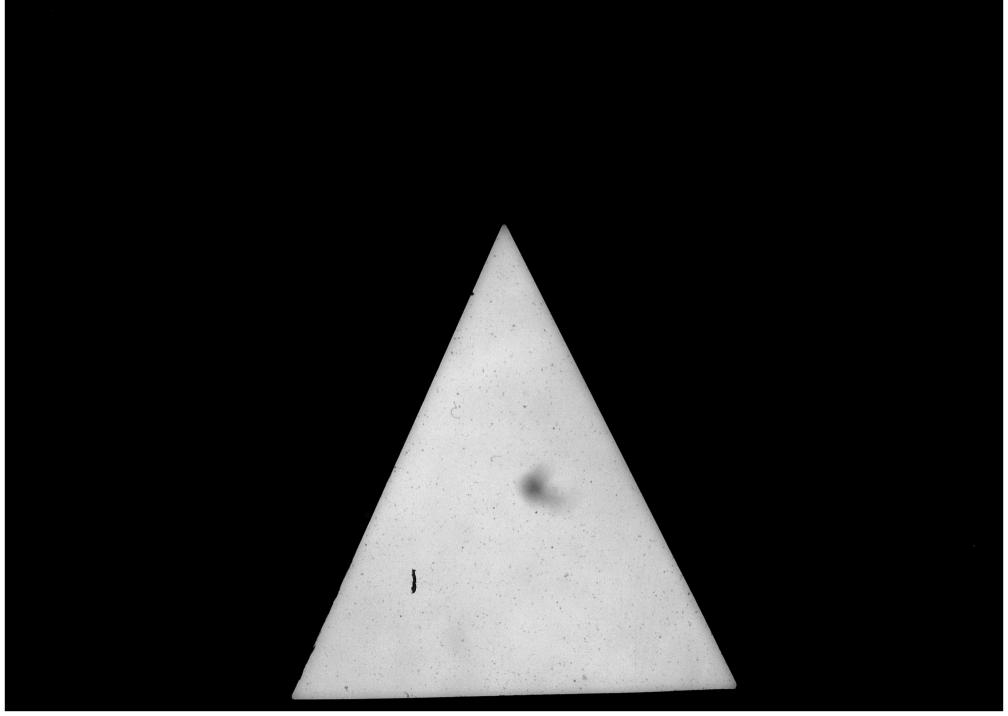
Porsonally appeared before me, the undersigned,

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, ) and Majord Soldswick that the 3rd day of wovember, 1817 y W M Gurdy Ames Release

Ordinary Dekalo County, Georgia.



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	1.900
Date of Husband's Death 6-12	1.925
Company X	J /
Regiment//th/Puft. Yn.	y.

Director.

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."

Leluin Hendurm.
Director Confederate Records Div.

INSTRUCTIONS:

(SEAL OF ORDINARY)

193 7

wered the Ordinary shall swear applicant answers make to each of the questions a

tificate in vogue throughout y widow who is already obtainable. If not, pr

AUG 11 1937

STATE OF

COUNTY

Certificate

1920; that I also

of jo

#### Ordinary's Certificate

DeKalb COUNTY. I, ...., 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 193 7. 7 A. Margan, Ordinary. (SEAL OF ORDINARY) 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

All affidavits must be made before the Grunnay of the County of the West Ordinary.

 Attach certified you for 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.

STATE OF GEORGIA.

#### OL V CONTRORKATR SOFDIRK

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

**OUESTIONS FOR APPLICANT TO ANSWER:** STATE OF GEORGIA. ......DeKelb .......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. 1. What is your name, and where do you reside? (Give Post Office and County)..... Mrs, G. P. Sigman - Atlanta, Ga. Route #3- DeKalb County 2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All life Give date, or year, of your birth. March 16, 1868. Age? 69 3. (1)When, (2)where and (3)to whom were you married?..... Married June 3, 1900 at Newman, Ga. to G. P. Sigman When and where did your first husband die? Died June 12, 1925 in Atlanta, Ga. d. If not, how long had you resided apart? e. Are you now a widow?\_\_\_\_\_\_yes f. Have you or your husband heretofore been paid a pension by the State? Husband received pension if you fulton county g. If so, when and for what cause were you or your husband placed on the roll? Service in Confederate SECTION II. Answer the following questions if your husband was not a pensioner: 1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. 2. When and where did the Commands of your husband surrender or discharge from the Service? 3. Was your husband personally present with his Command when it was surrendered or discharged? 4. If he was not present, state specifically and clearly where he was? When did he leave the Command? a. For what cause did he leave?\_\_\_\_ b. By whose authority did he leave? c. For how long was his leave of absence granted? \_\_\_\_\_ d. In what way? Control of the second of the s e. 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? h. Was he captured by the enemy at any time? i. If so, when and where? In what prison was he held and when was he released?

..... Sworn to and subscribed before me, this the ... 22 day of July 193.7.

Mrs. J. P. Sigman

SEAL OF ORDINARY

#### STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS:

MRS. G. P. SIGMAN, WIDOW OF G. P. SIGMAN,

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 gorvice as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore.

#### ORDERED:

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

This, the 27th day of December 19 37 .

> Director, Confederate Division State Department of Public

Wolfaro



STATE OF GEORGIA

COMMENT

This Gertities that G. P. Sigman and Elizabeth Suran Banks.

were unifed in the

# HOLF BONDS OF AUTHRIMONY

By 16. R. Davies. M. G.
On the 3-8 dayor June in the year of our Lord 1900 as appears at revord in my office in Marriage Merord

book Z. page // 3

Filia 24 day of march.

193/

Jaklanip



STATE OF GEORGIA

COMMA

This Gritiers that G. P. Sigman and Elysbeth Susan Banks.

were united in the

# HOLY BONDS OF ARTHRICAN

Thy It. R. Danies m. G.

On the 3.8 day of June in the year of our Land 19 00

as appears of record in my office in Marriage Merord

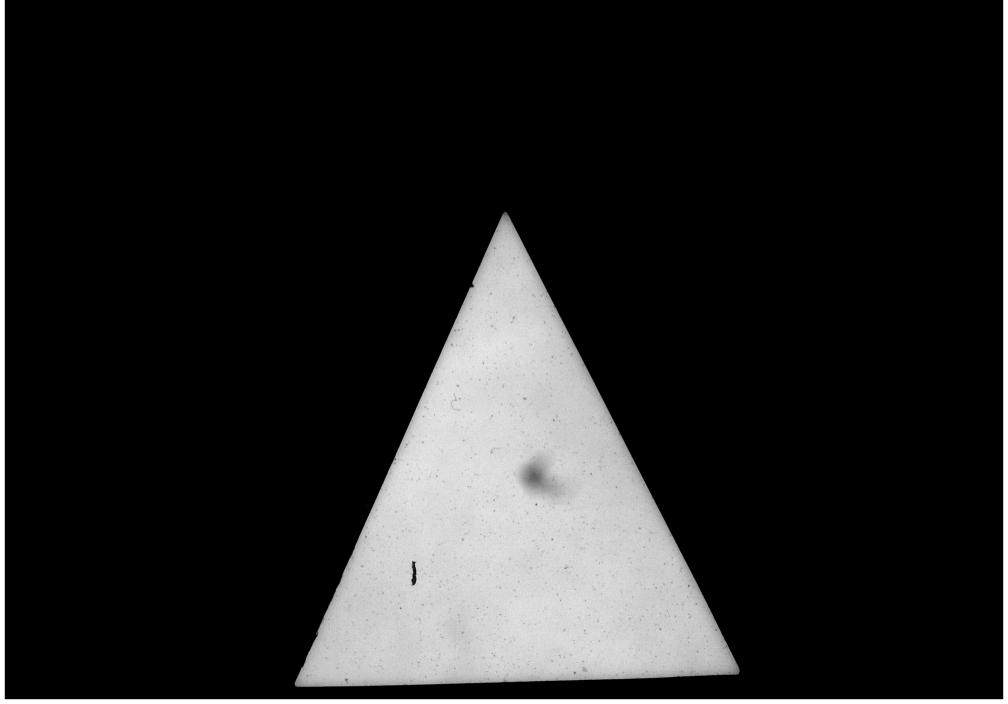
book Z. page // 3

This 24 day of march.

1931

Jaklamp

Ordinary



De Kalling

Confederate

Soldier's Application.

UNDER ACT 1910.

County Dekall

Approved

Commissioner of Pensions

OHAS. P. BYRD, State Printer, Atlanta

Confederate Soldier's Application. UNDER ACT 1910. County Dekalh

#### Questions for Appliants to Answer

#### STATE OF GEORGIA.

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

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

- 1. What is your name and where do you reside? The County and Post-office).
- G. W. Simmons, Edgewood, Dekalb County,
- 2. How long and since when have you been a commutous resident citizen of this State?... Since the Fall of 1865.
  - 3. Did you enlist in the Army of the Confederate States or of the Organized Militla of this State
  - from 1861 to 1865? In the army of the Confession 1861 to 1865? In the army of the Confession 1862 to 1865. In the army of the Company and Regment did you enlist? (Give the arm and class of Service) March 8th, 1862, Gilmer, Texas,
  - 5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Until discharged in April.
- 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
  - c. For what cause did you leave? Was disch
  - 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 ave expired?

  - g. In what way were you prevented?...
  - h. What effort did you make to return?...
  - Were you captured during the war? ... NO.
  - j. If so, when, and where? In what prison were you released?
  - Was not captured.
  - 9. What property of every description was owned the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list ms and value.) One Hours and for in the Town of la wood Sa Wall St House Hold Goods \$50,000
  - 10. What property of any kind have you or your wife posed of and for what purpose since 4 Nov., 1908. To whom and for what price? ... Have not di thot' Tra
  - 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 each value

What annual or monthly income or earnings descurself and wife and the

- 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

of said State and County is hereby presented
f Simmons
sworn true answers to make to the questions propounded,
reside? L. M. Road, Pritchett,
2. I met him in the Company in which a served with me in the Company till
heck to Ga. and I have not seen him
back to Ga. and I have not seen him when has he been a bona fide, continuing resident in this
seen him since 1865. His letter to me
at is his home.
end Regiment did G. Joined Company splist during
Texas Infantry in March 1862 at Gilmer
on of this Service? I was sworn in at the same
h the war.
i knowledge did he perform actual military service with
served with me in the army from date
surrendered or discharged (give date and place)
11865.
e Surrender? I Was
ame you there? Stated in the above
74 2
sent with his Command at surrender? Y.S.
e him there?
<u> </u>
Where was his Command
for what cause did he leave?
e leave and how
How do you know
wn knowledge (Tell clearly and specifically)
om returning to his Command?
s Command and how do you know?
Ig. Was. 110‡. If so, when and where?
and when released?
and when released?
3. 4.2.10
Time to and

STATE OF GEORGIA. County.
Personally before me comes & S. Dhayan & O. Barris who on outh -
says that they are freeholders residing in said Count and we know Set Warmanabu
the applicant for pension and we know the property the se now in the use, possession and control of himself
and wife and of its rash value to wit: (Make List by sems and value.) One Would and
of in the lower of Edgewood roll of good oo
House Hold Groces Dal gros Politis 85000
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.)
1906/ (State It tumy by Items.)
2. When and to whom was it sold or given to? was not Seld
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant? Line
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full values?
or was it made to obtain a pension?
Sworn to and subscribed before me, this the
James R. George Ordinary,
ORDINARY'S CETIFICATE.
STATE OF GEORGIA, County.
I, January of said County, certify that I know
the applicant the White of Pension is the son he represents himself to be and resides in
said County. That I also know the witness swearing to the
service and 60 Clarian 46.0 who are freeholders, that
they are all residents of said County and were duly swore 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 Delalb Counts shows that See in Simunand wife
value for tax is in 1908 \$ 850 00 for 196 \$ 650 0 for 1910 \$ 950 0
Sworn under my hand and official seal of office this
James Ryinge dinary Defall County.
NOTES 1. Before any questions are answered the Ordinary sall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answer make to each question asked you and the evidence you shall give shall be the whole truth; so kelp you do."  2. Additional affidavits may be attached if blank spaces are insufficient.  3. All affidavits must be made before the Ordinary mid certified by him.

1. What is your name and where do	reside? L. M. Road, Pritchett,
2. How long and since when have	thown 6. W. Simmons the applicant? 2. I met him in the Company in which is served with me in the Company till back to 6a. and I have not seen him when has he been a bona fide, continuing resident in this
State and how do you know? I have	seen him since 1865. His letter to me
on Merwood: Ga., I supp	at is his home.
4. When, where and in what Comwar from 1861 to 1865? (Give date and	and Resiment did C. No. Simmons pany edist dwing Texas Infantry in March 1862 at Gilmer
5. How did you obtain your in	on of this Service? I was sworn in at the same
The voir ham all	h the war.
6. How long within your own pe	al knowledge did he perform actual military service with
	served with me in the army from date
this Company and Regiment? (give	of war. We were discharged at Hemp- aurrendered or discharged (give date and place)
8. Were you personally present at the	ne Surrender? I WAS
	ame you there?Stated in the above
10. Was the applicant personally pre	esent with his Command at surrender? X98
	e him there?IIG. WAS
12. When did he leave his Command	?
when he left it?	for what cause did he leave?
By whose authority did he	e leaveand how
long was he granted leave?	How do you know
	www knowledge (Tell clearly and specifically)
all that you have stated to be true.	and the second s
	om returning to his Command?
How do you know?	
14. What effort did he make to return	s Command and how do you know?
	I.O. WAS DO If so, when and where?
In what prison was he held?	<u> </u>
Sworn to and subscribed before me, day of 191	on the M. Kead
of the state of th	, Toxas:

manning gwen	100 358 COLUTE 8500
1. What property, if any, has been sold or	given away by the applicant or his wife since 4 Nov
08? (State it fully by items.)	hay a
	The second of the second of the second
	Gaza Tallan
2. When and to whom was it sold or give	in to? WW HOL SOLA
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 proce	
6. Was the disposition of this property m	ade in good faith and full values?
was it made to obtain a pension?	
Sworn to and subscribed before me, this th	
18 day of OCX 1910	60Burnet
12 miles To les dones	The state of the s
anne ryevize	Ordinary,
of	Littalle County.
OPDINAPY	S C RTIFICATE.
ORDINARY.	CALIFICATE.
TATE OF GEORGIA,	
Dekalb County.	
O sold land	1
1. January Egeorge	Ordinary of said County, certify that I know
e applicant Low Size for Pension is	the son he represents himself to be and resides in
The state of the s	
d County. That I also know.	the witness swearing to the
vice and 600 Oldman 46.0	who are freeholders, that
	sworn by me before signing the foregoing affidavit and
0 4 11 2	temests are entitled to full faith and credit. That the
x Results of Terralo Cours	shows that the M Simon and wife
lue for tax is in 1908 \$850,00 fo	or 196 \$ 6 50 C for 1910 \$ 950 CO
	10
Sworn under my hand and official seal of of	day of Oct 1910
James July	dedinary
	of Mercolo County.

Additional addayts may be attached if blank slaces are insufficient.
 All addayts must be made before the Ordinary and certified by him.
 If applicant has no property at all in his possession becare control of self and wife, affidavits of freeholders.

	County.	
	County.	
	inhol	of said State and County is hereby presented
witness in support of	the application of	Simmons for the pension provided
he Act of 1910, in said	d State, and after bei	sworn true answers to make to the questions propounded,
vers as follows:		
1. What is your n	name and where do	reside? L. M. Read, Pritchett,
other tool to. T		
2. How long and	since when have	known Q. W. Simmons the applicant?
THE TANK TOUR	HOME TOWN	known G. W. Simmons the applicant? 2. I met him in the Company in which be served with me in the Company till
3. Where does he	Control of the last of the las	back to Ga, and I have not seen him when has he been a bona fide, continuing resident in this
e and how do you kn	ow? I have	seen him since 1865. His letter to me
Medmood; 38.		at is his home.
4. When, where ar		nd Regiment did fa Jou Stand Sompany splist during
from 1861 to 1865?	MODEL CONTROL OF THE PARTY OF T	Texas Infantry in March 1862 at Gilmer
5. How did you o	TORK TORK TORK TORK	n of this Service? I was sworn in at the same
		h the war.
6. How long with	A SHAPPING	l knowledge did he perform actual military service with
		served with me in the army from date
Company and Regime	1240 tylk	of war. We were discharged at Hemp- surrendered or discharged (give date and place)
7. When and whe	ere was his Com	Mags.
	Management of the last of the	
		Surrender? I WAS
9. If not, where w	vere you and how can	you there? Stated in the above
		- Yeg
		nt with his Command at surrender? Yes
11. If not where w		m there? Ho was
		3
en he left it?		for what cause did he leave?
en he left it?By who	ose authority did he le	for what cause did he leave?and how
en he left it?By who	ose authority did he le	for what cause did he leave?and howHow do you know
en he left it?By who	ose authority did he le	for what cause did he leave?and how
en he left it?By who	ose authority did he le	for what cause did he leave?and howHow do you know
en he left it?By who g was he granted les that you have stated to	ose authority did he le ave? o be true? If of your	for what cause did he leave?
By who g was he granted let that you have stated to	ave?o be true? If of your	
en he left it?By who g was he granted let that you have stated to  13. In what way w w do you know?	ose authority did he le ave?	
By who g was he granted lest that you have stated to 13. In what way w do you know?	ose authority did he le ave?	for what cause did he leave?
By who g was he granted lesthat you have stated to	ose authority did he le ave? o be true? If of your was he prevented from d he make to return	for what cause did he leave?
By who g was he granted lesthat you have stated to  13. In what way w w do you know?  14. What effort die  15. Was applicant	ose authority did he le ave?	for what cause did he leave?
en he left it?	ose authority did he le ave? o be true? If of your was he prevented from d he make to return	for what cause did he leave?
en he left it?	ose authority did he le ave?	for what cause did he leave?  and how  How do you know  own knowledge (Tell clearly and specifically)  returning to his Command?  Is Command and h. w do you know?  I.Q. WAR. NO. If so, when and where?  and when released?
en he left it?	ose authority did he le ave?	for what cause did he leave?

STATE OF GEORGIA.  County.	
Personally before me comes & S. Phy	my 160. Barnes who on cath
says that they are freeholders residing in said Countries	
the applicant for pension and we know the property the	
and wife and of its rash value to wit: (Make List by	ms and value.) One House and
	you selog stag 00
House Hold Grades on	1850 Colat 8500
<u> </u>	
1. What property, if any, has been sold or give	n away by the applicant or his wife since 4 Nov
1908? (State it fully by items.)	a y
	1. Can - 71 Dan 1
2. When and to whom was it sold or given to?	2000 HOL 508 A
3. What was the price paid or stated to be paid?	
4. What relation is the party to applicant?	è
5. What disposition was made of the proceeds of	
6. Was the disposition of this property made i	n good faith and full values?
or was it made to obtain a pension?	.S.078 rece
Sworn to and subscribed before me, this the	BOBussus
Janua R George	
1 miles	Hall county
01	County County
ORDINARY'S C	RTIFICATE.
STATE OF GEORGIA.	
Dekalb County.	
0 01	Ordinary of said County, certify that I know
the applicant land Wiscons for Pension is the	
said County. That I also know	the witness swearing to the
service and 65 O Arian Y 6.01	and the state of t
they are all residents of said County and were duly swe	orn by me before signing the foregoing affidavit and
they are all truthful and trustworthy and their statement	are entitled to full faith and credit. That the
Tax Results of Dekalb County	
value for tax is in 1908 857.00 for 19	10 and
Sworn under my hand and official seal of office	day of Oct
	dinary Restalle County
of	all swear applicant and all witnesses in the following words

Before any questions are answered the Ordinary all swear applicant and all witnesses in the following words.
 "You do solumily swear that you will true same its make to each question asked you and the evidence you are the same in the same

STATE OF GEORGIA,
Stroy County.
www man la
gof said State and County is hereby presented
as a witness in support of the application of H. Dimmons for the pension provided
by the Act of 1910, in said State, and after being sweet true answers to make to the questions propounded.
answers as follows:
1. What is your name and where do you re do? M. M. Mosseley
at Juyamus Jany los Juan
2. How long and since when have you known II Dimmono the applicant?
give that time the Cavil War - Have not timom his
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 similestant be live in
Cleanly 3u - Do not sound how long he has
4. When, where and in what Company and Regiment did 91 Senne enlist during
war from 1861 to 1865? (Give date and place). Africe 1862 Excistor of Silms 5. Hew did you obtain your information of this Service? He Excistor
5. Hew did you obtain your information of this Service? Me Quelistue
about the Some Time and Sevent 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 Opin 1862 to 1863.
7. When and where was his Command surrendered or discharged (give date and place) Simulable.
at Homs live 2400 in april 1865-
8. Were you personally present at the Surrender? Was away on sich Fusion
9. If not, where were you and how came you the how at home at silmer
Zugar on Sich Freshill
10. Was the applicant personally present with Command at surrender? Luppon he
10. Was the applicant personally present with a Command at surrender? In figure he Wiz - the war with his co and a thirt 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 C wy law was his Command
when he left it? Du hor there is tast affor hat cause did he leave?
and now
long was he granted leave?
hove stotus 18mm of moon trious
How do you know?
•
14. What effort did he make to return to his Coramand and how do you know?
15 Weg applicant and a second
15. Was applicant captured as a prisoner
In what prison was he held?and when released?
Sworn to and subscribed before me, this the
15 day of Oct 1918
for the town town full fording,
of Mint County. State of Typica
The state of the s

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

Does not state when and where born.

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

BANK

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

NAME OF CAPTAIN AND COLONEL?

INDED?

ATTURED, WHEN AND WHERE?

EBLEASED.

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

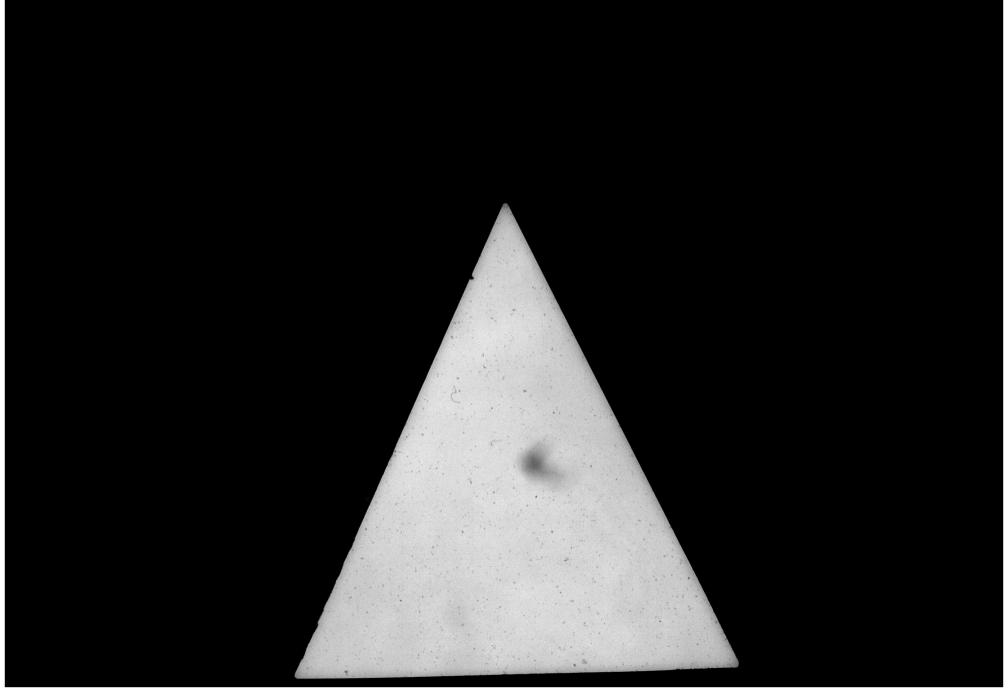
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WI INESSES. L. M. Read-Same command-W. W. Moseley Same command-

No data.



# ORDINARY'S CERTIFICATE

Simmons, Mary C (ma)					
Dekald County					
No. Olympia	NOTES	S <sub>v</sub>	before are ent	person on the_ Th	STAT I, know
Widow's Application	6. 55.4. A.	Sworn un (SEAL.)	before signing	15th nat I als	Mrs. N
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.	fore any questions for do do solemnly so shall give will be ditional affidavits I affidavits must be tached tached to the control of the cont	Sworn under my hand and official seal of office this (SEAL.)	before signing the respective affida are entitled to full faith and credit	resents hersel	STATE OF GEORGIA, DeKelb I, Mary C. S1
County Destable	s are auwear that the truth may be made truited prioried priories of maries of the	and of	affidavits,	f to be,	1b
Name Mary & Simmons	swered the you will to you will to you will to you will to shall attached before the or to first riage lier riage lier proof of	ficial se	vits, and	and tha	0
Widow of Geo w Simusous	l true anaway you God." If blank spa he Ordinary if blank spa he Ordinary t January, J t January, J ense if obtained the Blue the Blue arrice and	eal of o	that th	t she is	of
Company 6		ffice th	-; that ley are	a bona f	Try.
Regiment 22 Defat	all swear applicant make to each of t sare insufficient, the county of resil, are entitled, lee. If not, prove pplication Blank a sa not required to as not required to	lis	that both o	fide cor	Ordina Ordina
Approved	make to each of the questions asked we are implicant. of the county of residence. Sli, are entitled, able. If not, prove marriage, by som Application Blank and state and prove was not required to do so.		f the f	ntinuing	Ordinar nt for
	plicant and the with h of the questions cient. of residence. of prove marriage, by hank and state and 1 red to do so.	day of	oregoin	g reside	ry of sa
	witness in ions asked to some ; by some ; and prove f		of the foregoing were duly ful and trustworthy and the	nt of so	said Coun
J. W. LINDSEY, Commissioner of Pensions.	the following you and the o	Ordinary.	sworn ir stat	ident of said County and was to marriage, and I also know	Ordinary of said County, do certify that I
Byrd Printing Co., State Printers, Atlanta.	ing words: e evidence by general husband's	19	by me ements	o know	y that I
11 / 10					

1-1-1920

I. T	COUNTY. J	0-1	County, do certify	
now Mrs. Mary C. Simmons				
erson she represents herself to be, and t				
the 15th day of June	19.20		or said county in	
That I also know		witness as to r	narriage, and I also	know
	; that both			
efore signing the respective affidavits,				
re entitled to full faith and credit.	***			
Sworn under my hand and official	seal of office this	day of_	1	9
(SEAL.)			Ordinary.	
			Cou	nty.
"You do solemnly swear that you you small give will be the turn's 8b. 2. Additional affidavits must be made befor 4. Only widows who married prior to 5. Attach certified copies of marriage reputation.  6. Widows of Disabled Pensioners musteries—because he made no proof	first January, 1881, are ent license if obtainable. If n ast use the Blue Application	ty of residence, litled, not, prove marriage, t n Blank and state and	y some person, or by	general
	3	1 1	J. W. LINDSEY,	Atlanta.

Simmons Mary ( Mis)
DeKALD CO

For DeKall.

## 1925 1926 Application for Pension

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

July 16 Commissioner of Pensions. ceived of V. D. morgan and

Gdinary: 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 is your office. in your office.

11th day of Oplother 1920

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

(Onder Act Approved August 10, 1904)
GEORGIA, DaKalle County.
Personally before me, the Ordinary of said County, comes JVM. Blanchar
of said County, who, after being sworn, on eath
says that he knew Mms. Mary lo directions of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in Walk
County, in this State, on the Aday of Let 1925, and that a Pension of ONE Neuerdered (*/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
per sworn statements fully and completely ITEMIZED hereto attached.
Sworn to and subscribed before me
this 14 day of June 1926 714 01 1
2. J. Modan, Ordinary Whe Blanchar County 525. Practite & celly
(Seal of Ordinary)
CERTIFICATE OF ORDINARY
GEORGIA, DEKalle County.
I, V. D. Margau , Ordinary of said County, do certify
that I personally know AM Blacehard , 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 Mus Mary b. Duringers while in life and that this
was the same person whose name appears on the Pension Roll of WKall. County, and
was paid a Pension of One Newfield (*/1000) Dollars
in said County for 1925, and I now believe said pensioner to be dead; and that the instructions at the foot
of this voucher have been carefully observed in making up this voucher and the bills which are attached
Given under my hand and official east this 14 day of Sund 1996
TC 0 704
(Seal or Ordinary)
No ach County

#### INSTRUCTIONS:

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

and. 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 data.

3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner areas were to dis

3rd. Running accounts cannot be paid—only those connected with the last lilness, just before death when pensioner gass 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 the control of

6th. The completed rougher—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 time pay vol. or Ordinary, for the pension and then depurees the money himself and takes received.

and. Accept no mild for furning until you write the Pension Department, stating the elecumetances in very great detail. Pensioner children, or children-ni-two must not charge the fitate for doing only what the law and common humanity demand of them.

Oth. Return this application, and attached bills, with your fant settlement, to the Pension Department.

Oth. Ordinary should see that the back of this blank, when folded is filled

11th day of coloher 1920 Janus Revell Ordinary

(SEAL)

Exmason

paid," etc.)

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

"The above and foregoing account is rendered for services in the last illness for 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 aworn to, and all attached neatly

6th. The completed viousber-this blank and the billie-must be sent to the Pension Department for approval and by money must be

paid out until it is resurred to you as your authority to make the payment.

7th. The Ordinary there pay ord, so Ordinary, for its personen and then dispures the money hinted; and takes reseigts.

8th. Accept, no billif for marriar until you write the Pension Department, seeiing the diremnshiness in very generat detail.

9th. Return this applicates, and astached bills, with your flast settlement, to the Pension Department.

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

Atlanta, Ga., June 14-M r.J.C.Simmons. II88 DeKalb, Ave.

#### Blanchard Brothers FUNERAL DIRECTORS

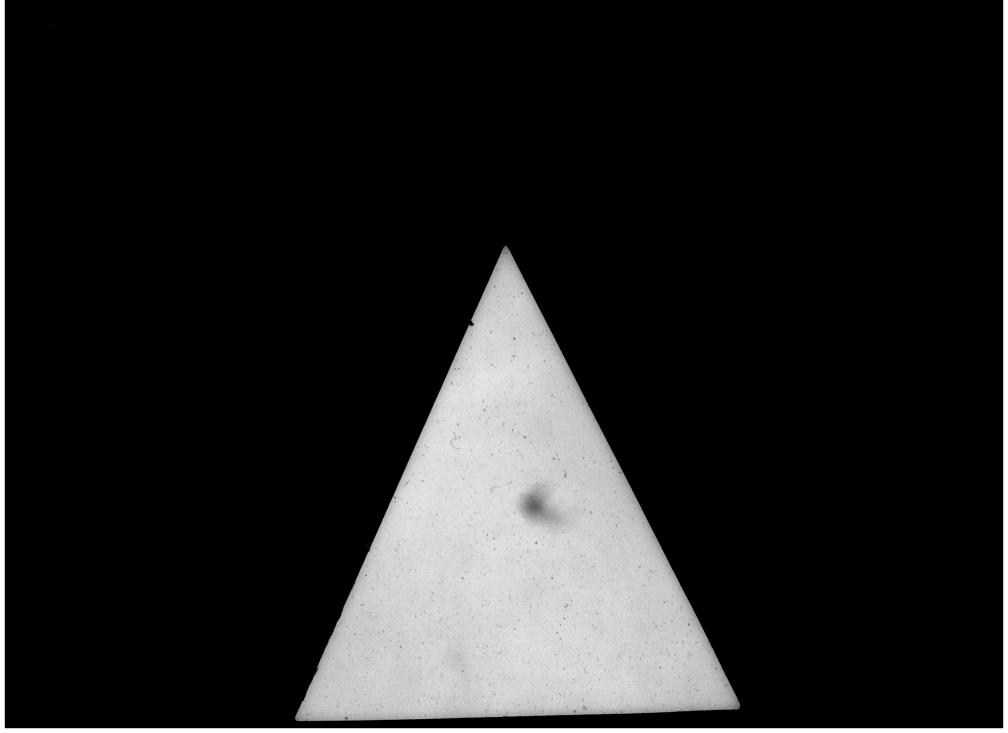
878 Peachtree For Funeral Of Mrs. Mary Carolin Si Maroles 6984

Oct	II-25	To	Casket & Burial Case	\$175.	00
		11	Embalming	15.	
		, 11	Hearse	26.	00
		"	3 Closed Cars	60.	
		- 11	Dress	30.	00
		"	Underwear		00
			Hose		50
	. ,,,	"	B.B. Gloves		50
		11	Constitution Funeral Notic		78
		. ".	Journal " " "		<b>7</b> 8 <b>7</b> 8
				<sup>3</sup> 319.	34
Georgi	, DeK	1b Cc	unty.		

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

June, 1926.

V. J. morgan prdinary.



# Ordinary's Certificate

Simpley Caroling	9			
No.	NOTES	Sworn (SEAL)	reside service ing at	STA
Confederate	5: 1. Before an	an under my	resides in said county. That I also be service; that they are both residents of ing affidavit and they are all truthful residents.	plicant Eu
Soldier's Application Under Act 1910—As Amended by Act of 1919.	y questions are solomally well to be the whole true to be a fidewise may rite must be mas erified by such	hand and off	nty. That I also tree both residents hey are all truth	600
Nam De Kall Nam Dr. E. A. Simpson	answered the case of the terms of the terms of the attached if the before the O Ordinary.			200
Company A  Regiment 3=5.6  Approved	Ordinary shall s or easwers make a Ged." blank spaces are wilmary of the	rdinary County.	the witness sweat county and were duly sworn by me before signing to trustworthy and their statements are entitled to full	UNITY.
	wear applicant e to each of the insufficient, county in which	4_day of	were duly sworn	Cordinary of said
	and witnesses in e questions aske e questions aske to the applicant	the state of the s	by me before signing the new are entitled to full	I County,
J. W. LINDSEY.	or witness		the witness swear before signing the entitled to full	i County, certify, that represents himself t

J. W. LINDSEY, Commissioner of Pensions.

ord Printing Co., State Printers, Atlanta

29/19/19

entify Ordinary of said County, certify that I know for pension is the person he represents himself to be and resides in said county. That I also know.\_\_\_\_ service? that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and eredit. (SEAL) NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words:

'You do solemnly awear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So hely not 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. Soldier's Application ided by Act of 1919 J. W. LINDSEY, er of Pe Confederate So. Under Act 1910-

Amended by Act 1919

#### Questions For Applicants to Answer

STATE OF GEORGIA,
Dekalo COUNTY.
Caroling a Simple on of said State and County, hereby applies
for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits
his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to
make to the questions propounded, answers as follows, to-wit:
1. What is your name and where do you reside! (Give County and Post-office)
2. How long and since when have you been a continuous resident citizen of this State?  Since L. Filip 1908 and mile thin date
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865?
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) A 1862 (24 ) (1) first of Co. A 1720 Service)
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) 2005-15 Sec. 1216-162
6. When and where was your Company and Regiment surrendered or discharged from the Service?
7. Were you actually present with your command when it was surrendered or discharged!
8. If you were not actually present, state specifically and clearly where you were
a. Where was your command when you left it? Sunsburo 10
b. When did you leave the command? 1863
c. For what cause did you leave? Surgeined
d. By whose authority did you leave? Multiterines of Samuella
e. For how long was your leave granted? In what way? The true of Secretismen
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! - gut
j If so, when, and where? In what prison were you held and when were you released?
9. Are you drawing a pension of any amount from this State or the United States? The Txckeryel
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was
ot allowed! 24e
Sworn to and subscribed before me, this the Lawling a. Simpson
James Plycorse ordinary)
of Deffall County

(SEAL)

	STATE OF GEOMIA,
	Fulfor COUNTY
	Ossian I Singlessen of said State and County is hereby presented
	as a witness in support of the application of Cawles a Linguistic 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? Ortion 7 Stink to
	allanta tulton Co for
	2. How long and since when have you known _ Lines Child hardle 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! See also Deella Co Gan
(	Sin es Fely 1908. From personal Knowles
)	4. When, where and in what Company and Regiment did Met Magnetic enlist during war from 1861 to 1865? (Give date and place.)
***	5. How did you obtain your information of this Service! Being subrather &
	Fran when he joined the kegt
1.00	6. How long within your own personal knowledge did he perform actual military service with this
	Company and Regiment? (Give date) It will the Surveyeles
	7. When and where was his command surrendered or discharged (give date and place)
	8. Were you personally present at the surrender? 220
	9. If not, where were you and how came you there? Greenville Scin 2
	oft
	10. Was the applicant personally present with his command at surrender?
	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 Just
	Sharpsburg In what prison was he held? At Mc Henry and
	when released latter hast of 1862
-	Sworn to and subscribed before me, this the
	18 day of Dept 1919
MRE	lun R. Marbut Cordinary)
7 7, 1	of Fullow County.
	(SEAT.)

m

aug 30

	DeKalb	,	County
A	pplica	tion f	Dr
	penses		
	(UNDER AC		
	V.S. Morge		Ordinary
For:	C. A. Sin		, Ordinary
Date of	Death: Aug	22	, 193 5
PAID T	O ORDINARY		
1-13	FUND FROM W	HICH PAID	30 001
31.36	exe	***	180 00
XI	50	TOTAL	30 00
A	pproved, and	ordered p	aid,
	Noy 13	1975	New
		11/11/1	114
	//4	11141	

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.

af Zumar

пррисации ил

#### 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 Confed-
	, and that said person is the identical person named and described in the attached
certified copy o	f burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of
ANY KIND OF	R 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
TEMIZED, he	reto attached.
Sworn to and	l subscribed before me,
hia tha 30	lay of August 1935.
h 11-	
0.00.110	organ , Ordinary.
	CERTIFICATE OF THE ORDINARY
GEORGIA,	DeKalb County.
I certify th	hat A. S. Turner who subscibed
o the foregoing	g affidavit is known to me to be a person whose statement is entitled to full faith and
redit. I further	r certify that I knew C. A. Simpson the deceased
egularly enroll ceased pensione certificate, was	red to in the foregoing affidavit and that said deceased was at the time of death led as a pensioner on the records of file in my office. I further certify that said deer is the identical person named and described in the attached certified copy of burial not survived by a widow and left no estate of any kind sufficient to pay the expenses nd burial for which claim is made.
Given und	er my hand and seal of office, this the 30 day of August 1935.
	200
(Seal of O	rdinary) , Ordinary.
	<del></del>
1 1 1 mm	INSTRUCTIONS:
	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, and the value of it, and each date.
	count must be sworn to before the Ordinary, and in the following form:
"The above a	nd foregoing account is rendered for services in the last illuses (or funeral expenses, as the case may
e) of	, who died without owning sufficient property to pay this bill.
4th. The Ordi	inary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and to this blank, after this blank has been properly completed and signed as indicated.
5th. The com	pleted voucher—this blank and the bills—must be sent to the Veterans Service Office for approval at be paid out until it is returned to you as your authority to make the payment.
	his application, and attached bills, properly receipted, to the Veterans Service Office.
	should see that the back of this blank, when folded, is filled out.
8th. This vou ou have paid the ermanently filed	cher, if approved, will be sent back to you with the funds with which to pay the approved bills. When bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be in the Veterans Service Office.
	e does not authorize the payment of these expenses in the event a soldier pensioner is survived by a pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been te of Georgia for more than twelve (12) months immediately perceding date of death.

### A. S. Turner

NIGHT AND SUNDAY PHONE DE. 0099 825-27 N. MCDONDUGH ST. PHONE DE. 0098 Juneral Director and Embalmer Prompt Ambulance Service Decatur, 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,

Notary Public Store at Land

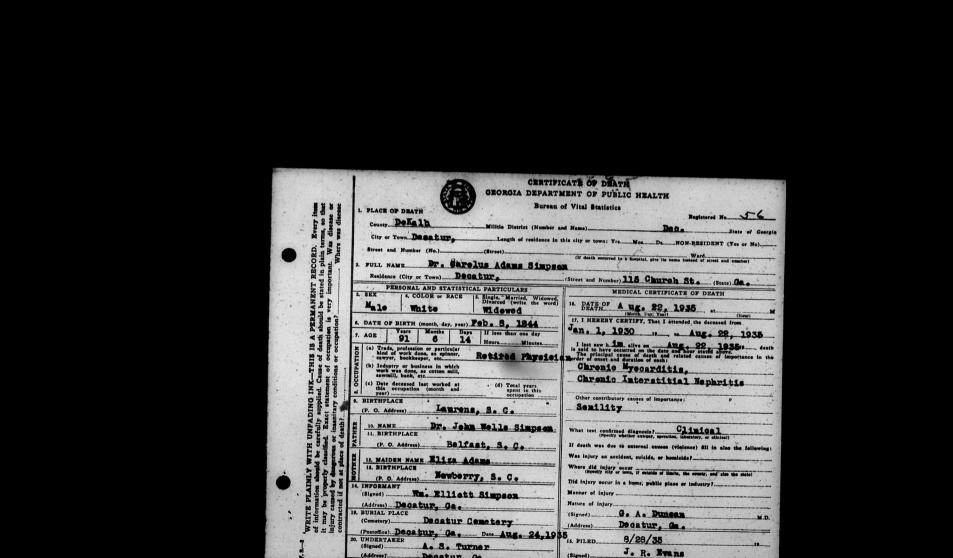
af Turner

Decatur, Ga. A ug. 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 effice.

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



Decetur. Co.

NAME Simpson, Carolus A. (Dr.)

YEAR 1920 COUNTY DEKalb

THEN 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?

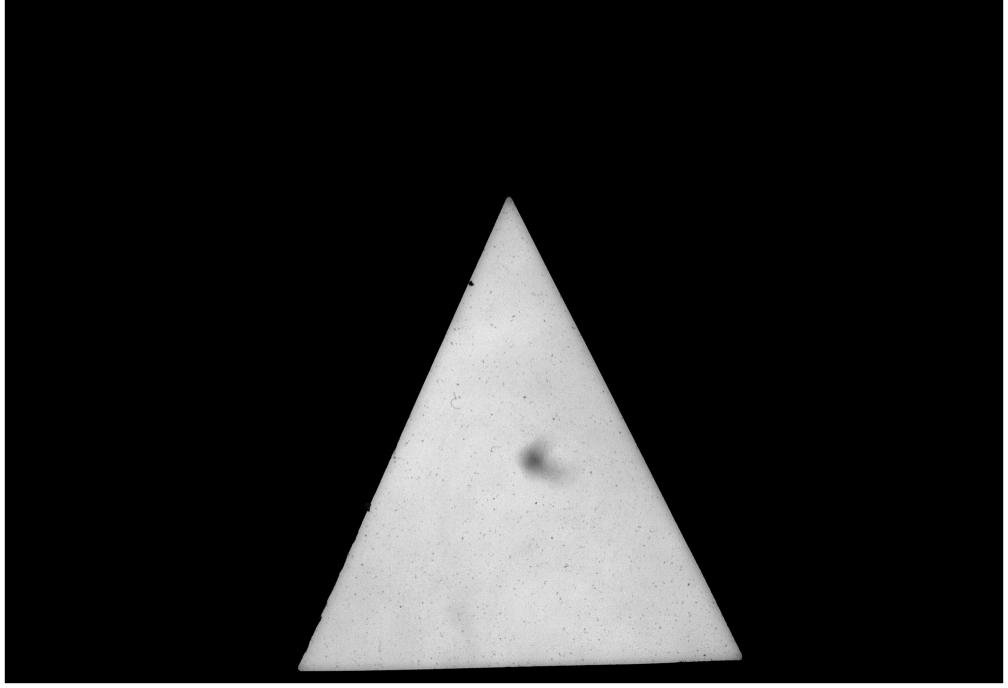
WHEN AND WHERE SURRENDERED? April 1865, Greensboro, N. C.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED?

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



# 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.

Count Dikalb

Name MASS Mary M. Simpson
Widow of M. Simpson
Company D= 28-9a Reg &

Approved

J. W. LINDSEY,

Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

10/28/912

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.

Count Mary M. Simplant
Widow of Mary M. Simplant
Widow of Mary M. Simplant
Widow of Mary M. Simplant
Company 0 = 78 5 a light
Approved

J. W. LINDSEY.

	A Likallo County.
	Personally before me comes Marys M. Sinus South South of said County,
	who, after being duly aworn, on oath strs, that she is the widow of SIU Simple on to whom in the County of State of Stat
	day of the self and that she remained his wife, and resided with him to the date of his death
lan	in March19/ 26 and that she has not since his death remarried. At the time of his death
0	he was a residency of Autalb County, in said State of Georgia, and he
	was parthe Pension Roll of the State and paida pension of \$ 60 00
	in County for 19/2. per annum, on account of being a soldier in Company
	7-28 Regiment (Volunteers of State Militia.)
L	0.044.05
	At the death of S.M. Singham he was in the use and possession of the following
	property Mulling 1
	of the cash value of \$
	the cash value, (State fully.) Mulli truly
	Acres land 8
	Horses and Mules 8
	Hogs, Cows, etc
	That she is now a bona fide resident citizen of said County of
	has so continuously resided since
	Sworn to and subscribes before me, this the Mary Many Man Justification
	1912.) 1/ May
/	Charles Glass Gounty, Ordinary, County.
(	OIVounds
·	
	Affidavit of Witnesses to Prove Marriage and to WhomDate of
	Death of Husband.
	STATE OF GEORGIA,
	County.
	Personally before me come
	and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Hall Jak Jak who made the foregoing affidavit, is
	own personal knowledge Mrs. Market Williams who made the foregoing amdavit, is the lawful widow of S. M. Lingson who died in Little County in
	said State of Jurgia on 30 day of March 19/2 and that she
	has not since remarried. That she became the wife of S. M. Simplann on the
	of 18 68and that she and he had resided together as man and wife continuously since
	day of Con 1868 and that the S. M. Singh was the
	same man who was on the pension roll of said State Ja from Juliant County
	when he died.
	Sworn to and subscribed before me, this the
	1 23 day of all 1912 Mark
	James Pheroge pringry,
. /	of Ourall County.

STATE OF GEORGIA, Cobb County. To any Minister of the Gospel, Judge of the Superior Court, or Justice of the Peace, To Celebrate: ARE HEREBY AUTHORIZED TO JOIN IN THE HONORABLE STATE OF MATRIMONY 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 1 bereby certify, That were joined togetber in BONDS OF MATRIMONY January 1868, by me.

ounty.
1. SA - ProBivación
Personally before me comes the drawed the short ster being sworn on
oath says, that they are freeholders of said County and that they know May May M Single of
said County and knew her said husband S My smiplou at his death on the 30
day of Week 1912 that she and he were in the use, possession and control of the following
property at his death to wit: Milliang
of the value of \$
property to wit: MMM119
21.11.11
of the value of 8. Ammung
Sworn to and subscribed before me, this the
23 day of all 1912 Make 1700 7
Trust level Jinsaziu
The Alla
of Ly fam County.
· The second of
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
County.
Comment of le voice
I, Ordinary of said County, do certify, that, I
know the May M Simple Street the applicant for this pension and that she is the person
she represents derself to be, and that she is a bona fide continuing resident of said County and was on the
1012
That I also know # W / Drund witness as to marriage and I also know
Journal + (Maragier who I know to be a resident free holder of said County
that all of the loregoing 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 gillelall. County shows that
amount of Mulling for 1908 8 MM for 1909 8 for 1910 8
Sworn under my hand and official stal of office thisday of191
(SEAL.) June June Ordinary.
Liftall 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 must be made before the Ordinary.  3. All affidavits must be made before the Ordinary.
Additional affidavits may be attached if blank spaces are insufficient.     All affidavits must be made before the Ordinary.
<ol> <li>Only widows who married prior to first January 1870, are entitled.</li> <li>Attach certified copies of marriage license if obtainable: If not, prove marriage, by some present, or by</li> </ol>
general reputation.

Jan 30

TO PAY-1930. \$48 Cig. & C. Tax. \$60

Received of V. A Mayer Ordinary cheek for Nine Sollave for Doclars will Last. Dickness 4/24/3.

SIMPS	ON, MARY M	· (met)
V Del	ON, MARY M	108
		- Milli
For	DeKalb	County

## Application for Expenses of Last Illness and Funeral

(UNDER ACT QR 1919)

Ordinary

V. S. Morgan

	of Death: Feb		, 19	35
-	to ORDINARY	ON THIS	CLA	м: <sup>[n</sup>
2.72	FUND FROM W	HICH PAID	1	ut ou in
2-25	Control of the Contro		48	111111111111111111111111111111111111111
4.17	1930		ALC: UNKNOWN	e to
			+	ih h-
1		TOTAL.	117	• ° ce
0		ordered 1	pid,	

## OFFICE OF ORDINARY.

GEORGIA, COBB COUNTY.

		nd ex-officio Clerk		+	. 0
do hereby cert	ify that I have com	pared the foregoing	g copy of	avorage	License
and	Rentif	isale of	mar	rage	JZ.
Silas	my	isale of	n 3/ W	lan W.	Bimben
7	,				
				1 :	· · · · · · · · · · · · · · · · · · ·

with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record as found in book.

A records of Mannay, folio / 744

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the // day of Ordinary and Ex-Officio C. C. O.

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	
	nty, who, after being duly sworn, on oath says
, or bank o'ou	
met ne knew	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 pen	sioner LEFT NO WIDOW and NO ESTATE of
ANY KIND OR VALUE sufficient to pay the expen	
1.0020	
to the sum of \$108.00, as shown by sw	orn statements FULLI and COMPLETEDI
ITEMIZED, herete attached.	
Sworn to and subscribed before me,	del Turner
this the 8 day of Feb. , 193 5.	an humen
V. A. maigawordinary.	
Or V. Ordinary.	
CERTIFICATE OF	THE ORDINARY
Devel b	
GEORGIA,	
I certify that A. S. Turner	who subscibed
to the foregoing affidavit is known to me to be a per	son whose statement is entitled to full faith and
credit. I further certify that I knew Mrs. Mar	하면 보이 하는 보이 하고 있는 사람들이 되었다면 그렇게 되었다면 하는 것이 없는 것이 되었다면 없다면 없다면 없다.
pensioner referred to in the foregoing affidavit and regularly enrolled as a pensioner on the records of ceased pensioner is the identical person named and certificate, was not survived by a widow and left no of last illness and burial for which claim is made.	I that said deceased was at the time of death file in my office. I further certify that said de- described in the attached certified copy of burial
	the 8 day of February , 193 5
Given under my hand and sear of office, this	V. D. morgan, Ordinary.
(Seal of Ordinary)	Or Ordinary.
<del></del>	
INSTRUCT	IONS
1st. Certified copy of Burial Certificate must accompany	
2nd. Require those claiming expenses of last illness and : giving each item and the value of it, and each date.	funeral, to make out their accounts in fully itemized form
3rd. Each account must be sworn to before the Ordinary	, and in the following form:
"The above and foregoing account is rendered for service	s in the last illness (or funeral expenses, as the case may
	without owning sufficient property to pay this bill.
4th. The Ordinary must see to it that each bill is perfect all attached neatly to this blank, after this blank has been pro	y legitimate in every respect, and properly sworn to, and perly completed and signed as indicated.
5th. The completed voucher—this blank and the bills— and no money must be paid out until it is returned to you as	must be sent to the Veterans Service Office for approva
6th. Return this application, and attached bills, properly	
7th Ordinary should see that the back of this blank, y	when folded, is filled out.
8th. This voucher, if approved, will be sent back to you you have paid the bills and obtained a receipt for each pays permanently filed in the Veterans Service Office.	with the funds with which to pay the approved bills. When ment, return the voucher, with bills and receipts, to b
9th. The State does not authorize the payment of these widow, nor if the pensioner left any estate of any kind or valoutside of the State of Georgia for more than twelve (12) m	expenses in the event a soldier pensioner is survived by

# A. S. Turner

IGHT AND SUNDAY PHONE DE. 0091 525-27 N. MCDONOUGH ST. PHONE DE, 0098 Jumeral 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 expneses of Mrs Mary M Simpson, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,
This February 7th, 1935.

Ruty Johnston

Of Tuna

A 100 TO	1 1	John			
Nota	ru Publik	. State at	Large,	Decatur, Ga.	
				1, 1937.	* 5

mon many Simpson	4,1935
C. L. ALLGOOD, M. D. TELEPHONE DE. 0836-J OFFICE AT RESIDENCE	108
To Professional Services Rendered	1
Feb. 3, 1935 Visit 7	3,00
Feb. 4, 1935 Visit &	3.00
Feb. 5, 1935 Visit (2)	9.00
The above and foregoing account is rendered	for services in
rung sufficient property to pay this &	ree.
no this 4 days much 1435 Nothing Eddlingu n. Q. Wetaet Co. Sa.	Maro de la

Decatur. Ga. 1985-

TO WHOM IT MAY CONCERN:

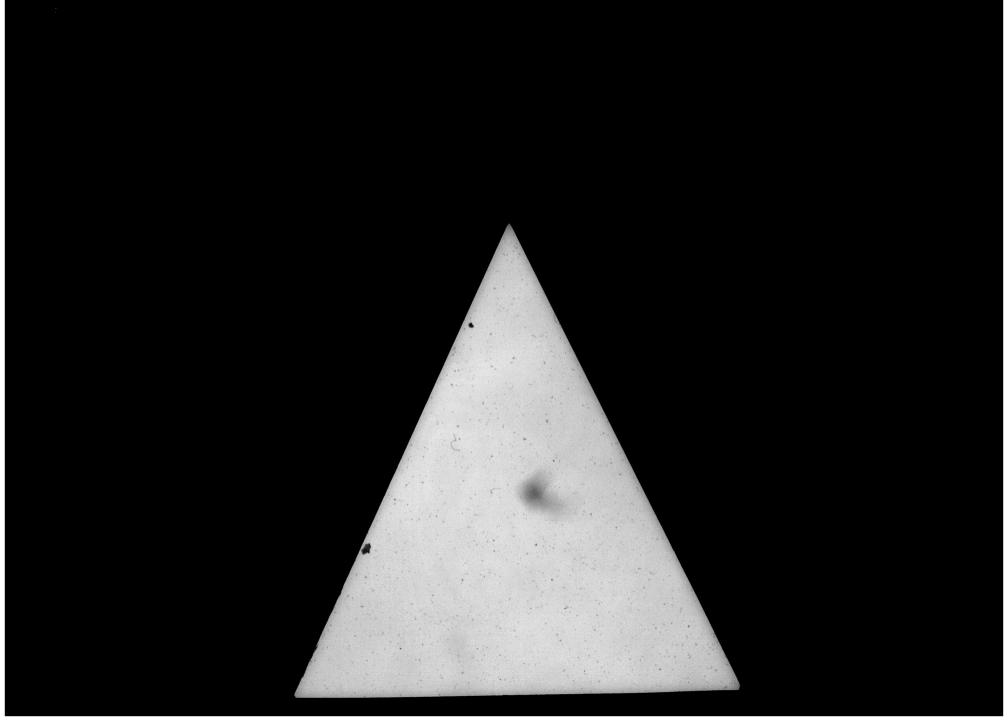
This is to certify that the death certificate on the reverse side is a true and correct copy as filed in this office.

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

CERTIFICATE OF DEATH GEORGIA DEPARTMENT OF PUBLIC HEALTH terms, so that /as disease or rre was disease Bureau of Vital Statistics PLACE OF DEATH County No Kall Militia District (Number and Name) Length of residence in this city or town: Yrs .......Mos ........Ds .......NON-RESIDENT (Yes or ENT RECORD. Estated in plain tern important. Was (If death occurred in a hospital give its name instead of street FULL NAME MUS Mary M. Little occurred in a ho Residence (City or Town) Woyld all calaters: and Number) MEDICAL CERTIFICATE OF DEATH S IS A PERMANENT R. f death should be stated in ccupation is very import-occupation? PERSONAL AND STATISTICAL PARPICULARS 4. COLOR of RACE DATE OF THE 6-6. DATE OF BIRTH (month, day, year) 7 16 13-1853 2. AGE Vest Months Days If less than one day

(a) Trade, profession or particular history work done, as spinner, Mours. Minutes work was done, as spinner, Mours work was done, as cattar with 17. I HEREBY CERTIFY, That I attended the deceased from 2-3 Cause of dent of occiditions or o (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc...... Influenza au myo caractio (c) Date deceased last worked at this occupation (month and year) Other contributory causes of importance: 9. BIRTHPLACE 9. BIRTHPLACE YEOTOLO VINITA MILH OF CHARLES 10, NAME 719 m. Campbell (P. O. Address) Glayais If death was due to external causes (violence) fill in also the following 12. MAIDEN NAME Malituda Was injury an accident, suicide, or homicide?... Georgia Did injury occur in a home, public place or industry?... Campbell Manner of injury .... 19. BURIAL PLASE chalitle Cureter (Postofice) De Kall Co Jo paie Feb 4-1935

20. UNDERTAKTOR Survive (Signed) A Destruction (Address) Da Partie 4 (Address) ..... 15. PILED. 2 Evaro



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 ..... 1 907 Date of Husband's Death . Jan .... 1.930.

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

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

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

Sittlian Middle in Proposed Div

STATE OF GEORGIA,

Ordinary's

Certificate

of said State since January 1st, 1920; that I also

represents herself to be,

Mrs. Mollie Simpson

AUG 11 1937

INSTRUCTIONS:

(SEAL OF ORDINARY)

ficate in vogue throughout the State widow who is already receiving

R. C. Simpson endiste private in Lumpkin's Bai Ga. Light Artillery Feb Greensboro State Dept. Public We. Widow's Application Act of 1910—As Amended by , and Constitutional Amendm of 1920 and 1937. Mrs. Mollie Simpson AUG 11 1937 of R. C. Simpson

## Ordinary's Certificate

DeKaltCOUNTY.
I,, Ordinary of said County, do certify
that I know. Mrs. Mollie Simpson
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 Contificate.
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) 7. A. Tradagar, Ordinary.
ofDeKalbCounty.

### INSTRUCTIONS:

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

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

  3. Only widows who married prior to January 1st, 1920, are entitled.

  4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.

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

  6. Fill out the back of the application carefully.

  7. Don't use the balky form of large executions to the county in which the State. A short, simple form is easier to handle.

  8. Do not take an application from any widow who is already receiving a pension.

STATE OF GEORGIA,

## 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,

DeKalbCOUNTY.
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
peing duly sworn, true answers to make to the questions propounded, answers as follow, to wit:
SECTION I.
1. What is your name, and where do you reside? (Give Post Office and County)
Mrs. Mollie Simpson - Stone Mountain, DeKalb County, Ga. Route #1
2. How long and since when have you been, continuously, a bona fide resident citizen of the State
of Georgia?
Give date, or year, of your birth. November 25, 1862 Age? 74
3. (1) When, (2) where and (3) to whom were you married?
Married June 50, 1907 in DeKelb County to R. C. Simpson
a. Have you married since the death of first and soldier husband?
b. When and where did your first husband die? Died in Atlanta January, 1950
c. Were you residing together when he died?
d. If not, how long had you resided apart?
e. Are you now a widow?
f. Have you or your husband heretofore been paid a pension by the State? Husband received pension g. If so, when and for what cause were you or your husband placed on the roll? Service In Confederat
ECTION 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 Infan-
ry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
2. When and others did she Commend. Combat. I have been dealers and a second state of the second state of
2. When and where did the Commands of your husband surrender or discharge from the Service?
3. Was your husband personally present with his Command when it was surrendered or discharged?
4. If he was not present, state specifically and clearly where he was?
5. When did he leave the Command?
a. For what cause did he leave?
b. By whose authority did he leave?
c. For how long was his leave of absence granted? d. In what way?
in the state of th
e. What was his physical condition when he left his Command?
f. What effort did he make to return to his Command?
g. In what way was he prevented from going back to his Command?
h. Was he captured by the enemy at any time?
i. If so, when and where? In what prison was he held and when was he released?
Comment of the state of the sta
Sworn to and subscribed before me, this the
24 day of July 1937 nog mile Simposio
NA. Margan, Ordinary Applicant.
f. DeKelb () County.
(SEAL OF ORDINARY)

## STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING ATLANTA

Honorable V. S. Morgan, Ordinary, McKalb 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 sorvice 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 19 37 .

> Director, Confederate Division State Department of Public Wolfaro



This Certifies that

R. C. Simpson

Miss Mollie Robinson

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

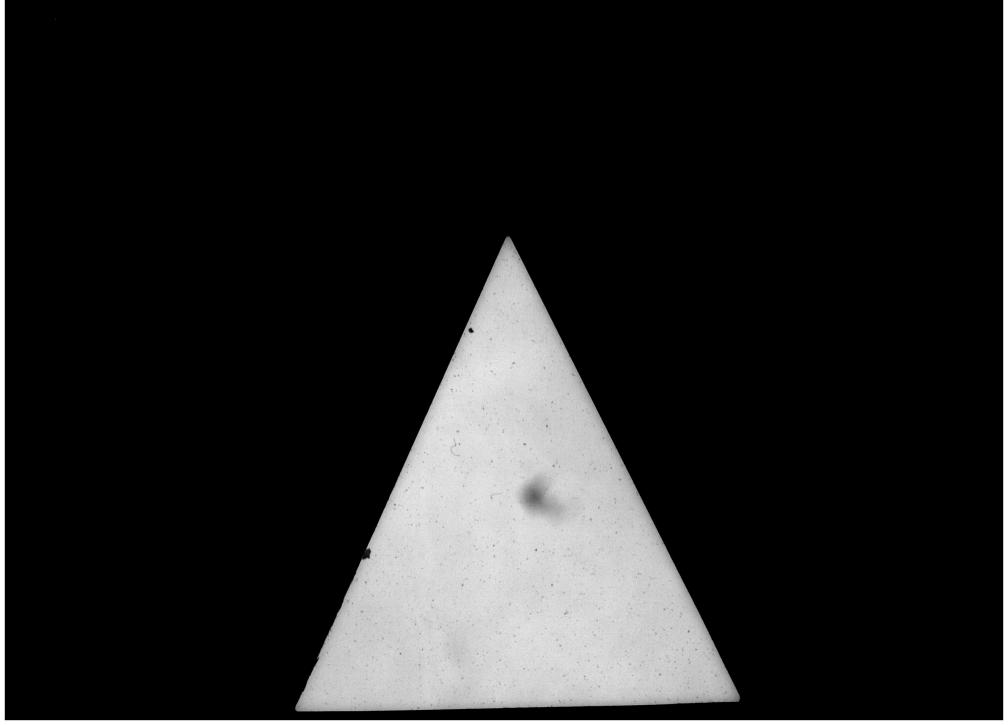
By J. A. Graham, M. G.

On the 30 day of June . in the year of our Lord 193 07.

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

page 355 . This 29 day of July 193 7

V. J. Margan



Simpson, R. C. Dellalle Co. OK 1914

# Confederate Soldier's Application.

UNDER ACT 1910.

Name P.E. Simpson

Company Russifelling Bollory Regiment Palmen Baltaling

J. W. LINDSEY,

/ )	TE OF GEORGIA,
	County.
HIR CGRII	pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with mony to make out the same, and after being duly sworn true answers to make to the questions ided, answers as follows, to wit:
1.	. What is your name and where do you reside? (Give County and Post office)
	N. E. Simpson Deatung 4 AND
6	How long and since when have you been a continuous resident citizen of this State?
from 186	Did you enlist in the Army of the Confederate States or of the Organized Militia of this State
of Service	When and where and in what Company and Regiment did you enjust (Give the armend classes) Way 1864 Sum Aline Battery Sulmer Bataling
. 5.	How long did you remain in the actual Military Service with said Company and Regiment?
0.	When and whore was your Company and Regiment parrendered or discharged from the Service?
7.0	Were you actually present with your Command when it was surrendered or discharged of war
9	If you were not actually present state energically
	If you were not actually present, state specifically and clearly where you were.
a.	Where was your Command when you left it? Aid not leave
b.	When did you leave the Command? Surplude
. c.	For what cause did you leave?
. d.	By whose authority did you leave?
е.	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?
i.	
	If so, when, and where? In what prison were you held and when were you released?
9.	
	What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4. Nov. 1908? (Make list by items and value.)
20 21 Soc	ise North grods Potal Val \$117000
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? Dold to clay for gard for \$ 2000 20
	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 orash value? (Make itemized list)
one	Muli 875-50/ Cow & 25 2 Has \$ 35-00
Loin	LNV 1 500 8 50 Ca Jalal 04 180 00
hov	1 m Bank \$ 86/60 A 1841 00
	What annual or monthly income or earnings of yourself and wife and the source derived have
ou?	withing I am afound Renting Land
13.	Are you drawing a pension of any amount from this State or the United States?
ot allowe	Have you see applied for the Georgia Pension and had it refused? and for what cause it was
	dev of (VIII)
17	assile Russil Ordinary

ram simpson, R. C.

YEAR 1914 COUNTY DEKalb.

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

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

RANK:

GOMPANY AND REGIMENT? Palmer's Battn. Lumpkin's Battery. Ca Light
(Artillery)

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

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

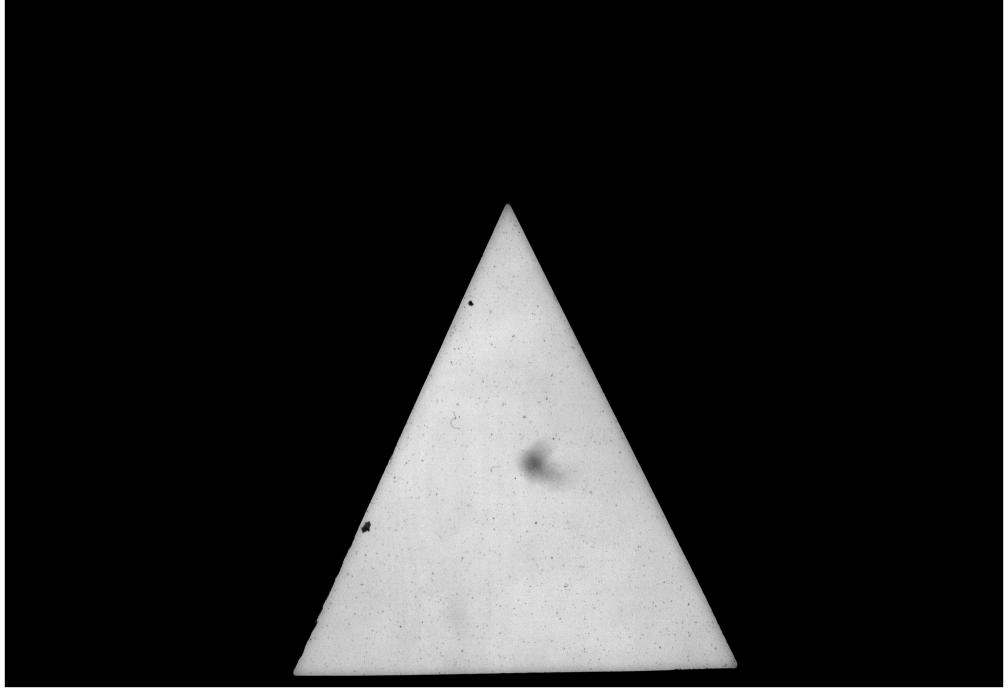
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: John Potts,- With applicant,-

No data.



# POWER OF ATTORNEY.

inchestry so, 110.					
exall County	9		16#1	7/	
(FOR THOSE ALREADY ENROLLED.)	S ES	W <sub>I</sub>	The state of the s	K INTE	
No. 494	xecuted	CNESS	Had &	M	
INDIGENT SOLDIER'S PENSION	in the prese	Witness my hand and	resolution for	Track.	ATOROTA A
1905.	nce of	d seal, this	the pension	S.M.	
Name Dell Vimpson County Destail	("	2/4	on allowed		
Co, Regiment		7	The E	36	
WARRANT ISSUED		Zy of	request		.,
/ <del>2</del> 3 1905.		E 2	111- 1		
JOHN W. LINDSEY,		E !	WH I	Ŕ	
Commissioner of Pensions.		1 /2	4 2 4	her	
WARRANT HANDED TO			remit s	eby ar	4.
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.		_[r.s.]	same to	ereby authorize	
				STREET, STREET	

no data

# POWER OF ATTORNEY.

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to receive and	receipt for t	he pension	at	inger	un	remit same to
1 1/2	s my hand and		8 m	Sinny	le re	1905.
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LLED.)	NOIS	roed		2 1905.	Pensions.	SATURAL SATURA SATURAL SATURAL SATURAL SATURAL SATURAL SATURAL SATURAL SATURA
	INDIGENT IER'S PENS	i di	IT at	WARRANT ISSUED	JOHN W. LINDSEY, Commissioner of Pensions	TANT HANDED
THOSE ALREADY ENROLLED  No. 0/7/	SEP SEP	07	Zinisgin	5	II III	Н. Р.

# POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kall COUNTY.
I, & M. Simpson hereby authorize
Na Simpson of Secator Ta
to receive and receipt for the pension allowed, and request that he remit same to
S.M. Simprouse Secator Ga
D. 111. Sumpro-
by
WITNESS my hand and seal, this 18th day of Jany. 1906.
WITNESS my hand and seal, this 18th day of Jany. 1906.  [L. S.]
Executed in the presence of
Ramer Course
Codinary
I Granay
COOR SECTION 1234. COOR SECTION 1234. OSE ALREADY EUROL NO. MYST. NDIGENT IBOOG. Regiment 2 Regiment 2 ARRANT ISSUED  JOHN W. LINDSEN. Commissioner of Commissioner of ARRANT HANDED TH  PROPERTY HANDED TH  PROPERTY HANDED TH  COMMISSIONER OF COMMISSIONER
Regimen Regimen Commission Commis
S S S S S S S S S S S S S S S S S S S
TOOL WAREN
Coor Section 134.  THOSE AL READY EIRO NO. MY HANDENT  INDIGENT  INDIGENT  INDIGENT  A. A. M. M. LINDSEN  Commissioner of WARRANT HANDED  WARRANT HANDED  WARRANT HANDED  Commissioner of WARRANT HANDED  Commissioner of WARRANT HANDED
1)

STATE OF GEORGIA,
County.
Personally appears S. M. Simpsage Gettule
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 64 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 of 28 th Regiment ; that his physical condition is as follows: Thronic Museulan Rhennalium
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 Allalo  County been allowed a pension for the year 1904.  Sworn to and subscribed before me, this the day of Allalo  day of Allalo  Ordinary.
STATE OF GEORGIA, County, County,
1, Journe of Jerry Ordinary of said County,
do certify that I am well acquainted with I me Sing sine
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this.
Janux R. George
Affix Jour Ordinary Ordinary County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1905.

X/ 11 01 /h	_County.	
~ sinci-	13. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	e v . //
Personally appears		Naca
	o, being duly sworn, says on oath that he is a	
	and State, and has resided in said State of	(
since the 27 day of		
by occupation a	that he enlisted in the military ser	vice of the Con-
federate States (or of the Sta		
States, and served for the ter	1 1	8th Regiment
of Georgia	, , , , , , , , , , , , , , , , , , , ,	
follows: Throne	omusculairheur	natism
that his property consists of	the following items:	
and the second s		
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of the value of	Dollars. I	am now earning
by my labor,	Dollars per month. That	by reason of his
	rty he is unable to support himself by his	own exertion or
1-1 1 that he was		
labor, and that he receives h	o pension but the one herein applied for.	
	o pension but the one herein applied for. articipate in the benefits of the Act approved	December 15th,
Deponent desires to pa	articipate in the benefits of the Act approved ry thereof, and makes application for the pen	sion to which he
Deponent desires to pa	articipate in the benefits of the Act approved	sion to which he
Deponent desires to pa	articipate in the benefits of the Act approved ry thereof, and makes application for the pen . I have heretofore, as a resident of	sion to which he
Deponent desires to pa 1894, and the Acts amendator is entitled for the year 1906. County, been allowed a pensi	articipate in the benefits of the Act approved ry thereof, and makes application for the pen . I have heretofore, as a resident of	sion to which he
Deponent desires to pa 1894, and the Acts amendator is entitled for the year 1906. County, been allowed a pensi Sworn to and substribe	articipate in the benefits of the Act approved ry thereof, and makes application for the pen.  I have heretofore, as a resident of the year 1905.  ed before me, this the	sion to which he
Deponent desires to pa 1894, and the Acts amendator is entitled for the year 1906. County, been allowed a pensi Sworn to and substribe	articipate in the benefits of the Act approved ry thereof, and makes application for the pen.  I have heretofore, as a resident of the pen ion for the year 1905.  End before me, this the way 1906.	sion to which he
Deponent desires to pa 1894, and the Acts amendator is entitled for the year 1906. County, been allowed a pensi Sworn to and substribe	articipate in the benefits of the Act approved ry thereof, and makes application for the pen.  I have heretofore, as a resident of the year 1905.  ed before me, this the	sion to which he
Deponent desires to pa 1894, and the Acts amendator is entitled for the year 1906 County, been allowed a pensi Sworn to and subscribe day of Act	articipate in the benefits of the Act approved ry thereof, and makes application for the pen. I have heretofore, as a resident of	sion to which he
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Deponent desires to par 1894, and the Acts amendator is entitled for the year 1906 County, been allowed a pensis Sworn to and substribe day of day of State of Geon I, James	articipate in the benefits of the Act approved ry thereof, and makes application for the pen. I have heretofore, as a resident of	Sion to which he
Deponent desires to par 1894, and the Acts amendator is entitled for the year 1906 County, been allowed a pensis Sworn to and substribe day of August State of George I, Jane County that I am well act of certify that I am well act of the state of George I.	articipate in the benefits of the Act approved ry thereof, and makes application for the pen. I have heretofore, as a resident of ion for the year 1905.  ed before me, this the property of the pen of the year 1906.  Ordinary.  Ordinary.  Ordinary.  Ordinary.	of said County
Deponent desires to par 1894, and the Acts amendator is entitled for the year 1906 County, been allowed a pension of the day of the Acts and substribe day of the Acts and substribe of Geong Table of Ge	articipate in the benefits of the Act approved ry thereof, and makes application for the pen. I have heretofore, as a resident of ion for the year 1905.  Bed before me, this the condition of the year 1906.  Ordinary.  Ordinary.  Ordinary.  Ordinary.  ordinary.  ordinary.  ordinary.  ordinary.	of said County
Deponent desires to par 1894, and the Acts amendator is entitled for the year 1906 County, been allowed a pension of the American day of the American day of the State of George do certify that I am well at the applicant in the foregoing by him in his said affidavit a	articipate in the benefits of the Act approved ry thereof, and makes application for the pen. I have heretofore, as a resident of ion for the year 1905.  End before me, this the way 1906.  Ordinary.	of said County
Deponent desires to par 1894, and the Acts amendator is entitled for the year 1906 County, been allowed a pension of the Acts and substribe day of the Acts and substribe day of the Acts and State of George do certify that I am well at the applicant in the foregoing by him in his said affidavit as	articipate in the benefits of the Act approved ry thereof, and makes application for the pen. I have heretofore, as a resident of ion for the year 1905.  End before me, this the way 1906.  Ordinary.	of said County
Deponent desires to per 1894, and the Acts amendator is entitled for the year 1906. County, been allowed a pension of the day of the	representation of the Act approved ry thereof, and makes application for the pen. I have heretofore, as a resident of ion for the year 1905.  End before me, this the way 1906.  Ordinary.  ordinary.	of said County
Deponent desires to per 1894, and the Acts amendator is entitled for the year 1906. County, been allowed a pension of the day of the	representation of the Act approved ry thereof, and makes application for the pen. I have heretofore, as a resident of ion for the year 1905.  End before me, this the way 1906.  Ordinary.	of said County
Deponent desires to per 1894, and the Acts amendator is entitled for the year 1906. County, been allowed a pension of the day of the	representation of the Act approved ry thereof, and makes application for the pen. I have heretofore, as a resident of ion for the year 1905.  End before me, this the way 1906.  Ordinary.  ordinary.	of said County
Deponent desires to per 1894, and the Acts amendator is entitled for the year 1906. County, been allowed a pension of the day of the	retricipate in the benefits of the Act approved ry thereof, and makes application for the pen. I have heretofore, as a resident of ion for the year 1905.  The debefore me, this the period of the year 1906.  Ordinary.  Application of the pen. 1906.	of said County
Deponent desires to pa 1894, and the Acts amendator is entitled for the year 1906 County, been allowed a pensi Sworn to and subscribe day of  I,  do certify that I am well act the applicant in the foregoi by him in his said affidavit a to be, and that he resides in to Given under	representation of the Act approved ry thereof, and makes application for the pen. I have heretofore, as a resident of ion for the year 1905.  End before me, this the way 1906.  Ordinary.  ordinary.	of said County

Note.—The blank spaces must be filled.

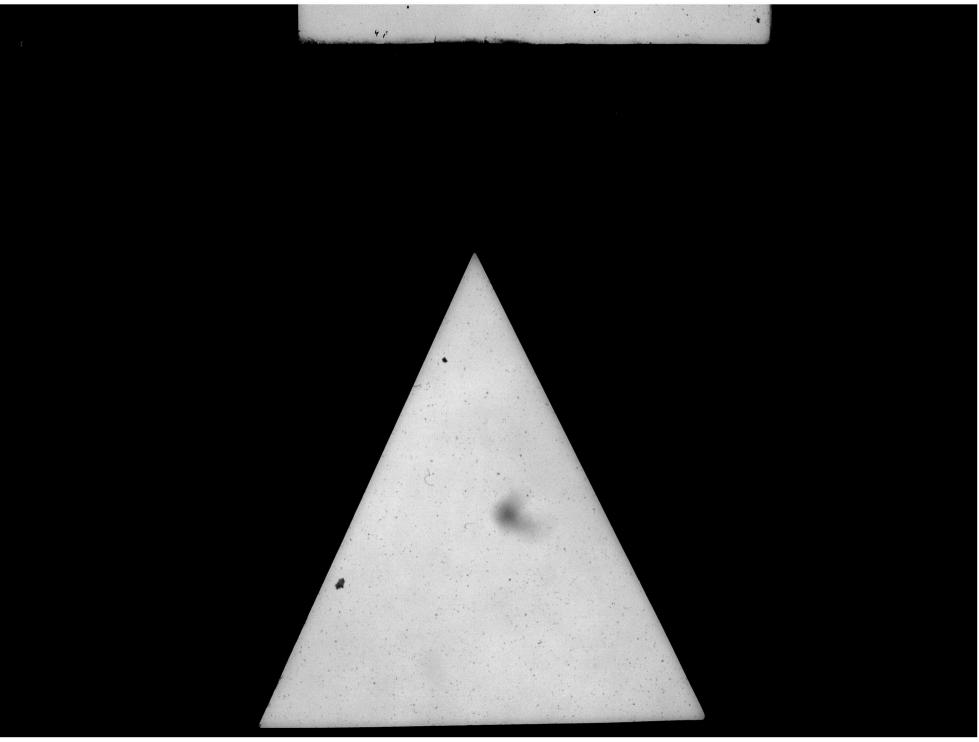
Note.—Affidavit should not be attested before January 1st, 1906.

# POWER OF ATTORNEY.

, hereby authorize
request that he remit same to
justori-GD
day of January 1907.
day of farming 1907.  Simpson [1. s.]
· 美国、
. 60
LINDSEX, Jaminstoner of Pensions HANDED TO  Ampliant Again.
SEX, SEX,
HAND HAND
WARRANT ISSUED JOHN W. LINDSEY, Commissioner of WARRANT HANDED TO WARRANT HANDED TO W. HARROW, HANDED TO W. HARROW, HANDED TO W. HARROW, HANDED TO WELL AND WARRANT HANDED TO
JOH JOH WARR

State of Georgia,
Deffall County.
Personally appeared M. Linguist of Descale
Cennty, 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 theday of 18; that he isyears old
and by occupation a that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of in Company. P. of ZI th Regiment
of that his physical condition is as
follows: Elyonte min was them the
that his property consists of the following tems;
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 thereo', 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 sample 1907.
7/7 day of January 1907.
Janus Rigeorge Ordinary.
State of Commiss ( )
State of Georgia,
County.
1, Kanna Regions Ordinary of said County,
do certify that I am well acquainted with
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.
Given under my official signature and seal this
day of 1907.
The Charles will be a second
Aux
Your County County

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



1903. Approved JOHN W. LINDSEY, WARRANT HANDED TO Ordinary will write Name of Applicant, Company and Regiment on back as indicated above. Geo, W Harrison, State Printer, Atlanta. 17/12/03

NODATA

Pension Office 9/14/03

ot an aged man infirmity insufficiently proven. From whom did wife obtain house and land was title every napplicant directly or indirectly? Frove every fact to be true.

J.W .Ldndsey

Com. Of Pensions

POWER OF ATTORNEY.

OF

	QUESTIONS FOR APPLICANT.
STATE OF GEORGIA,	STATE OF GEORGIA,
County.	Ly enally County
<b>L</b>	of said State and County, design authorize to avail himself of the Pension Act Section 1254, Code), hereby submits his proofs, and after being duly sw
ot	true answers to make to the following questions, deposes and answers as follows:  1. What is your time and where to you reside ; (give State, County and post office)
to receive and receipt for the pension allowed and request that he remit same to-	- A Dingellon Store Mermain ya Lekalt
at h	2. How long and since when have you been a resident of this State? 58 years
Winnershall all skir	1903 3. When and where were you born? Guinnet Corenty ya march
Wigness my hand and seal, this. day of	4. When and where and in what company and regiment did you enlist or serve? Co C
and the second s	[L.S.] The state of the state o
Executed in the presence of	first La Bathlion July 1863 Westury, at 5. How long did you remain in such company and regiment?
	milithe war closed
	d
	6. When and where was your company and regiment surrendered and discharged? Afril 1845
	gar Macon Gurgia
	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 c
	and by whose authority? I was with I
	19. How much can you earn (gross) per annum by your own exertions or labor? Out very
	0 10 What has been your occupation since 1865? Stoll Calling & Alland
	11. Upon which of the following grounds do you have your application for pression, viz first, "age and not second, "infirmity and poverty," or third, "blindness and poverty"? Introduct of Poulit,
· ·	second, "infirmity and poverty," or third, "blindness and poverty"? Infirmity and poverty," 12. If upon the first ground, state how long you liave been in such condition that you could not earn support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the
19. 14. 14.3 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	b state whether you are totally blind and when and where you lost your sight?
101	y distribute por the delication
ing on the contract of the con	Cosed the loss of deet Lung and hart of 1
1 th	13. What property, real and personal, or income, do you possess, and its gross value?
H H H O	14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901
and to o	1902, and what disposition, if any, by sale or gift, have you made of same? Wad Wo
	& Profilety Wither of thease years
44 0 44 0 44 0 44 0 44 0 44 0 44 0 44	15. In what County did you reside during those years, and what property did you then return for maxation?
H + C + C + C + C + C + C + C + C + C +	In bekall County you no property at
and or	H 16. How were you supported during the years 1899, 1900, 1901 and 1902? by truck fa
6,10	17. How much did your support cost for each of those years, and what portion hid you contribute there your own labor or income? About out half 150
ជូន ស្គ្	your own labor or income? About out half 1350 23. 18. What was your employment during 1898, 1898, 1991 and 1992? What pay did you receive in each you
CONT.	19. Have you a family? If so, who composes such family? They they means a support? Have the
1 = 1 2 2 2	homestead, or other property? Their ages and how employed? I will be their means to support? Have the
The light of the l	my wife new two could or Land and his
	is a same value & 2000th
N S W S Y S X S S S S	20. Are you receiving any pension? If so, what amount and for what disability? 10 Punking
PE STATE OF THE ST	21. Have you ever made an application for pension before?
	21. Have you ever made an application for pension before? What Thrull
S S S S S S S S S S S S S S S S S S S	Judifint Pencion , his O
GEN 150 P. 1. 150 P. 1	Sworn to and subscribed before the this the
5 - 09 4 3 B 50 B	for Pour grand Ordinary Merke J Applicant.
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	of Light County.
Con Con	

## AFFIDAVIT OF PHYSICIANS

STATE OF GEORGIA, County.
Personally came before me US / Frank
, both known to me as reputable physician
of said County, who, being severally sworn, say on oath that they have examined carefully.
such personal examination say that his precise physical condition is as follows:
Left lediest agamed huming ablin
human in below warvel chance at the
Constitution of almost when left long a
love tole of myles by feling frame
Went lift andle from sed freshie
and that we have no interest in said pension being allowed. U.S. and we will said
Sworn to and subscribed before me, this the 25 day of august 1903. W. Hauston m. D.
for 18 yearge Ordinary.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,  I, Jan. In County.  In that the applicant EN Single Utter resides in said County, and have
peen a bona fide resident of this State since the 21 day of March 1865
and that the witnesses, viz.; En fingleton
B.S. Spive
re 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
ereon 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 2001 County show that applicant
eturned for taxation in his name in 1899 1101 10 Dollars of
property, and in 1900 Mary Dollars of property, in 1901
Moul Dollars of property, in 1902
MC Dollars of property.
In my opinion the foregoing claim ismade in good faith.
Witness my hand and seal of office, this 27,7 day of august 1903.
Ja Plung Ordinary,
of Los Kail County
NOTE
<ol> <li>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 ine whole truth, so help you God."</li> <li>Additional affidaviar may be attached if blank spaces are insufficient.</li> </ol>

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		.County.			ereby author
to receive an	d receipt for the		d, and reques		remit same
		at			
byWITNE	ss my hand and seal	, this	day of		1905,
Execute	d in the presence of		e de la companie de l		
					. 21
3		173		ions.	
CODE SECTION 1274.  R THOSE ALREADY ENROLLED.	IER'S PENSIO	2	X	3	TO THE ATLANTA
ENR 2	INE		ent ssued	JOHN W. LINDSEY, Commissioner of	WARRANT HANDED TO
cone section 1234.	IER'S PE	12 m	MARRANT ISSUED	N. LIN	WARRANT HANDED
SE AL		2 2	MARR.	OHN	RRAN C
E E		1 500	72	<b>1</b>	WA WA

## POWER OF ATTORNEY.

	Ι,		_Count	r. <i>)</i>				he	reby at	th
to receive	and rec	eipt for t	he pension			reques	t that	he r	emit s	an
oyW	TNESS my	hand and	seal, this	a	7	day of_		1	i	90
Ex	ecuted in	the preser	ice of	· · ·						,_[
▼.										
		NO	1.	to 1	£  -	999	1300	sions.	. 4	1
3 3		22		12	2	/2 2	DSEY.	Commissioner of Pensi	WARRANT HANDED TO	
ENROLLED.)	٠.	日田	1	11/1					7	8110
(FOR THOSE ALREADY ENROLLED.)	NEW	IER'S PEN	90	Lan	Regimen	WARRANT ISSUED	JOHN W. LINDSEY	Commiss	L HA	11/1

STATE OF GEORGIA,	
G. Kall County.	
	- G
Personally appears 6 11 12	ingliton of the Hall
County, State of Georgia, who, being duly swo	orn, says on oath that he is a bona fide citizen
and resident of said County and State, and	
since the day of	
by occupation a, that h	e 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 19,8f Sall th Regiment
of	; that his physical condition is as
follows: Sufirmily t	Peresty
that his property consists of the following ite	ms:
of the value of	Dollars, I am now earning, Dollars per month. That by reason of his
by my labor,	o support himself by his own exertion or
labor, and that he receives no pension but th	e one herein applied for.
Deponent desires to participate in the b	penefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and r	nakes application for the pension to which he
is entitled for the year 1905. I have heretofo	
	00.1
Sworn to and subscribed before me, this	s the d. Langlitin
1/1 day of Jan 1900	5. Continuently and
Janua Pleforge	Ordinary.
STATE OF GEORGIA,	, - , - , - , - , - , - , - , - , - , -
Meltall County.	7
i, janus 1910	
do certiff that I am well acquainted with	6 M. Disigleline
the applicant in the foregoing affidavit, and	am well satisfied that the statements made
	now he is the individual he represents himself
to be, and that he resides in this County.	ature and seal, this
day of face	1 1905
	James Records
Affix your Co.1:	nary Nielfalls County.
here Crai	nary.

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

State of Georgia,
De Kall County.
do a de la serie
Personally appears 6. A. Singleton of Likalla
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 Mon of 1840; that he is years old and
by occupation a, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term ofin Company, of _/ th Regiment
of Gengia Butt; that his physical condition is as
follows: Infirmity & poverty
that his property consists of the following items:
material and the second of
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
County, been allowed a pension for the year 1905.
Sworn to and subscribed before me, this the
day of faving 1906.
Janus Recorge Ordinary.
Ordinary.
State of Coormie
State of Georgia,
12 4
I, James 11 Feorge Ordinary of said County,
do certify that I am well acquainted with O. Il single ton
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of January 1 1906.
my games / Gronge
Anix pour County.

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

# POWER OF ATTORNEY.

STATE O	OF GEO		* · · ·	COUNTY.	}			· · · · · · · · · · · · · · · · · · ·	herel	by author
to receive	and re	eccipt for	the p	ension all	owed, a	nd rec	quest	that h	e ren	nit same
by				at.		,				
Win	rness my	y hand and	seal, t	his	**	day	of			1907
	Executed	l in presen	ce of	5		•				L
Code Berton 1284. (FOR THOSE ALREADY ENROLLED)	No. 76 2	OLDIER'S PENSION	1907.	me E. N. Strigle town	unty——Regiment 11 4 M	WARRANT ISSUED	//2,1907.	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO	GEO. W. HARROW, STATE PITATOR.

Dingleton, E.N.

# FUR AFFLIUANTO DENETURUNE ALLUME State of Georgia. County. Personally appears E. N. Single lan 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 March 18/45; that he is 6/ 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 \_\_\_\_\_\_, of \_\_\_\_\_ th Regiment federate States (or of the State of \_\_; that his physical condition is as that his property consists of the following items: of the value of \_Dollars. I am now earning Dollars per month. That by reason of his by my labor, 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 State of Georgia, \_Ordinary of said County, do certify that I am well acquainted with & M Single for the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal this\_

Ordinary

Affix your seal here

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

of Georgia, and witness, and he	know I widow of Pension R from Doub the unpaid his Pension	day of trustworthy char	dollarer and entitled day of Lynn	applicant, and the county, and was county, and was, and at the time the county, there was from the State the county, the with the with the county are from the with the county are from the state the county are from the with the county are from the with the county are from the county are	on vas ate nin
J. W. LINDSEY, Commissioner of Pensions.	of County Dekally—Vols.  Cod Tha Reg't Rox—Vols.  Approved and Paid	Widow of EM Kingliby	Application for Pension  Due Deceased Soldier  Under Act 1891.	No	Setalt Co.
Roll and paid from	ze and constituteeet and receipt for me in	my name the Pension d	ue me for 190, throug tho was on	th my deceased husbar	ıd

**)** 

## APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Pulsalle County.
Personally before me come Mrs. S.D. Singleton pof said county,
after being duly sworn, on oath says that she is the widow of an singlelon
who was duly enrolled as a chadig runn Pensioner from the county
of Distalle and was paid a Pension of \$600
Dollars from Dikall county for 1902, and that the said
En Singlenlox ) died in Dekall county on
the day of 190S, and at the time of his death a
the day of 1908, and at the time of his death a  Pension of 560 was due him from Delkall county
and unpaid for 190 8. Applicant further swears that she married the said.
is Medicaption on the day of
1870, in _ county and State of - Zevry 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 A day of your 1908
fundamental Jun J. Dinglelon [L.S.]
Mus Rigary Cordinary Was S. D. J. Singleton [L.S.]
AFFIDAVIT OF WITNESS.
AFFIDAVIT OF WITNESS.
AFFIDAVIT OF WITNESS.  GEORGIA, Delkulb gounty
AFFIDAVIT OF WITNESS.  GEORGIA, Delkulb gounty.  Personally before me come , who
AFFIDAVIT OF WITNESS.  GEORGIA, Personally before me come a white in life while in life
AFFIDAVIT OF WITNESS.  GEORGIA, Ockulb gounty.  Personally before me come who on oath says that he knew is M. Singular while in life and that he knows.  Mrs. Singulars,
AFFIDAVIT OF WITNESS.  GEORGIA, Actually Sounty.  Personally before me come on oath says that he knew and that he knew and that he knew and that he knews.  Mrs.  While in life and that he knews that the said and an actual and the said and the said and actual and the said and the
AFFIDAVIT OF WITNESS.  GEORGIA, County.  Personally before me come , who on oath says that he knew of the said of
AFFIDAVIT OF WITNESS.  GEORGIA, Challe County.  Personally before me come while in life and that he knows Mrs.  Mrs. Singulary, the above applicant; that he knows that the said of Amarical in the county of Claylor in the State of County on the 10 day of Amarical 1870, and that they resided
AFFIDAVIT OF WITNESS.  GEORGIA, Personally before me come , who on oath says that he knew & M. Sanguest, the above applicant; that he knows that the said of Association and were in due form of law married in the county of Claylor in the State of 1870, and that they resided together as husband and wife from date of marriage to the day of his death on the
AFFIDAVIT OF WITNESS.  GEORGIA, Actually gounty.  Personally before me come while in life and that he knows Mrs.  The above applicant; that he knows that the said of Assignment on the LO day of the LO day of the LO day of the LO, and that they resided together as husband and wife from date of meriage to the day of his death on the day of 190, and I now know that she is his dependant widow.
AFFIDAVIT OF WITNESS.  GEORGIA, Chulk County.  Personally before me come who on oath says that he knew and that he knows.  The above applicant; that he knows that the said and the said an
AFFIDAVIT OF WITNESS.  GEORGIA, Challe County.  Personally before me come while in life and that he knows Mrs. Singulary, the above applicant; that he knows that the said of Association on the LO day of the LO day of the LO day of the 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.

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.

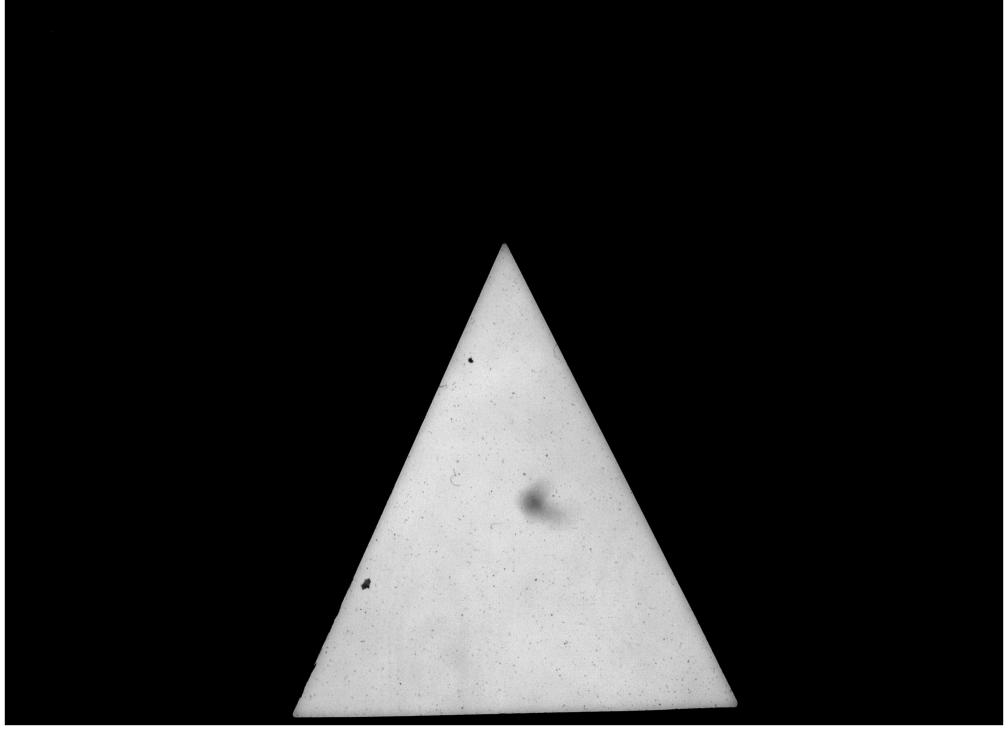
STONE MOUNTAIN, GA., NOV- 7 I herby bestify that I have been Tox collector ene sonce 1889 and that I kno En Singletin and have sonown him since Bay about and that he has no Property in his have and that the littles If his wife & Stacus him was in his name and more did belong to him Swom to and this how 7 th 1903 Subscribed before In rack My This now 97900 You wal for R. Guorge Dodinon

TAX COLLECTOR'S CYFICE.

OF

DEKALB COUNTY, GEORGIA.

I. N. NASH. TAX COLLBOTOR.



Singleton James W	El Dept allaut in	
Sing 2010	april 75.1893	Sounty, in said Soft Additional State of the Confederate on the Confederate my said attorney or any sum of the Wirness hay of Confederate in Executed in Executed in Executed in Executed in the Executed in Execu
Soldier's Pension.	The disability shows	If allowed, send at the Land.
1893.	by lestiming of thy	do hereby
- Me Drigleton	Do the injuries de	appoint bulled and receip and receip and receip is state], the is state], the is state], the is state], and we hereund we hereund response to fus:
County DeKalb	seribal produce a	the for we the final way to the for what the for we as state as state as state to the final to set in the final to the fin
Disability Broz Innus	Chiel renders mr	hatever hatever farrant to the farra
Amount, \$ 30	Surgletin meompetent	my true amount of the foregoing foregoing that may be reason and seal
W. H. HARRISON.	to perform any	and law and la
Secretary Executive Department.	Ortinay hand	fil attor ey I ma the ed by the maid
WARRANT HANDED TO	worn or manual labor. I feo let	ney in figure 1 to 1 t
Geo. W. Harrison, State Printer, Atlanta.	accendence to be made	in fact, for entitled to present service of authorizing overmor, or [L. s.]
	under oath	
	Dec	

STATE OF GEORGIA,

POWER OF

ATTORNEY.

Delkalk

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

#### STATE OF GEORGIA. DeKalk County. KNOW ALL MEN BY THESE PRESENTS, That I,

County, in said State, do hereby appoint

of Stare Marritan Delkalb Eo ha 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 for 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

Executed in the presence of us

B.F. Veal John Beauchann.

If allowed, send amount by Mr. J. N. Nas.

Soldier's Pension

### FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN,

De Kall County.	
Personally appears . M. Size	gleton of he Kall
County, State of Georgia, who, being duly swo	rn, says on oath that he is a bona fide citizen and
resident of Georgia, and has been continuously	since the 23th day of
Sugust 1843; th	at he enlisted in the military service of the Con-
	) during the war between the
	in Company 1, of 38 th Regiment
of Ha Volunteers H	Brigade; that whilst engaged
in such military service, at the battle of	in the State
of la , on the 27th	day of Junic 1862, he was
disabled as follows: Shot with	a minnie and shot
Mough the hips . e.	
W C	and enting the mus
	imanent moulting
	cleast bit of wark
	complete progratio
	ugh or near the Terinin
	has produced partia
	live lower or the wity also
	and the smallest amon
. 1	entire exaustion of the po
and the secult is intence	
ment sworn to spice 22.11	99. Jas M. Drangliton
Managadale.	

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

Am

Ordinary.

#### Affidavit for Witnesses.

STATE OF GEORG	GIA,
. County of De	Palf

. C. L. Clas	each of whom, being duly sworn according to law,
ally say, under oath, that they	y are personally well acquainted with
mi 0. 1+	whose application is herewith presented for a pension,
The state of the s	he army, and from our personal knowledge he was injured by
	statement, and tell in your own language how badly applicant is
	sy labor, or can do any, state what.)
11	ers in lea D. 38th Galleguens.
0 11/1	Singleton was shoo with a
minina ball	1 1 1 1 1 1 1 1
n The 27th do ;	
Little The things	a signation, sinceregic in
ide hail	the make the trettiel.
1 111	through the testieles
cutting end	which would is
cutting end	
permanent	which would is
permanens	which wound is and has resulted is
permanent	which wound is and has resulted is
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permanens	which wound is and has resulted is
permanent	which wound is and has resulted in
permanent	which wound is and has resulted in
permanens	which wound is and has resulted in
cutting end	which wound is and has resulted in

Nore.—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.

#### PHYSICIAN'S AFFIDAVIT

THE SHALL ATTENDED
STATE OF GEORGIA,
PERSONALLY comes before me Al M. Rogadale Ordinary of said County,
Lapran Hones M. and M.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 In Single ton and after such personal examination
say that the applicant has been injured as follows:
He was wounded posteries past of the left-
They in the reflect third The ball manging .
Upwards and inwards to the herineum onjuring
the pasteries harlion of the Urethia and thermali
Cords also the rections broducing torfor of the
rection the results of which meresitate the
habitual use of the syring to produce an evace
- wation of the bowels ale bradering a hermanut striction
of the weether. The Effects of the would injured to lared
and hermanent injury to the genilo arrivary Organs.
The result of which is permanent disability.
We have treated applicant professionally for Light years.
Sworn to and subscribed before me this any one A Caroo M.D.
day of A 18 1 1893. \ WE Johnson m O)
Ordinarialien for several months-
Norz.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.  Norz 2.—It 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.
Also state how long physicians have known and treated applicant,
Porm 4.
STATE OF GEORGIA,
De Kall County.
I, M. M. Rogshaw, Ordinary of said County,
do certify that I am well acquainted with I.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 13 day of April 1893

POWER OF ATTORNEY.  STATE OF GEORGIA,  COUNTY.  Know all Men by these Presents. That I, Im Singleton	POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  Know all Men by these Presents, That I,
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 Warrrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of.  1895.
Executed in the presence of us  PM Riesel  Milageolale  DIRECTIONS.  Send money to me as follows, by  toP. O.  County, Georgia.	DIRECTIONS.  Send money to me as follows, by to P.O.  County, Georgia,
Soldier's Peppsion.  Soldier's Peppsion.  Soldier's Peppsion.  TESPE.  No. By.  Sordiny De Male  Disability Body Warned  Amount, 8 57000  Secretary Executive Department.  Secretary Executive Department.  Secretary Executive Department.  Secretary Executive Department.	Simplethuyseum M. Lelle C. Low Relled.)  No. & Lo Z.  No. & Lo Z.  So. & Lo Z.  ISSO S.  ISSO S.  RICHARD JOHNSON,  Secretary Exercutive Department.  NARRANT HANDED TO  WARRANT HANDED

## For Applicants Heretofore Allowed Pensions.

	STATE OF GEORGIA,
	De Kalf- County.
	PERSONALLY appears LIN Singleton of Re Kall
	Personally appears and in green of incident
	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 Sug 1842; that he enlisted in the military service of the Con-
	federate States for of the State of ) during the war between the
	States, and served as a Private in Company D, of 18 th Regiment of In Volunteers Fordon 's Brigade; that whilst engaged in
	of In Volunteers Fordon 's Brigade; that whilst engaged in
	such military service at the battle of Level Harbor in the State
	such military service at the battle of Level Harbor in the State of la on the 22% day of func 1862 he was wounded as follows: Les heart with fail and short
	wounded as follows: That shot with that and shot
	And in Through hiks dulling the lestice cord
	early beg servous prostiction
1	Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
	and the acts amendatory thereof, and makes application for the allowance to which he is
	entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of
	dollars, for the year 1893.
	Sworn, to and subscribed before me, this, the
	Sworn to and subscribed before me, this, the Jan M Singletone
	Milliagsdoll admasy,
	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 Kalk County.
	10.00
	do certify that I am well acquainted with AM 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 March 1894.
	Affix \ Mmn \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	( your here) INMagsdaler
	Ordinary De Kall County.
	County.

# For Applicants Heretofore Allowed Pensions,

STATE OF GEORGIA, De Nall County.
Dersonally appears Misingleton of hellalt
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 Con-
federate States (or of the State of ) during the war between the
States, and served as a Private in Company , of 36 th Regiment
of La Volunteers, Lordon 's Brigade; that whilst engaged in
such military service at the battle of loacd darbor in the State
of Va on the 232, day of June 1862, he was
wounded as follows: Shot with minnil bace oud buch
that in and through the hips ball range
dozon autting to stice cold saffection
the nervous system as to Remain his
unable to larbor 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 Hilly dollars, for the year 189.
the hand for anything
day of Linear 1895.
Nore-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent
of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
Ae/Call County.
I. MM Castaley Ordinary of said County,
do certify that I am well acquainted with M. Singleton the
applicant in the foregoing affidavit, and an well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of March 1895.
AMX your Impleasedator
here
Ordinary Selal County.

### POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA, STATE OF GEORGIA, County. County. hereby authorize \_hereby authorize\_\_ to receive and receipt for the pension paid hereon and request that he remit same to 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 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this, day of Executed in presence of Executed in presence of us SOLDIER'S PENSION SOLDIER'S PENSIO RICHARD JOHNSON, No. 2367

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, County.
personally appears the Singleton of De Kath
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 Con-
federate States (or of the State of) during the war between the
federate States (or of the State of) during the war between the States, and served as a Private in Company D, of 36 th Regiment
of Lit Volunteers, Jordon 's Brigade; that whilst engaged
in such military service in the State of A, on the 22 d day
of, serve 1802, he was wounded, injured or diseased as follows:
I led with a your wie ball and buell they
entling the festile cord, and so affection
the nervous system that deponery
is unable to do any hind of labor
for a suppose
- good or grape of
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1896. I have heretofore as a resident of
A. C. Ralla county been allowed a pension of Wifty
dollars, for the year 1892.
Sworn to and subscribed before me, this, the Jas M Singlitary  Aday of March 1896. Jas M Singlitary
31d day of March 1896.
Nors-State fully the nature of wound or character of disease which ossues the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
of the disability, resulting from the wound or disease.
STATE OF SECROIA
STATE OF GEORGIA,
De Kalf County.
I, Magadaec, Ordinary of said County,
do certify that I am well acquainted with My 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 324
day of March 1896
40
Antix Jour Mill agodale,
Ordinary Le Kalh County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalk County.
Dersonally appears Mulingleton of He Kalk
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the 23
day of 1843; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a Privale in Company, of 38 th Regiment
of La Volunteers, Lovalon 's Brigade; that whilst engaged
in such military service in the State of 24 , on the 24 day
of 1802, he was wounded, injured or diseased of follows:
Col the hattle speace Harlow mas sho
upith, buch and beer exploding between
the thighs ball cutting testicle and
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 Ne Re Cha county been allowed an invalid pension of
Dollars, for the year 1896.
Sworn to and subscribed before me, this, the   Jell Singles
27th day of the & 1897. POST OFFICE Clearholon
March 1
MIN agodale Ordinary,
Nors.—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 Kelt Gounty.
I, Magsalles of 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
n his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this 27th
day of 266 1897.
Com March
Ans pour Illiangudeco.
Charles & Roll
Ordinary & County.

POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA, STATE OF GEORGIA, Dekell County. County. I, & M Singleline hereby authorize y hereby authorize of Detralle County Germia to receive and receipt for the pension paid hereon and request that he remit same to to receive and receipt for the pension paid hereon and request that he remit same to at Colark Store ga at\_ 4 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this . . IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Helinan day of Jell Singletan L. s.] [L. s.] Executed in presence of Executed in presence of in and for De kall boundy SOLDIER'S PENSIO Cour secret & Co. (For Those Aiready Enrolled.) LDIER'S PENSI RICHARD JOHNSON, RICHARD JOHNSON, No. 1947 1898 6681

# For Applicants Heretofore Allowed Pensions.

De hall a County.
Personally appears MI Single ton of De Kell
County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen
and resident of said State, and has resided therein continuously ever since the 234
day of C C C 1 1843; that he enlisted in the military service of the Con-
federaté States (or of the State of ) during the war between the
States, and served as a Secretary in Company D, of 38th Regiment
of Volunteers, Hor Lon 's Brigade; that whilst engaged
in such military service in the State of , on the 22 day
of 1863, he was wounded, injured oppdiseased as follows:
the wounded at the battle of cold
that wounder it me wanted to co
harbor la with buch and back sho.
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depercent uncable to kerforen
reacual labor
A Company of the Comp
resident of Sec / Cell county been allowed an invalid pension of Dollars, for the year 189 7.
Sworn to and subscribed before me, this, the you Main altan
Sworn to and subscribed before me, this, the you Maingleton
15 th day of Och 1898. POST-OFFICE
Mandella Ordinason
Norze-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.
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,
Norz—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.
Norz-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.  Ordinary of said County,
Norz-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.  Ordinary of said County,
Norz—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.
Norx—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.  I,  Ordinary of said County, do certify that I am well acquainted with
Norr—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.  I,  Ordinary of said County, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Norr—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.  I,  Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.  Given under my official signature and seal, this
NOTE—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.  I,  Ordinary of said County, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
NOTE—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.  I,  Ordinary of said County, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.  Given under my official signature and seal, this
NOTE—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.  I,  Ordinary of said County, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.  Given under my official signature and seal, this

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Herall County.	
personally appears M. Singleton of Defall	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide ci	
and resident of said State, and has resided therein continuously ever since the 2 ?	3
day of Aug 18# 5; that he enlisted in the military service of the	
federate States for of the State of) during the war betwee	
States and served as a Wrivate in Company D, of 38 th Regi	ment
of ta Volunteers, Gordon 's Brigade; that whilst eng	gaged
in such military service in the State of , on the 22	day
of Jane 1863, he was wounded, injured or diseased as follows:	0
This shot in privates with but	14
and vall causing nervous	A
seveling, or battle of level has	For
	1
	17:
Deponent makes application for the pension to which he is entitled for the year	end-
ing October 2812, 1899. I have heretofore under said law as a residen	
County been allowed an invalid pensi	
The state of the s	
Highly Dollars, for the year 189 8.	
The state of the s	
Dollars, for the year 189 8	
Dollars, for the year 189 Significant	
Dollars, for the year 189 8.  Sworn to and subscribed before me, this, the J. M. Singlitone  31 day-of And 1899. POST-OFFICE Clarinoli  11111 Ragsalle Ordinary,	on of
Dollars, for the year 189  Sworth to and subscribed before me, this, the J M Singletgee  3/ day of 1899. POST OFFICE Collaboration  Note State tuby the nature of wound or character of disease which causes the disability, and explain particular extent of the disability resulting from the wound or disease.	on of
Dollars, for the year 189 8.  Sworn to and subscribed before me, this, the J. M. Singlitone  31 day-of And 1899. POST-OFFICE Clarinoli  11111 Ragsalle Ordinary,	on of
Dollars, for the year 189  Sworth to and subscribed before me, this, the J M Singletgee  3/ day of 1899. POST OFFICE Collaboration  Note State tuby the nature of wound or character of disease which causes the disability, and explain particular extent of the disability resulting from the wound or disease.	on of
Dollars, for the year 189  Sworth to and subscribed before me, this, the  Junglitque  1899. POST-OFFICE Column  Norz-State tury the nature of wound or character of disease which causes the disability, and explain particula extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.	on of
Dollars, for the year 189  Sworif to and subscribed before me, this, the  J. Singletque  J. Singletque  1899. POST OFFICE Collaboration  Note State tuby the nature of wound or character of disease which causes the disability, and explain particula extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.  I. M. Raegadele G. Ordinary of said Co	on of
Dollars, for the year 189  Sworif to and subscribed before me, this, the  J M Singletque  1899. POST OFFICE State fully the nature of wound or character of disease which causes the disability, and explain particula extent of the disability resulting from the wound or disease.  STATE OF CEORGIA,  County.  I, Manage Lace of the disability of said Codo certify that I am well acquainted with Manage Lace of the disability of said Codo certify that I am well acquainted with Manage Lace of the disability of said Codo certify that I am well acquainted with Manage Lace of the disability of said Codo certify that I am well acquainted with Manage Lace of the disability of said Codo certify that I am well acquainted with Manage Lace of the disability of said Codo certify that I am well acquainted with Manage Lace of the disability of said Codo certify that I am well acquainted with Manage Lace of the disability of said Codo certify that I am well acquainted with Manage Lace of the disability of said Codo certify that I am well acquainted with Manage Lace of the disability of said Codo certify that I am well acquainted with Manage Lace of the disability of said Codo certify that I am well acquainted with Manage Lace of the disability of said Codo certify that I am well acquainted with Manage Lace of the disability of	on of
Dollars, for the year 189  Sworif to and subscribed before me, this, the  J M Singletque  1899. POST OFFICE Selection  Nore-State fully the nature of wound or character of disease, which causes the disability, and explain particula extent of the disability resulting from the wound or disease.  STATE OF CEORGIA,  County.  I, Manage Alexander of the disease which causes the disability, and explain particular extent of the disability resulting from the wound or disease.  STATE OF CEORGIA,  County.  Ordinary of said Codo certify that I am well acquainted with Manage Landon applicant in the foregoing affidavit, and am well satisfied that the statements made by	on of
Dollars, for the year 189  Sworif to and subscribed before me, this, the  John Singletone  1899. POST OFFICE Statistical  Nore-State fully the nature of wound or character of disease which causes the disability, and explain particula extent of the disability resulting from the wound or disease.  STATE OF CEORGIA,  County.  I, Ordinary of said Codo certify that I am well acquainted with satisfied that the statements made be in his said affidavit are true, and I know he is the individual he represents himself	on of
Dollars, for the year 189  Sworth to and subscribed before me, this, the  3/ day of 1899. POST OFFICE Delivered  Note State tuly the nature of wound or character of disease which causes the disability, and explain particula extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.  I, County.  Ordinary of said Codo certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by in his said affidavit are true, and I know he is the individual he represents himself and that he resides in this County.	on of
Dollars, for the year 189  Sworth to and subscribed before me, this, the  3/ day of 1899. POST OFFICE CLAUSED  Norse-State turly the nature of wound or character of disease which causes the disability, and explain particular extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.  I, County.  I, County.  Ordinary of said County.  Applicant in the foregoing affidavit, and am well satisfied that the statements made be in his said affidavit are true, and I know he is the individual he represents himself and that he resides in this County.  Given under my official signature and seal, this	on of
Dollars, for the year 189  Sworth to and subscribed before me, this, the  Judge of 1899. POST OFFICE College of 1899. POST OFFICE College of 1899. POST OFFICE College of 1899. Post Office of 1899. P	on of
Dollars, for the year 189  Sworth to and subscribed before me, this, the  3/ day of 1899. POST OFFICE CLAUSED  Nors-State tury the nature of wound or character of disease which causes the disability, and explain particula extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.  1, Ordinary of said Codo certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made be in his said affidavit are true, and I know he is the individual he represents himself and that he resides in this County.  Given under my official signature and seal, this	on of

# POWER OF ATTORNEY. STATE OF GEORGIA, County. \_\_hereby authorize\_ to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this\_ Executed in presence of

# POWER OF ATTORNEY. STATE OF GEORGIA. \_ County. hereby authorize to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal this Executed in presence of

SOLDIER'S PENSI DISABLED

INVALID 1900. SOLDIER'S PEN

Name J. M. Sing

JOHN W. LINDSEY,

Disability

# For Applicants Heretofore Allowed Pensions.

TATE OF	GEORGIA,
Le lall	County.
Personally	appeare & Mr. Singletonos De Kall
ounty, State of	Georgia, who being duly sworn, says on oath that he is a bona fide citizen
nd resident of s	aid State and County, and has resided therein continuously ever since the
3. day o	1843; that he enlisted in the military service of
e Confederate	States (or of the State of 6 a ) during the war be-
ween the States	and served as a Plicate in Company D, of 38 th
egiment of	Volunteers, donder, 's Brigade; that whilst
ngaged in such	military service in the State of , on the 2.2 d
ay of Fille	
d' trail	
by The	xplosion of a shell or bush voul
Vin The	privates, cutting lestiele con
dieti	lest deponent in debilitated
red in	sion condition whally to
worth 2	a a rublist
-, -	
	nakes application for the pension to which he is entitled for the year
11 14 11	26th, 1900. I have heretofore under said law as a resident of
Sie hall	
Hiply	Dollars, for the year 189 4.
Sworn to an	nd subscribed before me, this, the fasth single Lan
14 day	of Sca 1900. POST OFFICE Color Mission
-12111	Denter alimen
Norm State ful	the nature of wound or character of disease which causes the disability, and explain particularly the resulting from the wound or disease.
tent of the disability	resulting from the wound or disease,
TATE OF	GEORGIA,
S.c. Kall	County
ma mari	County.
I; 7/	M. Ragolace 1 Ordinary of said County,
o certify that I	am well acquainted with & MI sugleton the
pplicant in the	foregoing affidavit, and am well satisfied that the statements made by him
n his said affida	vit are true, and I know he is the individual he represents himself to be
nd that he resid	les in this County.
	Given under, my official signature and seal, this 19
~~~	day of 1900.
your	MARIE
here.	Lilly ago we
	Ordinary Delata County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
He Tealh County.
Personally appears M. Singleton of De Kall
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the 3
day of Osa 1843; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a Private in Company D, of 38 th Regiment
of La Volunteers, London 's Brigade; that whilst engaged in such military service in the State of La on the 22 day
In such particularly service in the Date of
of fine 1863, he was wounded, injured or diseased as follows:
in printes cutting testile chord
Mansing nervous debilità so can
causing merone severy so care
nor wriv.
Deponent makes application for the pension to which he is entitled for year end-
ing October 26th, 1901. I have heretofore under said law as a resident of Ace Rall County been allowed an invalid pension of
Pixty Dollars, for the year 1900.
Sworn to and subscribed before me, this the far Maingletan
12th day of San 1901, Postoffice Carkeston
Think!
Nors.—State fully the nature of the wound or character of disease which causes the disability, and explain partic-
Nors.—State fully the nature of the wound or character of disease which causes the disability resulting from the wound or disease.
STATE OF GEORGIA.
De Calle County.
I, MM, Ragsdace, Ordinary of said County,
do certify that I am well acquired with Mosingleton the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this 12 M
day of Jan 1901.
SAR STATE OF THE PROPERTY OF T
ordinary Le Kalk County.

	Lathings of Common and Received	County,
and the second s	County.	
I,	hereby authorize	· · · · · · · · · · · · · · · · · · ·
	., ,	
	e pension paid hereon and request the	
		the state of the second part of the
	Karana an an angkarak at tuatan	e tratements made by
IN WITNESS WHERE	OF, I have hereunto set my hand and s	seal this
y. òf	<u>ro</u> 1902:	
TATE OF GEORGI	4	[r. s/]
Executed in presence of		
Discussion in presence of	have the state of	
	and the same appearance of the	
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	38" 38" 1902.	coaffed for the year
ENBOLLEO.)	38" 38" 1902.	LINDSEX, Commissions of Prosition.  HANDED TO THE FILTER, Albant.  THE PLANT ALBANT.

POWER	OF ATTORNEY.
STATE OF GEORGIA,  Dekall. County.  I, & All: Dinghlow	hereby authorize 1. S. Dhicey of Clarkston Dekall Cosely
nice f. M. Singhton Gla	- Commence of the Contract of
day of Jan the 25, 1903.  Executed in presence of Shariney	pe hereunto set my hand and seal this
No. 19 P.  DISABLED  JER'S PENSION  1903. C.	Singleton JM.  Regiment 36  Regiment 36  (2 3 1908.  Sometimen of Pondors  WARRANT HANDED TO  WARRANT HANDED TO

Disability (

( FOR THOSE ALRI

SOLDIER'S

STATE OF CEORGIA,

Personally appears - Secondly south

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF CEORGIA
STATE OF GEORGIA,
Le Kall County.
Personally appears Mosingleton of De Kall
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the 234
day of 1843; that he enlisted in the military service of the Con-
federate States (or of the State of 29 ) during the war between the
States, and served as a Private in Company D, of 38 th Regiment
of Volunteers, Jordon 's Brigade; that whilst engaged
in such military service in the State of, on the
of Jane 1863, he was wounded, injured or diseased as follows:
The faire of Coel darver mot with
on the valle in privale from
which we was piver resided
now waste which
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
County, been anowed an invalid pension of
Dollars, for the year 1901.
Sworn to and subscribed before me, this the land syngleton
130 day of Jan 1902. Post-office Clashston
Note.—State fully the nature of the wound or character of diseased which causes the disability and evolving
NOTE.—State fully the nature of the wound or character of disasses which causes the disability, and explain- particularly the extent of the disability resulting from the wound or discase.
STATE OF GEORGIA.
De Kalk Sounty.
In a leading
Ordinary of said County,
do certify that I am well acquainted with the applicant in the foregoing affidavit, and an well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under by official signature and seal, this
day of Lan 1902
AMIX your / MMR and are
ordinary 2 Nath County.
NoteFill all blanks and of Company and Legiment.
Nors.—All vouchers and affidavits must bear date after January 1, 1902.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.
De Kalk of County
16 1
Personally appears MA Angleton of De Kalh
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the 232
day of dug 1843; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a Private in Company D, of 38 th Regiment
of da Volunteers, Forton 's Brigade; that whilst engaged
in such military service in the State of 2 , on the 22 day
of Jame 1863, he was wounded, injured or dispased as follows:
Mas wounded with buch and ball or batto
of leold Harbor, cutting private last man
Sunables him to work for a living
The state of the s
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1903. I have heretofore, under said law, as a resident of
Actalk County, been allowed an invalid pension of
Dollars, for the year 1902.
Sworn to and subscribed before me, this the ) for Mingletan
10 day of Jan 1903. Post-office
Norm.—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, )
(1.12.11)
Ac scale County.)
I, Will Rogsolace 1, p Ordinary of said County,
do certify that I am well acquainted with A. 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
day of 1903,
Min I
Anni Magadace — MMagadace
Mind I

### POWER OF ATTORNEY.

STATE OF GEORGIA,	
Distally Country!	hereby authorize
J. D. William St.	orinty
to receive and receipt for the pension paid hereon, and request that	he remit same to
at	16
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	
- Jas M. Srugle	Lan [L. 8.]
Frecuted in presence of January. R. Gurran	
Ordinary	

ingeton, James M.	FOR THOSE ALREADY ENROLLED.)	No - 311	DISABLED	SOLDIER'S PENSION	1904.	Name Ill Sing Elon	Co. A Regiment 38	506% 1904.	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO	Geo. W. Harrison, State Printer, Atlanta.
Sungleton o	(FOR THOSE	No.	DIS	SOLDIE!		Name A	Co. Co.	Amount, \$ 500°	JOH	WARI	Geo. W. Ba

	FOWER !	or Alic	JAME I.		
STATE OF GEOR	ЭÍА,	1 .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1	County	}			
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o receive and receip	t for the pension		and request t	hat he rei	nit same
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. E	0 1	2 8	61	V. LINDSEY, Commissioner of Pensions	7
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ENROLLE SD		37 2 00	7'7	T. of	T Q
E E	E. C.	1 2 E	111	DSI	M B
1	- 3 d.	Mal Regiment	0/ 6/2	M ss	TA TA
ALREADY ALREADY SABLI	So X	R A	3 2	W. J	E
9		12	23	JOHN W. LINDSEY, Commissioner o	ARRANT HANDED TO
OI No.		107	3 2	TOF	E I

(FOR THOSE ALRE

SOLDIER'S

No.

Disability

WARRANT H

#### STATE OF GEORGIA. Destall County. Mingleton of DEKall Personally appears 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 1843; that he enlisted in the military service of the Conday of cley federate States (or of the State of \_\_\_) during the war between the States, and served as a Si in Company D, of 38 th Regiment of 19a Volunteers Gorclon 's Brigade; that whilst engaged in such military service in the State of \_\_\_\_\_, on the 22 day Short in Ssivates buch & 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 County, been allowed an invalid pension of Dollars, for the year 1903. Sworn to and subscribed before me, this the Jas III Singleton day of January 1904 Norz.-State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA. Destall 1, Janus. P. George Minuteton do certify that I am well acquainted with the applicant in the foregoing affidavit, and are well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given undermy official signature and seal, this\_\_\_\_\_

Note.-Fill all blanks and of Company A Regiment.

CARBOL VILORWEY

Note.-All vouchers and affidavits must bear date after January 1, 1904.

day of January

Affix your Heal here.

Mullall COUNTY Personally appears J.M. Singleton of Detract County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the... 18 ; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the in Company of 38 th Regiment States, and served as a\_\_\_ Volunteers 's Brigade; that whilst engaged in such military service in the State of\_\_\_\_ Body Cold Varbor Va 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 Leftalo County, been allowed an invalid pension of Dollars, for the year 1904. Sworn to and subscribed before me, this the Jasell Singleta. 14th day of January 1905. Post-office Tolarks La. Norg.—State fully the nature of the wound or character of disease which causes the disability, and explain STATE OF GEORGIA, COUNTY, I. Janua 19 Very p. Ordinary of said County. do certify that I am well acquainted with J. M. Dingletone the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 Julian 1905

STATE OF GEORGIA.

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

Amendment to testimony of Physicians in the application of fas de singleton for a pension I would by leave to add That & consider him totally discible for perforing any work or mennal dubor in this persont Physical concletion us the result of wounds received in the late mer I have hed the capplicant for do singleton under personal observation and treatment chief for several months past and I come Throughly convinced that he is a Physical wreck from the wounds received as stated about Bespectfully Submitted W.E. Johnson M. I. Georgia Hullon County Personally appeared before me IH. Landrum a fustice of the Peace in and, for said County W. E Johnson M. J. Who on Oath Says that the above Certificate as stated is true-Sworn to Ysubscribed before me this Abril 192 1893 W. Johnson dl. D. 8, 4, Landrum J. P.

I beg leave to submit the additions Latimonoray by way of amendment. In the application of Jones on Snight for penison. 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 invites and condition to be such as to render him Totally disabled to performs manual labor and futher that an effort to performed any work by him Even to a Extent frequently results in Comple prostration, and for days following he is thielfiless. and further that from the effects of Said would The functions of of the procreatine organs are totally destroyed. al. M. Janes. M. D.

Personally appeared before mes IN Jones a practicing Physician and on Oath Says that The forgoing declaration by him Subscribed in Live Severn to before me Mind 1st day of office 1888 August of the Harpino HPR 18 406 But I g the

NAME, Singleton, James M.

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

ENLISTED WHEN AND WIERE?

RANK. Private.

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

NAME OF CAPTAIN AN 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, MIEN AND WHIRES?

RELEASED.

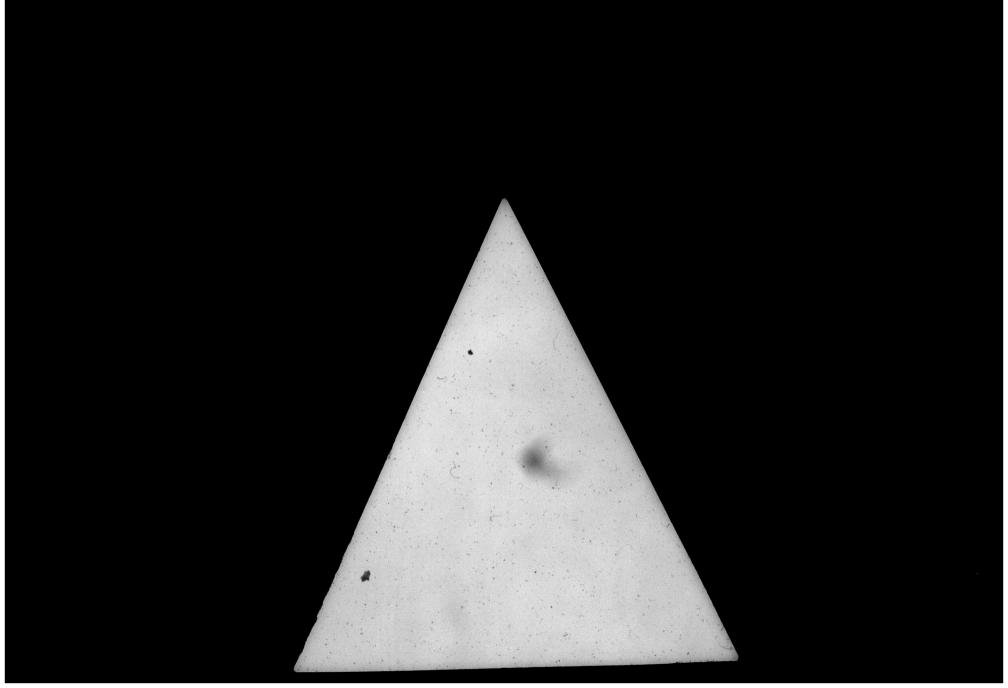
WHEN AND WHERE SURREND THED?

IF NOT IRESULT AT SURRAIDER, WHIRE WERE YOU?

DIED, WILL AND WELL?

BURIED.

WITNESSES. J. W. McCurdy, 1st Lieut. George R. Wells, 2nd Lieut.



Widow's Application UNDER ACT 1910. Who Lost a Husband During War as a Soldier, Remarried and is Now a Widow. County Do Kall Name Saral D. Singlaton Soldier Husband's Name

J. S. Franklin Company X Regiment 36# Ya Name of Last Husband Approved J. W. LINDSEY,

Chas. P. Byrd, State Printer, Atlanta.

Widow's Application
UNDER ACT 1910.
Who Lost a Husband During War as a Soldier, Remarried and is Now
Soldier, Remarried and is Now
Soldier Husband's Name
County Da Kalk
Name Caral & Shauglaton
Soldier Husband's Name
Regiment 36 or Sau Alan
Regiment 36 or Sau
R

J. W. LINDSEY,

Atterwards married, now a widow.

DekalbCounty.		
Personally before me comes Mrs. Sarah D. Singleton	who after being sworn on	0011
says that she became the lawful wife of T. S. Franklinn the day	f Aug. 27th 1860	and
says that she became the lawful wife of T. S. Franklinn the day of that he did on the mark xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ny Co.K. 36th Regi	nen
and was on the15th day ofJuly _1863 . Elike or died as the re	sult of an injury received w	white
and was on the 15th day of July 1863 Edit or died as the re in line of duty on the stoge of Viokaburg, chronic Dierry	ing this applicant, his wi	dow
That on the 21st day of Jany 1879 she was married to E 1		
DeKalb	eb!y 1908 in the co	unt
ofDekalbState of Georgia, the said E. N.	Singleton died and	tha
this deponent is now a widow.  That she was on the 4th day of November, 1908 or at the death of l	ner last husband left in the	e us
possession and control of the property. Stated in schedule (A)		
None acres of land cash value of No. value		
None Horses or mules None		
money, notes, etc	1	
actual income and savings		
Total	\$25.00	
	***************************************	
SCHEDULE B.		
That since the 4 of November, 1908 or the death of her husband,		
following property of the cash value \$300.00 as follows 2.4		
house, sold to Miss Daisy Walton		
Total value		)
bo h colleted, the balance payable ten dollars		
SCHEDULE C.		
That she is now in the use, possession and control of the following pro-		
acres of land of the cash value Nothing		
II data - la la Com tro	lue \$25.00	
Hogs and other stock Nana		
		·
Hogs and other stock Name Cotton and other farm Products, worth None	t	[
Hogs and other stock	\$245.00	
Hogs and other stock	\$245.00	`
Hogs and other stock	\$245.00	\ \ ?
Total value of all property	\$245.00	- Per
Hogs and other stock	\$245.00	- Per
Total value of all property	\$245.00	les
Total value of all property	\$245.00 Dung l	lus
Total value of all property.  and that the valuation of all of said property, is stated at its true cash value.  Sworn to and subscribed to by me this day of System County.  Affidavit of the Witness to the Service and I	\$245.00 Dung l	lus
Total value of all property.  and that the valuation of all of said property, is stated at its true cash value.  Sworn to and subscribed to by me this.  Ordinary.  Affidavit of the Witness to the Service and I Husband and Her Marriage.	\$245.00 Dung l	lus
Total value of all property.  and that the valuation of all of said property, is stated at its true cash value Sworn to and subscribed to by me this.  Ordinary.  Affidavit of the Witness to the Service and I Husband and Her Marriage.	\$245.00 Dung l	lus
Total value of all property.  and that the valuation of all of said property, is stated at its true cash value Sworn to and subscribed to by me this.  Affidavit of the Witness to the Service and I Husband and Her Marriage.  STATE OF GEORGIA,	\$245.00 Dung l	lus
Hogs and other stock. None  Cotton and other farm Products, worth. None  Total value of all property.  and that the valuation of all of said property, is stated at its true cash value of sworn to and subscribed to by me this. Aday of Sworn to and subscribed to by me this. County  Affidavit of the Witness to the Service and I Husband and Her Marriage.  STATE OF GEORGIA,  DeKalb. County.	\$245.00  Desing language  Mangel  Death of Soldier	les hat h
Hogs and other stock	\$245.00  Death of Soldier  ly sworn on oath says the	
Total value of all property.  and that the valuation of all of said property, is stated at its true cash value Sworn to and subscribed to by me this.  Affidavit of the Witness to the Service and I Husband and Her Marriage.  STATE OF GEORGIA,  DeKalb	\$245.00	ls.
Total value of all property.  and that the valuation of all of said property, is stated at its true cash value of sworn to and subscribed to by me this.  Sworn to and subscribed to by me this.  County  Affidavit of the Witness to the Service and I Husband and Her Marriage.  STATE OF GEORGIA,  DeKalb.  County.  Personally before me come. W	\$245.00  Paring lands and says the Gardines of Young lands and	18

married again on t	he 21st day of Jar	1. y 19.70 to one M	N Singloton and
	and died on the		
said	applicant is now a widow.	0 14	10-1
Sworn to	and subscribed before me this	7 day of Suff	7910
Jamani	Gury Ordinary.	sh M 10	dolineums
of Du	(Cally County)	11 1 - 2 - 2	V
1 4 00 1			
Affida	avit of the Witness to	the Property and	its Value.
STATE OF G	EORGIA.	0 100	
Dute	all County 44	XX-N TVE	Y- carl a
	(1) Vigit Sil.	who after being sworn on	onth pays that the am
Fron Holders of said	d County of	and that they know M	rs. and
	4th day of November or at the deat		
	and that he left her in the use		
value, as follows.		, possession and control of	property and the came
	( · · · · · · · · · · · · · · · · · · ·		
	SCHEDUI	LE A.	
Lagres	Lands whose cash value	\$ 3000	<b>\</b>
strong contract and character	Horses mules		477
	Cows logs and other stock	25	
4, 4,	Money, notes and accounts		
12 y 2 2	All other property		\$ 271-00
			7520
	Total cash value of all property.		······································
	SCHEDUI	LE B.	
We know that	t since the 4th November, 1908 or	since the death of Andre	husband she has sold or
	of the cash value of to-wit:	87	- 100
2 acre	land worth	15	005
	Horses and mules		
	Cows, hoge and stock of all kind		75
	any and all other property		1.48
	Total cash value	~3	200
(State fully.)	ne proceeds of this property were.	ts full cast va	nue and was disposed of
for h	in support		<u> </u>
0		`	<u> </u>
	SCHEDUL	E.C.	
Wa' because the	t the applicant is now in the use,		property of the estual
cash value as follow		2 session and control of	property of the accura
	Land of the cash value of.	mergiand	uso of the
7	Horses and mules, cash value of.	growing.	She do to
·	Cows hogs, and other stock	and the	11 10 her
	Wagon and Buggy	verye y	1 1000
<u> </u>	Other personal property	Data UN	Lit alles
	Money notes and accounts	Com Si	7 ~ ~ .
	Actual income and savings	di ou	
	Total cash value of all property.		······································
2 Sworn to and	abscribed before me this	day of	19
ESSILO !	July Ordinary   W	M. miller &	1ameloundy
. 1	Malla County		The state of

#### STATE OF GEORGIA.

County.
I
That I also know witness to the service, of Husband's marriage, and the death
of Husband, and I also knowwhom 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 Sin 1100 returned property to the amount of 1908. 3 24 5 for 1909 Months for 1909 for 1909
Given under my hand and official seal of affix, this the
Pad this rote

Read this note.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words;
"You do selemnly 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 geptember 1910.

J. J. Robinson

MARRIAGE LICENSE

OF

AND

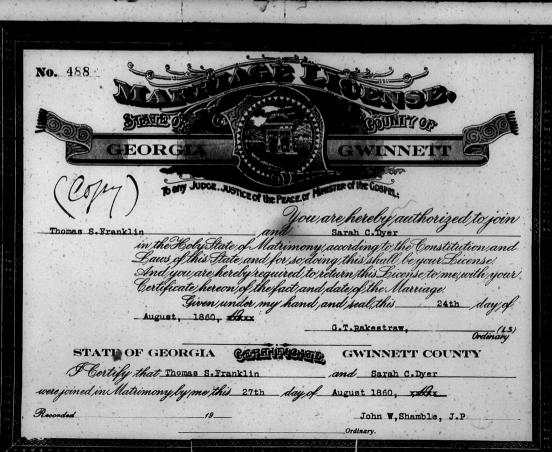
And recorded on page

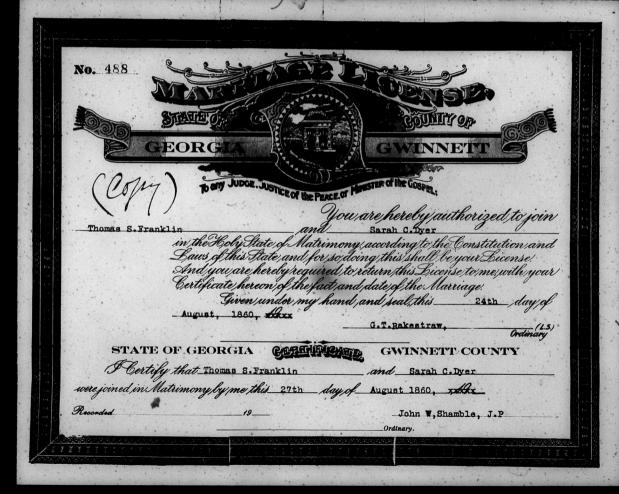
not recorded of Marriage Licenses.

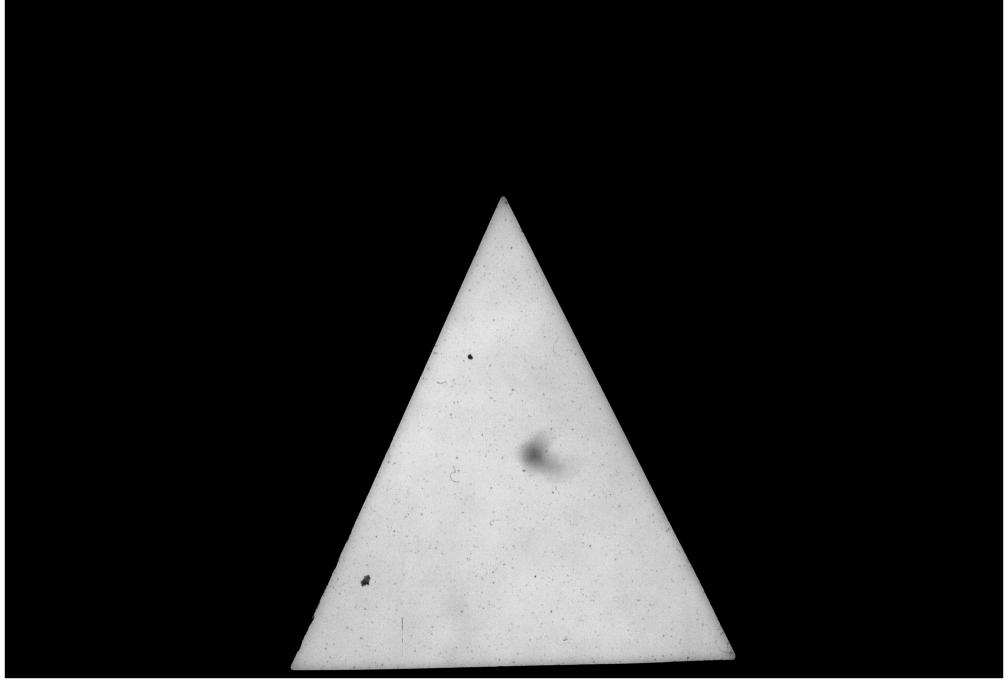
Ordinary.

4

# MARRIAGE LICENSE







# Ordinary's Certificate

Se Gell progs				· · · · · · · · · · · · · · · · · · ·
Country of	NOTES	worthy, an Sworn to (SEAL)	and w	That H
Widow's Pension Under Act 1910—as Amended by Act of 1919.	i: 1. Before a ''You do you shall 2. Addition 3. Only wid 4. All affidd such Ord 5. Attach on reputatio	rn under my	is the person she r and was on the 4t the witness who sw	E OF GEO
1 /N 0P	ny questions : solemnly swe give will be til d affidavits m oves who marris many. ritined copies n.	statements a	epresents he hovember to the s	Z Z Z
Name West V. P. Singillon Widow of J. M. Singillon	are answered are that you we are that you we he truth. So he say be attached independent of a made before of marriage li	worthy, and their statements are entitled to full faith and cred.  Sworn under my hand and official seal of official this ————————————————————————————————————	is the person she represents herself to be and she is a bona fide cor and was on the 4th November 1908; that I also know the fitter the witness who swears to the service of husband; that both of them the witness who swears to the service of husband; that both of them	810
Company Someon Someon Someon Someon Company Someon	the Ordinary ill true assessibly on God."  If blank spands and spands and spands and spands and spands and spands and spands are defined to be spands and spands and spands are defined to be spands and defined	o full faith :	I also know.  Shand; that	COUNTY
Approved	shall swear ap re make to eat re may to eat res are entitle 881, are entitle of the residen		both of them	**
1000	plicant and the h of the quest cient. ee of the pers prove marriag	(B)		Ordina
ENTERED ROSTER OFFICE	e witness in the	all of the second	now residents of a they both are	mary of said County, do o
J. W. LINDSEY, Commissioner of Pensions.	e following was and the erritoring and certific mand certific man, or by go	Ordinary,	and County	County, do ce
Des Date of the Date of the Control of	2 2 27	B 1		TO H

9-16-1919

STATE OF GEORGIA, As Amended by Act of 1919 COUNTY. Questions for Applicant -----Ordinary of said County, do certify STATE OF QUENCIA 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 WHA Dichuson malestonor said State and County, Personally before me comes A and, after being duly sworn, says that she desires to apply for a pension allowed under the Act the witness who swears to the service of husband; that both of them are now residents of said County and of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustthe following questions to-wit: 1. What is your name, and where do you reside? D.D. Since worthy, and their statements are entitled to full faith and credit Sworn under my hand and official seal of office this \_4 2. How long and since when have you been a continuing resident of the State of Georgia? (SEAL) a. Here you married since the death of first and soldier husband? Land 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 witness 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 4. When, where and in what Company and Regiment did your husband enlist as soldi federate Army or Georgia Militian) (State the arms and class of Service.) such Ordinary.

5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general 7. If he was not present state clearly where he was Hume in Su Pension LINDSEY c. For how long was he granted leave of absence? e. What was his physical condition when he left his command? Wound >4 ROSTE f. What effort did he make to return to his command? Widow's g. In what way was he prevented from going back to Command A Dunnal h. Was he captured by the enemy at any time? \_\_\_\_\_ List \_ Tuck 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 ! Hwy k. Were you residing together when he died? \_\_\_\_ \( \text{\text{\$\subset\$u\$} we wan} \) 1 If not, how long had you resided apart! m. Are you now a widow? 9. Have you or your husband heretofore been paid a pension by the State while the ANNUL Ordinary (SEAL)

Milson 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. Di ckerson, 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 (Dont know date)  How do you know?			
4. When and to whom was she married? J. M. Singleton. How do you know?			
5. How long and since when did you know			
husband! Since about 1850			
6. When and where didJM_Singleton			
the husband of applicant, diefDont know			
7. Were the applicant and her husband living together as husband and wife at the date of his death			
8. If not, how long did they live apart before his death? Never lived apart			
Were they divorced t No.			
9. When, where and in what Company and Regiment didJ M Singletonenlist			
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? _Appointtox Courtho			
13. Were you personally present when it was surrendered?YesIf not, where			
were youand how came you there f			
14. Was the husband of applicant personally present at surrender?NoIf no			
where was he? Was nursing in hospital When, where and for wha			
cause did he leave Command? (Give date.) Wounded early in 1864 By whose			
authority did he leave his Commandi of Commanding officer And how			
long was he granted leaves During disability How do you know all this			
I was member of same company and saw him constantly from date of			
his enliatment 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 Com-			
mand: 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 JH 9. 1 buckeryon Sayy			
Haus 2 Duren Coordinary)			

of \_\_\_\_\_ County.

(SEAL)

Georgia, DeKelb County.

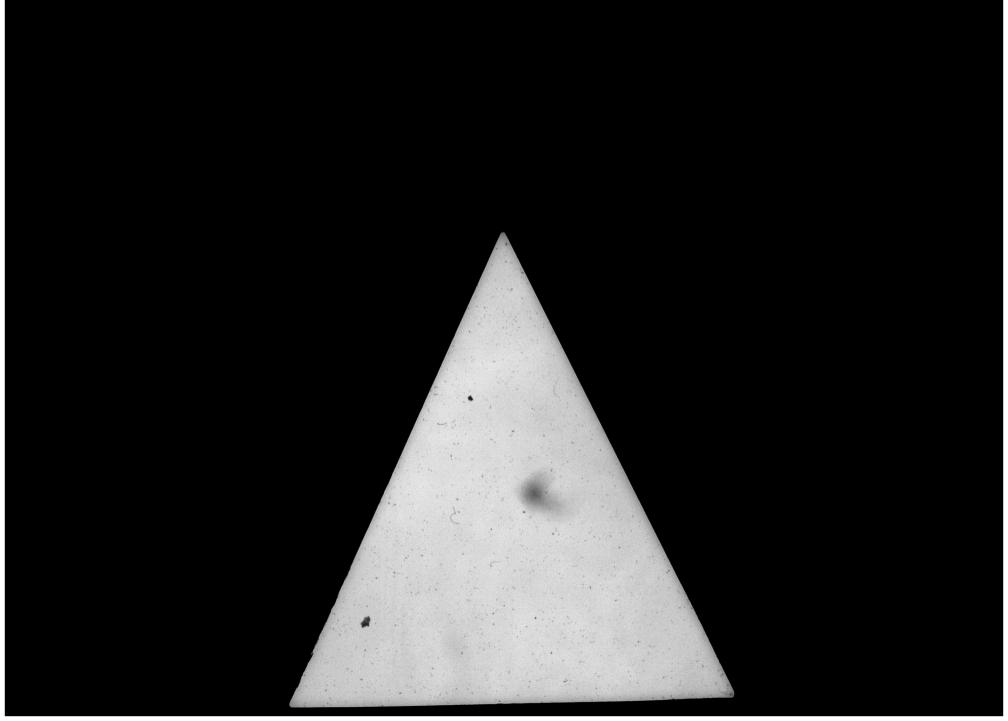
Personally appeared before me, the undersigned, J. C. Estes, who being duly sworn, says on oath; That J. M. Singleton and Miss V. D. Beauchamp were joined together in matrimony on the 16th day of August, 1878, that deponent was present at the marriage and saw the marraige ceremony performed by Rev. Fielding Maddox.

Deponent makes this affidavit because of the fact that the marriage record in the office of the Ordinary of DeAalb 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.)

Ordinary.



of the wound should be carefully and fully seen statement of facts showing the extent of the tracted in the service, a full and carefully stated

wer to say that an arm is "substantially useless for ordinary pursuits of life, etc." on to the clause of the Act in reference to the arm or leg, but the limb must for all inlly and essentially useless."

inly and essentially useless."

o say that unless the injury is such as to require the construction of the Act, and the o say that unless the injury is such as to require the constant use of crutch or stick, bestantially and essentially useless."

Ex Dept Hauta La Applicant is not proofs by physicians APPLICATION FOR ALLOWANGE mot show ing that the present andition or applicant is the Applicant, Strinaus & A. County De Kalb direct result of Dernice a 1 a Dol Amount duci. Date of Warrant\_ Entered on record M. H. Hamison 188 C6011

SECRETARY EXECUTIVE DEPARTMENT.

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

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

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

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 purphoses 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."

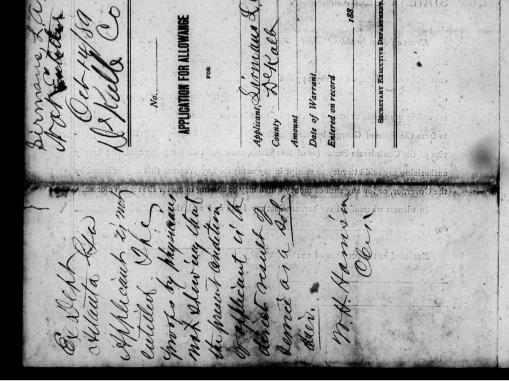
5. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly seven to.

6. Every application must be certified by the Ordinary of the county of the residence of the applicant.

The certificate of any other will not be received in any case.

The Ordinaries of the several counties are specially requested to call the attention of the physicians

and applicants to these points.



For use of Applicants who Have not Heretofore Drawn.

STATE OF GEORGIA,
LEKall county.
418:
Personally appears I Directions of Delicell 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
1839; that he enlisted in the military service of the Con-
rederate States (or of the State of ) during the war between the
States, and served as a Merchang Bottom in Company A, of 26 th Regiment of Occided your North Company A of 26 th Regiment of Company A of 26 th Regiment of 26 t
5 Dilgade, that whist engaged
in such military service, at the battle of sleet Norte Chalan Cong in the State
1002, lie was
B.11: 4
HC. I'm with the second
Chican of The law Kidnes and heroin, System Colourty
deportantes permanently enjura and has been rendered
peactically incompetent to perform the corclinery
Manual hovealtins 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
Sworn to and subscribed before me, this the
A Commences
22 day of Fletrecay 1885
down to Ital 89?
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,
Autro County !
lin la s
PERSONALLY came before me III. Species of the county
of Charting State of Georgia, who, being duly sworn, says that he was
a commissioned officer in Company A, of 20 " Battatio Regiment of Grape Parsen as Wolunters, and that deponent knows of A. Sermans, 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 A. J. Jumeus
as stated by him in said affidavit. Deponent further states that said
a dome fine citizen of this state and resides
in strate county. PR. M. T. C. A. T. O. O. O.
That Spenier W Fucionaga S. D. Spencer May 20 Boh To Ge
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:
To serve 1501 Broth an American and Accommended site following amounts of entractic configuration critisens smoothly following the

STATE OF GEORGIA,  County.	STATE OF GEORGIA,  Se Kall County.
Personally came	I, M. Rogstale, Ordinary of said county
	do certify that I am well acquainted with La Sirmone the
citizens ofcounty, in said State,	applicant in the foregoing affidavit, and am well satisfied that the statements made by him
who, being duly sworn, say that they are acquainted with	in his said affidavit are true, and I know he is the individual he represents himself to be
and know that he received the wounds (or contracted the	and that he resides in this county. I also certify that the foregoing witnesses, are person
disease) in the military service, as stated by him in the foregoing affidavit; that said wounds	of respectability, and that their statements are worthy of full credit and belief.
(or disease) permanently disables applicant, as stated by him; that said applicant is a bona	I further certify that Srwin & deat befor
fide citizen of this State, and resides incounty, and we	whom the foregoing affidavits were made and power of attorney was signed, is
are well satisfied that all the statements in his affidavit are true.	Justice of the React of said county, and the said affidavits and signa
Sworn to and subscribed before me, this	tures thereto are genuine.
day of 188	Given under my official signature and seal, this 23 day of Hel 1884
Note.—Above affidavit must be made by three citizens of the county of applicant's residence.	Ordinary La Kall. County
STATE OF GEORGIA,  County.  DERSONALLY comes before me M. M. Ragulaly Ordinary of said county,  L. Hamilton Mich. and D. L. Summer Man, both known to  me as reputable physicians of said county, who, being severally sworn, say on oath that	POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  Know all Men by these Presents, That I,
they have carefully examined L. A. Sirmuns and after such	of.
examination say that the applicant has been injured as follows: We have Kingon	county, in said State, do hereby appoint
applicant for about 17 years and have her Called	of my true and lawful attorney in fact, fo
To Treat him frequently within Said time, and have found	me and in my name, to receive and receipt for whatever amount of money I may be entitle
him suffering from a complication of discuss. His diver	to from the State of Georgia by reason of the injury received as aforesaid in the military ser
is atrophical which causes chronic indigestion, and by agrapathy	vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereb
interfine with the secretory functions of the Kidness who	authorizing my said attorney to receipt in my name for any Warrant that may be issued by
causing general nervous debility whereby he has been sendered	the Governor, or for any sum of money which may be coming to me for the reason aforesaid
practically incompetent to perform the ordinary, manual aurocations	In witness whereof I have hereunto set my hand and seal, this
Sworn to and subscribed before me, this)	day of188
23 day of Feet 1889 Chas R. Suring M.O.	(I <sub>6</sub> S.
Millegodely.	Executed in the presence of us:

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

Circle Count, Low W. Michelle Mid Circl Colingen of Colinghe County come Studort ferries who living cheely Sunning lugs on out that they know L.S. Serieuns that he was bergeame raine in the County of an of ce tespectable femily court theat before theolow, believe withe Steel he leaves a somme healthey young hearther of gill organio Cliences - He Knew then when he refer terne and, joined the Come of the Confectioner will firemate in Company of youthe perger bulladling Cuels, hereis big un ( ) cour statement on the Islory Reprinter Country of Chatan en Suice State to governe the cesting vergers aguint our Common encing The Know that Catrilo there in faith fees duchengo of duly and solder in define of our Circulay he Centrades a reitent Caroof Sopho malance Genera after Cying in Comps for some limo very rick ha was sent hime by his Officers & Dergeon - He Know that he had ling spele of rangion lingering between if and ceathfor

Statisflergen Id George Cornelius. diedety that Jum were acquireles R 18 Johnson a Pettusin reely consel rend County, who proces the frequiry affections com de con circo sulos freethat the statement mice by the inther ren is exteriors and med for them for Soman fine the Cimo of his weards will The both here to sucre to L'eller of here from from fre consider back heartheres since the air, I like tofer, that the frequiry netwines Con they secretary verlyon of respectability and that their Statements on with ver fine order come belief - emand fronthe tertexistant of in Cofficients & very colours Ching de we that any gorner

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numbers and that he were die fully reconer From the shocks offer of raid ellies -And too Know that commedately requesting from raid protracted recknew & Longs he way a Alactic Could beganie Chicarise the Line, Rulmer Jemerica, y herviores a System which be come choice fermand ! iniminent with end goined mice one treaty ment by in come offer Physiciens who to home bred comme He Know that Lee Tembered in this Condition Sentet he lest Og County (Chick) emice more to the Creaty of De Nachtin seine State on cratial ferragery 10 1872 - Whered Jana & A Serment was perminedly enciones religible wind remotive for a clocacing Incomfection bioperform the ordering Quantity and aleming life -Surale concerationaling leger ony this Hetaber 7 2 9 18 Popusar George Cornelius milioner believed lovery 40

State of George Ordinary of rein County do cedity that I am well acquainter R B Johnson a Bettusin religion of raise County , the more the friging conferent und term were viter free that the stateming I reach by fine inther Vair Officiant and raided lines for, Summan front believe of his words indexa he loft here to sucre to Decession tim from he consider but howerherer zenouth and it leter tile that the frequency Williams Con they be course Velyens of respectability and that their Statement an contheyor free engles come beleif - and Fronthe Cortex but is Cofficients & summal constitues so we that any quining -

nature concerced, With these Corps

Grange Chick County you

NAME, Sirmans, L.A. (Disapprived.) YEAR 1889 COUNTY DeKal b

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Private Co. A, 20 th. Georgia Battalion Gavalry 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.

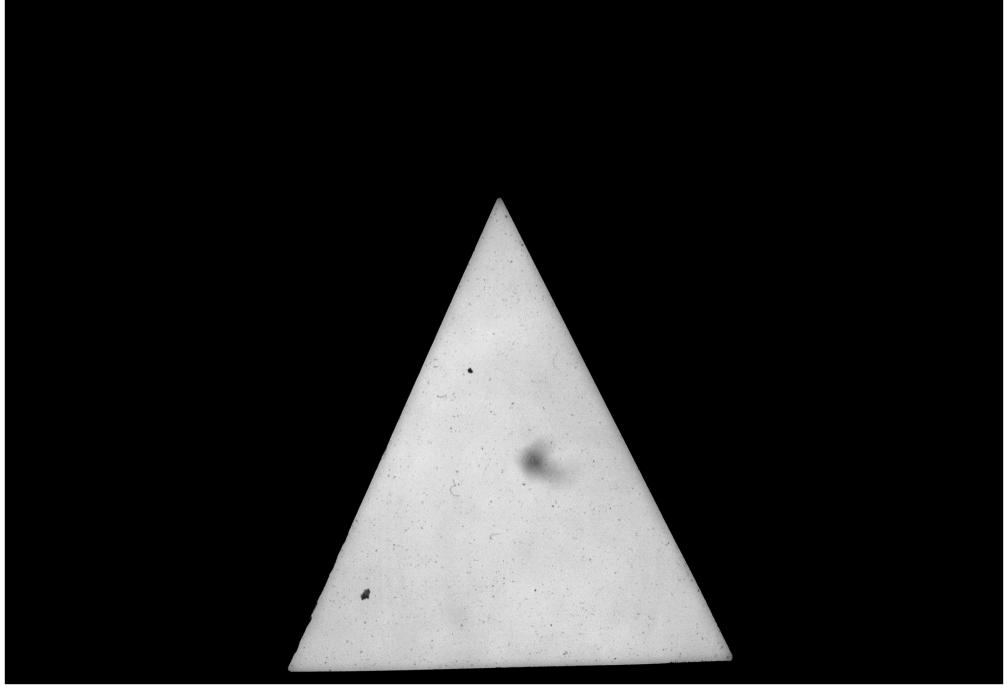
WHEN AND WHERE SUTKENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

TNESSES. S.B. Spencer. Major.



### Ordinary's Certificate

Small Edward #		1	The state of the s	Charles of the State of the Sta
1 LOINERO	5			
10/1. Jan 1920	NOTES:	of(SEAL)	reside service ing af	STAI
Confederate	: I. Befo on give al 2. Addit 3. All a must	n mder	s in said e; that t	STATE OF .
Soldier's Application	re any quado and serious afficients of serious affifications of the certifications of th	us hand	resides in said county. That I also knowservice; that they are both residents of said countying affidavit and they are all truthful and trustwo	STATE OF CHORGI
Under Act 1910—As Amended by Act of 1919.	estions and the second	E CONTRACTOR OF THE PARTY OF TH	That both res	E E
Vame Edward F. Small	re answerr r that you ruth So y be attau sade befor 1 Ordinary	official seal of office	That I also know th residents of sa re all truthful ar	3/6/2
Sompany	ed the Or will tru help you ched if his ched if his created if his created it his created in the Orr.	eal of office :1	now	638
regiment Gerillion high antity	Ordinary and Ordinary and Ordinary and Ordinary and Ordinary of Ordinary and Ordi	office this )rdinary )County.	unty and	COUNTY.
pproved	all awear make to are insu		d were d	
	applicant each of the facient.	D. C.	the with resides in said county. That I also know the with service; that they are both residents of said county and were duly sworn by me before ing affidavit and they are all truthful and trustworthy and their statements are entitions.	dinary of
	at and witness the questions ich the applic	8	n by moments a	on he re
	ses in asked	\$	the witness swearing to the me before signing the forego are entitled to full faith and	Ordinary of said County, certify that I is in the person he represents himself to be
J. W. LINDSEY,	the following you said the relations to		signing ad to ful	ertify t
Commissioner of Pensions.  Byrd Printing Co., State Printers, Atlanta.	raide and	19/	ness swearing to the signing the foregoed to full faith and	
10-19-1019	E ST T	No	and of the	

0-17-1919

amel Plant - Ordinary of said County, certify that I know Small for pension is the person he represents himself to be and resides in said county. That I also know \_\_\_ service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. Sworn under my hand and official seal of office this. Plery growinary (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. Confederate

### Amended by Act 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, Ra
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 in the organized militia of this State from 1861 to 1865? L. Comp. State from The Grant
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of
Service) may 1841 Washington St & graident Hay bearen Light and
5. How long did you remain in the actual military service with said Company and Regiment? (Give
date of discharge) 4 glass Inay 1" 16 61
6. When and where was your Company and Regiment surrendered or discharged from the Service!
at guenstore d. C
7. Were you actually present with your command when it was surrendered or discharged 1 - 1 1222
8. If you were not actually present, state specifically and clearly where you were d.
a. Where was your command when you left it? Af Greenston 45
b. When did you leave the command! J-" of Smay 1865-
c. For what cause did you leave!
d. By whose authority did you leave! Punt William Storing Commends of any
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 1 .
i Were you captured during the wart # Q
1 ir so, when, and where i in what prison were you held and when were you released i
9. Are you drawing a pension of any amount from this State or the United States?
Sworn to and subscribed sefore me, this the
James Regional Ordinary County
the state of the s

(SEAL)

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.

mes Plyerge and none

NAME Small, Edward F.

YEAR 1920 COUNTY Dekalb

LIVEN 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?

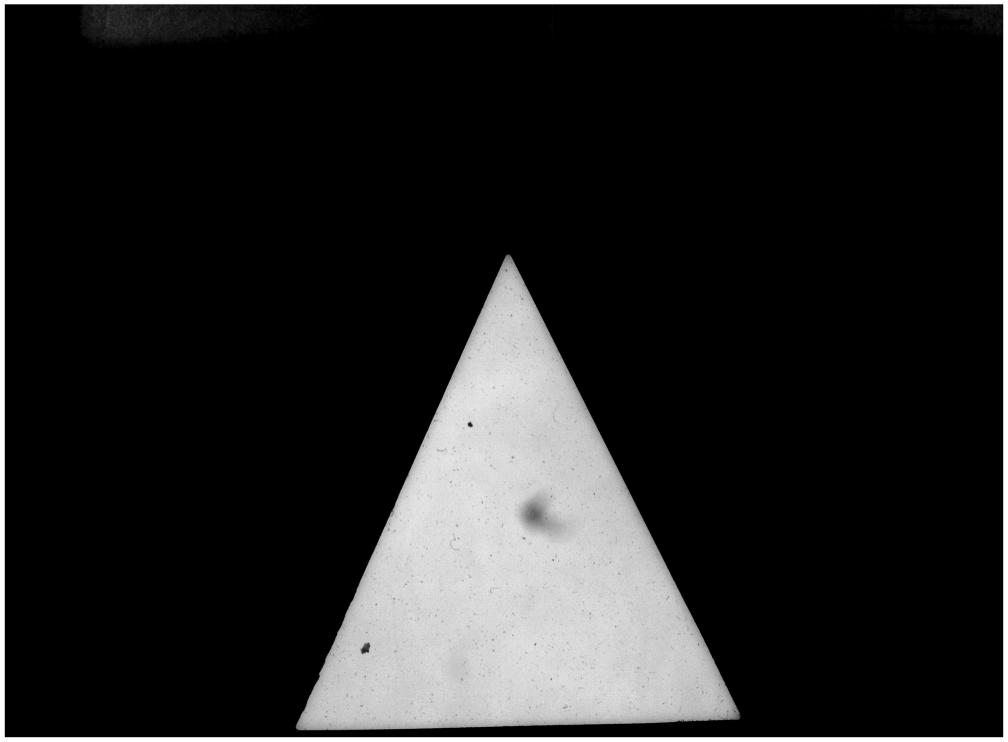
WHEN AND WHERE SURRENDERED? May 5, 1865, Greensboro, N.C.

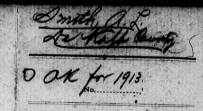
IF NOT PRESENT AT SURKENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None





### Confederate

Soldier's Application.

UNDER ACT 1910.

Regiment 3 Lu Vol

Approved ...

J. W. LINDSEY,

CHAS. P. BYRD, State Printer, Atlanta

\$ 21=1912

ENTERED ROSTER OFFICE

1		# C					Ç40(34)
CHAS. P.	Approved	Company N  Regiment 3 ful 2/05	come Dellast	Soldie	O	ook fright	de tall themany
		Ku	18 E	er's Applica	Confederate	3	to
BYRD, State Printer, Atlanta	J. W. LINDSEY.	2/de	The same	pplica ct 1910.	erate	1913	1 Chu
tlegatu.	LINDSEY.		No.	Soldier's Application. UNDER ACT 1910.	'n		The state of the s

### Questions for Applicants to Answer. STATE OF GEORGIA. deekalt o of said State and County, hereby applies for the pension provided by Agt 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: That is your name and where do you pide? (Give County and Post-office) . No. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State 4. When and white, and in what Company and Regiment did you enlist? (Give the arm and class of Service). Review 35 1861. Company and Regiment did you enlist? (Give the arm and class A 5. How long did you remain in the actual Military Sorvice with said Company and Regiment? (Give date of discharge): 1861: And Acade Andrew Company 6. When and where was your Company and Regiment surrendered or discharged from the Service? 7. Were you actually present with your Command when it was surrendered or discharged? If you were not actually present, state specifically and clearly where you were. a. Where was your Command when you left it?... b. When did you leave the Command? d. By whose authority did you leave?... e. For how long was your leave granted? In what way?...... In Clafin clat. t- Why did you not return to your Command after leave expired? A least and other said what way were you prevented? A least to below Queen Ce 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, wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) 10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? Mere distored 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). 12. What annual or monthly income or earnings of yourself and wife and the source derived have you?. 13. Are you drawing a pension of any amount from this State or the United States?.... 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was

Sworn to and subscribed before me, this the

STATE OF GEORGIA, County
A 6 mc balla of said State and County is hereby presented
as a witness in support of the application of
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? The Milatia.
2. How long and since when have you known. A. A. Small the applicant?
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this
State and how do you know? Ale Kall Cong, I know I
4. When, where and in what Company and Regiment did. And Sanata enlist during
war from 1861 to 1865? (Give date and place). This 1861. Cast Blace
5. How did you obtain your information of this Service? I Was no Same South
6. How long within your own personal knowledge didghe perform actual military service with
this Company and Regiment? (give date)
S. Were you personally present at the Surrender?
9. Po not, where were you and how came you there? Not helsely was
10. Was the applicant personally present with his Command at surrender?
11. If not where was he and how came him there? A suff Our Command
12. When did he leaye his Command? March 15.6.1 Where was his Command
when he jet it hear Roam O.K. Ala To what sause did he lege? He the sause did he lege?
long was he granted leave?
all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)
1.12. In what was he prevented from returning to his Command?
How do you know? By reports &-
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner
Iu what prison was he held?and when released
Sworms and subscribed before me, this the Doungles Blue
BFBook Dordinary
of Kalkall County.

STATE OF GEORGIA.					
C Willall Count	y.)				
Personally before me comes 2	Mohoron	it M.B.	walson	who on oath	
says that they are freeholders residing in sa	id County and w	e know	L'Smi	(h)	
the applicant for pension and we know the rand rule and of its each value to wit: (Ma	ke List by items a	nd value.)	a year	trol of himself	40
That makes	AUU	/ san	France	7000	~
1. What property, if any, has been		ay by the applic		since 4 Nov	9
1908? (State it fully by items.)		.,	*		
' 2: When and to whom was it sold	or given to?			(7)	
<ul><li>3. What was the price paid or state</li><li>4. What relation is the party to ap</li></ul>		Committee of the Commit		<del>-</del>	
5. What disposition was made of the	ne proceeds of the	sale?		lininginining of	
or was it made to obtain a pension? Sworn to and subscribed before me-	able the	d faith and full	values?		
128 paraturen	191.7	705	asg.	Lisar	~
Janus Genge	The		ounty.	If no	
/ <del></del>					
ORDINA	RY'S CER	TIFICATE			
STATE OF GEORGIA.	1				
Countral Countral	ty.	1.1.			
	sye				
the applicant A. Swith for Pen		he represents	himself to be a	nd resides in	
nau 1	With who		the witness sw		
they are all residents of said County and we			who are free		
they are all truthful and trustworthy and the		W	nall	×	
value for tax is in 1908 \$//47	)s			Aand wife	08
Sworn under my hand and official se			for 1910 \$.2.		1
James & George	Ordinar				4
	of J	Mal	000	County.	191
NOTES 1. Before any questions are answered the "You do solemnly swear that you wishall give shall be the whole truth; as 2. Additional affidavits may be attached. All affidavits must be made before the definition of the same and the same that the same property at all in the same pr	e Ordinary shall swe ill true answers make	er applicant and a	asked you and th	following words e evidence you	3
Additional affidavits may be attache     All affidavits must be made before the first applicant has no property at all in	d if blank spaces are ne Ordinary and cert his possession, use or	e insufficient dified by him.	wife, affidavita	of freehelders	8
unnecessary.	1		42		0.0
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					10

NAME Smith, A. L.

YEAR1913. COUNTY DeKalb.

WHEN AND WHERE BORN? Born in 1852, in Georgia. A resident of Ga. 80 years.

ENLISTED WHEN AND WHERE? Apr. 25, 1861, Covington, Ga.

RANK:

Regt. COMPANY AND REGIMENT? Co. H, 3d/Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Was discharged in 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.

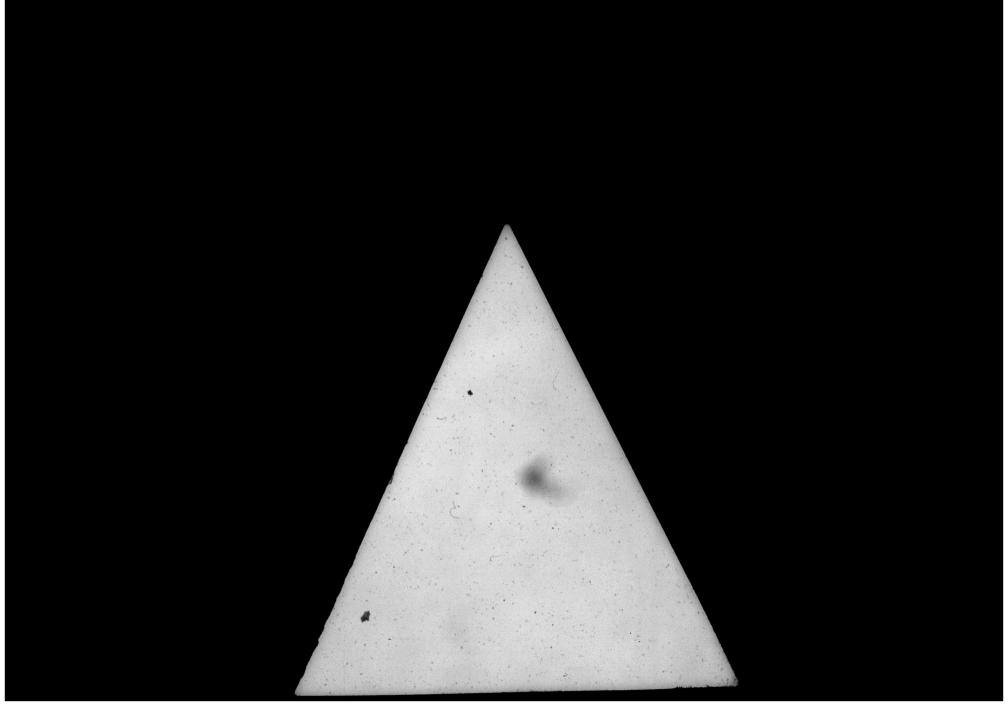
IF NOT PRESENT AT SURRENDER, WHERE WERE TOU? Was discharged by Board of Doctors

December 1861 disability.

Was in South Carolina. Left command at Roanoke Island, N. C.

BURIED:

WITNESSES: A. C. McCalla-Same Command -- No data.



Quem offen The Commend Stoling appenent belogend -1906 was I.b. Alal Matilia La don not por a Approved . Deidoly JOHN W. LINDSEY. Commissioner of Pensions. WARRANT HANDED TO Ordinary will write name of Applicant, Company and Regiment on back as indicated above.

## ATTORNEY

OF GEORGIA

POWER OF ATTOKNEY. QUESTIONS FOR APPLICANT. STATE OF GEORGIA: COUNTY. (Section 1254, Code), hereby submits his proofs, and after being duly sworn hereby authorize to receive and receipt for the pension allowed and request that he remit same to... 190\_\_\_\_ Witness my hand and seal, this .TL. 8.1 Executed in presence of Now long did you remain in such company and regiment? What and where was your company and regiment surrendezed and discharged? 7. Were you present with your company and regiment when it was surrendered? 8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? 9. How much can you earn (gross) per annum by your own exertions or labor? Williamy
10. What has been your occupation since 1865? Hamming 10. What has been your occupation since 1869?

11. Upon which of the following grounds do you base your application for reasion, viz: first, tage and property,"

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, 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? What was a full to the full of the second of the se 14. What property, real or personal, did you possess in 1901\_1992, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? Multimus what County did you reside during those stars, and what property did you then return for taxation? How were you supported duping the years 1971, 1902 1903, 1904 and 1905? Wy My Own
How much did your support cost for such of those years, and what portion did you contribute thereto by your
labor or income? 18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did four receive in each year?

19. Have you a minily? If so, who composes such family? Give the means of support. Have they a bone-stead, or other property? Their ages and how employed? TO 20. Are you receiving any pension? If so, what amount and for what disability? I am no LINDSEY, HANDED 21. Have you ever made an application for pension before? / 22. How many applications have you ever made and under what class?\_\_\_\_ WARRANT

STATE OF GEORGIA,	•
Causing	
COUNTY.)	
R X Constant County, having been pr	
as a witness in support of the application of 13 77. Source for under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposit	pension ses and
1. What is your name and where do you reside:	<u> </u>
	- t,
2. Are you acquainted with 13 to Smith the applicant: if long laws you known him? U.S. Ever Since 1861, 45 Ge any	so how
3. Where does he reside, and how long and since when has he been a resident of this State?	
I don't throw of his residences now	
4. When where and in what company and regiment did be enlist, and how do you know?  1864. Saure C.H. S.C. Co. "A" Williams Bal	talion hope
5. Were you a member of the same company and regiment? I was a Monday of 6. ""	William Bat
5. Were you a member of the same company and regiment? I way a Monday of Co. "8"  6. How long did he pefrorm regular military duty? 10 or 12 months.	7
7. When and where was his command surrendered ? This Battalion Distanced at North 1860	wory &
8. Were you present when it surrendered? Le S.	
9. Was applicant present? Don't Kndw	1
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 number of the Dame Constitued and know	mas
Basil H Smith bernd in that Command	
11. What property, effects or income has the applicant? (Give your means of knowledge.)	11.13.00
12 What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, an	d 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?	
management of the second secon	
14. What is the applicant's occupation and physical condition?	
Prince production and the contract of the cont	
15. Is the applicant anable to support himself by labor of any sort; if so, why?	
15. Is the applicant unable to support immeet by labor of any sort, 11 so, any	
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?	
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1909:	
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	
2 1 2 What have though Children's cost on their coming causains?	<del></del>
19. Who composes family? What property have they? Children's ages and their earning capacity?	· 5
20. What interest have you in the recovery of a pension by this applicant? Mre Whatwon Sworn to and subscribed before me, this the	
Sworn to and subscribed before me, this the)	•
day of 190 ) Withe	88.
	*
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Protote hide Comity	
<b>%.C.</b>	
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withers know nothing as & subject, made

STATE OF GEORGIA,	1/11	76	
Personally came batter m	DUNTY.	WX	and
MISON TOUR	2)(/	, both known to me as reputable	physicians
f said County, who, being severally sworn,	say on oath that they ha	ve examined carefully	
BX/X			
uch person examination say that his prec		pension under Section 1254, Code s follows:	, and after
1.TT 1 1.	11.71	10-811	1
James al	cocación	Of dexa	LILL
torns, the san	at Mensi	the After	
unsbec to	D. C. and	Children god	14 14 1 <sup>2</sup> ,
	· · · · · · · · · · · · · · · · · · ·	S. C.	
			4
nd that we have no interest in said pension	being allowed.	11 Alimis on	, 9i
Sworn to and subscribed before me,	this the }	17 10:11	
day of July 1	906	Jasa Mills	377
James 45 Bear	Ordinary.		
ORDINA	RY'S CERT	IFICATE.	
MAME OF GEODGIA			
TATE OF GEORGIA,			
10. V . M-			
Do Krob 20	OUNTY.		
Jane R. Ge		rdinary, in and for said County, he	reby certify
I. Janus R. Se sat the applicant B. N. S.		rdinary, in and for said County, he	
I Jan. R. De	orge o	resides in said. Coun	ty, and has
I, Janus, R. Sonat the applicant. B. N. Sonat the applicant of this State since t	orge o	resides in said. Coun	ty, and has
I, Janus, R. Sonat the applicant. B. N. Sonat the applicant of this State since t	orge o	resides in said. Coun	ty, and has
I. Janus R. Senat the applicant B. N. Senat the applicant B. N. State since the state of this State since the state of the state since the sta	orge o with	resides in said Country of R. Wood R.	ty, and has
I, Janus , R. Senat the applicant B. N. Senat the applicant B. N. Senat the applicant beautiful that the witnesses, viz.:  The Science Control of this State since the senate beautiful that the senate beautiful that their I further certify that before answeri	he distance of the statements are entitled to ng the foregoing question	resides in said Country of R. Woll R. Woll R. full faith and credit.	ty, and has
I. Janus R. Senat the applicant B. N. Senat the applicant B. N. State since the state of the state since the s	he distance of the statements are entitled to ng the foregoing question	resides in said Country of R. Woll R. Woll R. full faith and credit.	ty, and has
I, Janus , R. Senat the applicant B. N. Senat the applicant B. N. Senat the applicant beautiful that the witnesses, viz.:  The Science Control of this State since the senate beautiful that the senate beautiful that their I further certify that before answeri	he doves of statements are entitled to hig the foregoing question he affidavits was read to the	resides in said Country of R. Woll R. Woll R. full faith and credit.	ty, and has
I. Scarre : R. Sca	he doves of statements are entitled to hig the foregoing question he affidavits was read to the	resides in said. Country of R. World & Country of Italy and for the applicant and each witness to applicant and witness before same	189
and the explicant B. N. Some a bona fide resident of this State since the state of the state of the state of the state of trustworthy character, and that their I further certify that before answerieren prescribed, and that the full text of the state of	he doves of statements are entitled to hig the foregoing question he affidavits was read to the	resides in said Country of R. World L.  full faith and credit.  s the applicant and each witness to applicant and witness before same  Country shows th	189  ook the oath was signed.  at applicant  Dollars of
and the explicant B. N. Some a bona fide resident of this State since the state of the state of the state of the state of trustworthy character, and that their I further certify that before answerieren prescribed, and that the full text of the state of	he doves of statements are entitled to hig the foregoing question he affidavits was read to the	resides in said Country of R. Woll & State of Proper is a popular and each witness to applicant and witness before same Country shows the	ty, and has  189  bok the oath was signed.  at applicant  Dollars of ty; in 1903
I. Janus R. Se een a bona fide resident of this State since the day they the witnesses, viz.:  They Siccians re of trustworthy character, and that their I further certify that before answeriereon prescribed, and that the full text of the	he doves of statements are entitled to hig the foregoing question he affidavits was read to the	resides in said. Country of R. Wood R.  full faith and credit.  s the applicant and witness before same  County shows th  Dollars of proper	ty, and has  189  book the oath was signed.  at applicant Dollars of ty; in 1902 ty; in 1904
and the explicant B. N. Some a bona fide resident of this State since the state of the state of the state of the state of trustworthy character, and that their I further certify that before answerieren prescribed, and that the full text of the state of	he doves of statements are entitled to hig the foregoing question he affidavits was read to the	resides in said Country of R. World R.  full faith and credit.  s the applicant and each witness to applicant and witness before same  Country shows th  Dollars of proper  Dollars of proper	ty, and has  189  book the oath was signed.  at applicant  Dollars of ty; in 1903 ty; in 1904 ty; in 1905
and the explicant B. N. Some a bona fide resident of this State since the state of the state of the state of the state of trustworthy character, and that their I further certify that before answerieren prescribed, and that the full text of the state of	he doves of statements are entitled to hig the foregoing question he affidavits was read to the	resides in said Country of R. World R.  full faith and credit.  s the applicant and each witness to applicant and witness before same  Country shows th  Dollars of proper  Dollars of proper	ty, and has  189  book the oath was signed.  at applicant Dollars of ty; in 1902 ty; in 1904
and the explicant B. N. Some a bona fide resident of this State since the state of the state of the state of the state of trustworthy character, and that their I further certify that before answerieren prescribed, and that the full text of the state of	And Dukal	resides in said Country of R. World R.  full faith and credit.  s the applicant and each witness to applicant and witness before same  Country shows th  Dollars of proper  Dollars of proper	ty, and has  189  book the oath was signed.  at applicant  Dollars of ty; in 1903 ty; in 1904 ty; in 1905
int the applicant B. N. Some a bona fide resident of this State since the state of the state since the state of the state of the state of the state of trustworthy character, and that their I further certify that before answer ereon prescribed, and that the full text of the state of the stat	Joves & Satatements are entitled to high the foregoing question he affidavits was read to the of Dukal	resides in said Country of R. World & Country shows the Applicant and each witness to applicant and witness before same Country shows the Dollars of proper Dollars	ty, and has  189  book the oath was signed.  at applicant  Dollars of ty; in 1903 ty; in 1904 ty; in 1905
int the applicant. B. N. Scen a bona fide resident of this State since the state of the state since the state of trustworthy character, and that their I further certify that before answerieren prescribed, and that the full text of the state of the stat	Joves & Satatements are entitled to high the foregoing question he affidavits was read to the of Dukal	resides in said Country of R. World L.  full faith and credit.  the applicant and each witness to applicant and witness before same  Country shows th  Dollars of proper  Dollars of proper  Dollars of proper  Dollars and witness defined as a proper  Dollars of proper  Dollars and witness defined as a proper  Dollars and a proper defined as a pro	ty, and has  189  book the oath was signed. at applicant Dollars of ty; in 1903 ty; in 1904 y; in 1905 of property.
int the applicant. B. N. Scen a bona fide resident of this State since the state of the state since the state of trustworthy character, and that their I further certify that before answerieren prescribed, and that the full text of the state of the stat	Joves & Satatements are entitled to high the foregoing question he affidavits was read to the of Dukal	resides in said Country of R. Woll as the applicant and each witness to applicant and witness before same Country shows the Dollars of proper Dollars of pro	ty, and has  189  book the oath was signed. at applicant Dollars of ty; in 1903 ty; in 1904 y; in 1905 of property.

the whole truth, so hely you could be attached if blank spaces are insufficient.

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

8. 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.

OFFICE OF OFFICE OF O. G. THOMPSON O. G. THOMPSON PROBATE JUDGE LAURENS COUNTY PROBATE JUDGE LAURENS COUNTY Lauren, S. 6, Oct . 9. 1906 went to the fout - Mannaises -Hon Janus R Gronge one the sarly days of 1861, Ordinary. There is no port of yurlion that Wear Sei, Mr BH Smith severed in Williams I right this delay WH famet is Battalion and of the lestimony of old and failing in memory and bull her for A Prison is not sufficient not testify as to Swithi service Garnet please by me trow I will sut was not a mornibur of this williams Bat some other witness, or witnesses, Tolion, I Think Smitte got mented this The apparent discrepencers me the way. Sun. The served with farmet & forming statements of these old me may in the bustabulary first & there went on be accounted for wholly on the to this Pattalion, - Williams Ballalism ground of weathered vitality, fail. (not Regiment) I have always me. ing menung; - distrod that Smith served on I hat I obtained proof here of her Smiths Battalian, & know of this Battalion The same Williams - James Hservice so as to procure for him a cross of Honor, but had lost sight Commanded to 3 . S. e. orifare by of all the particulars your my July Regiment of which I was a member that was arriving the first Troops that

The State of South Carolina Laurens County

delye for Lansens County of Co do hereby centify that I am person ally and with I book to Private acypeantid with footh A Private acypeantid with the be a man of high standing and character and that any statement he may make is intitled to belief and I believe the statement he has made in the milter of the application of BH Smith for Pension under the laws of the State of Gargine is true.

Given under my hand and sail the 9th day of October 906

Of Thompson

Deployer to proper to be good of the good of the pole

DISAPPROVED

NAME Smith, B. H.

YEAR 1907 CO

COUNTY DeKalb

WHEN AND WHERE BORN? February 20, 1844 - South Carolina Resident of Georgia nine(9) years.

ENLISTED WHEN AND WHERES 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, WHEEL AND MERE?

RELEASED

South Carolina.

WHEN AND WHERE SURRENDERED? Lawrence Court House, / Hinginia

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

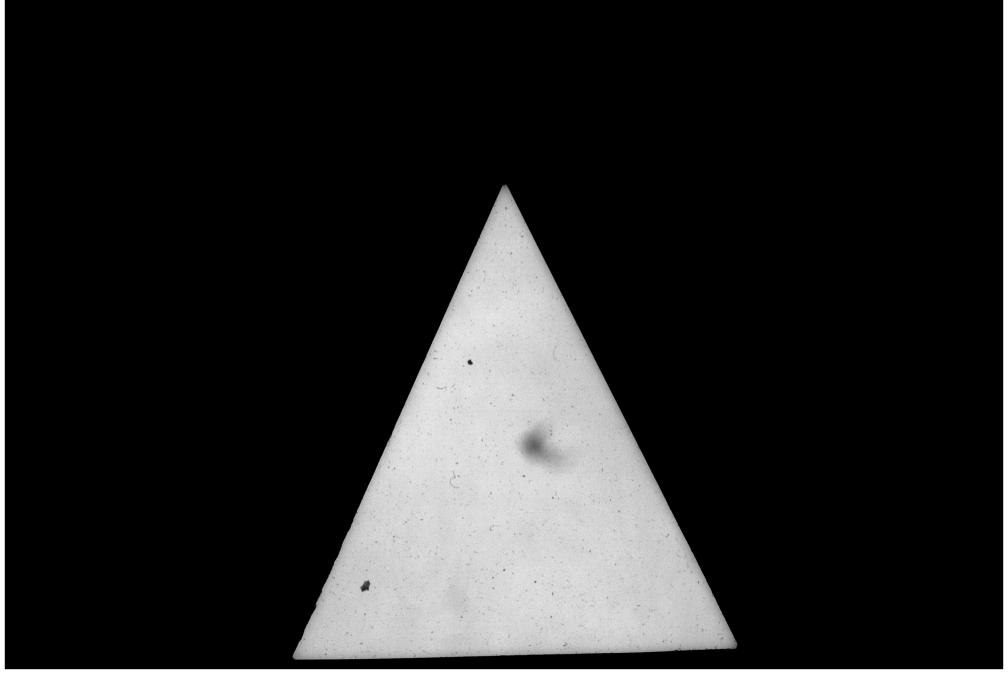
DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Joe A. Pinson - Company D, Williams' Bat. S. C. State Troops

٦w

No data.



# No. On 198 INDIGENT PENSION. 190 8 Name Bryce Smith County Siscall County Biscall County Biscall The County Biscall Coff South Brolingegt. 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.

POWER OF ATTORNEY.

GEORGIA

 	d receipt for the pension allowed at	of	hereby authorize
ON,  Str.  190_  190_  on way we.	Executed in presence of		
ON.  Althoracy  1300.  Ompany  Ompany  Ompany  Ompany	60		
31k. 31k. 31k. 300. 300. 300. 300. 300. 300. 300. 30			

ton	vail himself of	the Pension Ac	t (Section 1254,	Code), hereby	abmits his pro	said State and	County, desiring being duly swo	ng rn
true	answers to mak	te to the followi	ng questions, dep e do you reside?	oses and answer	s as follows:			
2.	How long and	This a	catu	ident of this St	in The	y Febr	, , , , ,	E6
3.	When and wh	d in wha	Company and r	ment did you	8 My C)	and a	and a	7
7	mean go	-	went	TO CAJ R	enliet or rye	lifting	7100	3-
. 2		you remain in	such company and		rome	ulist	tout	
100	Was but at	-3/	yapany and regin		t and disabase	Ata	-ne	_
7	righ P	out?		on a			mde	₫.
7.			ompany and regim				<b>a</b> , .	_
8.	by whose aut		lly and clearly w	here you were,	when you left	your comman	l, for what car	ise 
9.	How much ea	n vou earn (gro	ss) per annum b	vour own exe	tions or labor	not	Tiens	
10.	What has been	your occupation	on since 1865?	lleran	tiloli	fo, tras	ge and povert	<b>.</b>
	nd, "infirmity	and poverty," o	r third, "blindne	s and poverty"	OLLA	getu	stimi	ty
supp	port? If upon t	the second, give	a full and compl	ete history of th	e infirmity and	its extent?	f upon the thin	d,
3	14.71	aure	and when and wh	lickt	mo	futo	males	0
1	ondu	in	ra ye			uu.	n m	_
	comal	tunt	sonal, or income,	in his	ny-gn	oss ral	maton	X,
\$1000 (S220) (S20)			nal, did you poss	A CONTRACTOR OF THE PARTY OF TH		A CONTRACTOR OF THE PARTY OF TH	what disposition	on,
of the	Junety	Tuens	Heren to	True	a at	one A	ava	罗森
744	In what Coun	ty did you resid	e during those ye	ars, and what p	roperty did	the root	2000	4 M
100	how were you		ing the years 190	1, 1902, 1903,	1904 and 1905	- 22	The second	
own	How much die labor or incor	l your support one?	1. about	1800 gard	vorabou	two	Contrato	L'ur
			uring 1901, 1902 the following successive the composes successive the compose successive the composes successive the compose successive the composes				eive in each ye	ar?
	d. or other prop	erty? Their ag	es and how empl	one one			ave they a hor	ne-
. A	an .	ontrov	can sal	Kind to	edang	ht miles	- millet	-
			n? If so, what					
			cation for pension		o ,			— , — ,
22.	How many ap	plications have	you ever made i	and under what	class?	one		
•	6	S In	ofore me this the	}	Bry	100,0	nut	7
-	January of	IRGI	vogel	ordinary.			Applicant.	
11		of	1 De	11 aur	bunty.			

	STATE OF GEORGIA,	
	Fucla County.	
	OF Said State and County, having been presented	
	as a witness in support of the application of Pary ce Smith for pension	
	under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and	
*	1) What is your name and where do you reside? My name to Cos Elacob	
1	I rende in thanka, tulian County Tenzia	
	2. Are you acquainted with the specific of the applicant: If so how the specific of the specif	
	Ing have you known him?  3. Where does he reside, and how one in the place when has be been a resident of this State.	
	The secido in Fullin Chant + har so recided obil 30 74a	ا رب
`	4 When where and in what company and regiment did be enter, and how do you know? He willisted in Co & 11. Smith Carolina Regt C.S. A. about 1862	
	5. Were you a member of the some company and regiment? I was in the same they in	
	6. How long did he perform regular military duty? Them sutrityment to Close of con	u
	-7. When and where we his command surroudered? I was captured a from	P65-
	he was the orange segent if the Reguent	
	8. Were you present when it surrendered? - was not present them - cross	ا نا بسا
	9. Was applicant present?	- thi
	10. If he was not present, where was he will have the thing of the Continuant.	
	When did be leave his command? For what cause?	
	By what at the day le left? How do you know all of this?	4
	about - withink leure at any time to for as I Ken	-
	11. What property, effects or income has the applicant? (Give your means of knowledge.)	+
1	2 What property, effects or income did the applicant possess in 1901, 1902, 1903, 1994 and 1905, and what	region
	disposition, if any, did be make of same? I have to far as a farm	
	I ma how witnest with him during that said	<b>b</b>
4	18. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?	
C	West to my Kumple How	
	14. What is the applicant's occupation and physical condition? In war for yours	
`	Colomba Charle agen on a femal dalance the	• 1000
44	15. Is the applicant unable to support himself by labor of any sort; if so, why?	
	weath to proposed himself in account the	
	sections and graph playing Condition 1 100 de	
`	16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?	
	Cevent jeurs haund by Palan as afore - Time themby and	
	17. What portion of his support for these four years was derived from his own labor or income	t
	1901 +1902 and for Selve, bolan then the tribles him to a pension under	19 may 2 /2
	Bertin 1254, Code in afety por all or des many to the los Con faire	
	19. Who composes family? What property have they? Children's ages and their earning capacity?	
	undowned done gher lenning within how no profess , works for low	er,
		, <b>!</b> '
	20. What interest have you in the recovery of a pension by this applicant? Nous whatever	- check
	Sworn to and subscribed before me, this the new of the author who was	a
	grot tolden gen a	
	John William Ordinary, pensim which he de	umo
	(112 800.	
	(187) Care	

DEKalb COUNTY.
Personally came before me H. 14 Succe M. D. and
Furton D. Sweig M. D., both known to me as reputable physicians
of said County, who, being severally sworn, say on oath that they have examined carefully
Boy of Sire L. applicant for pension under Section 1254, Code, and after
much personal examination say that his precise physical condition is as follows:
Compalely in abalily to in it versions of
di arren of 11m rain & cow. Lumber.
and contain a of said musich and
did an son Courtant - Out in and in
totally useable to lane a line for
and that we have no interest in said pension being allowed.
Sworm to and subscribed before me, this the.)
day of light 1907 omter mitterm
Will Charge Ordinary.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
COUNTY.
I, Ordinary, in and for said County, hereby certify
hat the applicant / Dry Co Track resides in said County, and has
oeen a bona fide resident of this state since the day of day of
and that the witnesses, viz.: CO. W. COUCL
2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
re of trustworthy character, and that their statements are entitled to full faith and credit.
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
I further certify that before answering the foregoing questions the applicant and each witness took the oath
I further certify that before answering the foregoing questions the applicant and each witness took the oath percon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.
I further certify that before answering the foregoing questions the applicant and each witness took the oath nereon prescribed, and that the full text of the affidavita was read to the applicant and witness before same was signed.  I further certify that the tax digest of
I further certify that before answering the foregoing questions the applicant and each witness took the oath percon prescribed, and that the full text of the affidavita was read to the applicant and witness before same was signed.  I further certify that the tax digest of
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I further certify that the full text of the affidavita was read to the applicant and each witness before same was signed.  I further certify that the tax digest of County shows that applicant certified for taxation in his name in 1901.  Dollars of property; in 1903.  Dollars of property; in 1904.  Dollars of property: in 1905.
I further certify that before answering the foregoing questions the applicant and each witness took the oath percon prescribed, and that the full text of the affidavita was read to the applicant and witness before same was signed.  I further certify that the tax digest of
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I further certify that the full text of the affidavita was read to the applicant and each witness before same was signed.  I further certify that the tax digest of County shows that applicant certified 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 made in good bith.  Witness my hand and seal of office, this day of Ordinary.  Ordinary.
I further certify that the full text of the affidavita was read to the applicant and each witness before same was signed.  I further certify that the tax digest of
I further certify that the full text of the affidavita was read to the applicant and each witness before same was signed.  I further certify that the tax digest of County shows that applicant certified 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 made in good bith.  Witness my hand and seal of office, this day of Ordinary.  Ordinary.

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

YEAR 1908COUNTY DeKalb

WHEN AND WHERE BORN? May 5th, 1828, Charleston, S.C. Resident of Ga. since Feb. 1,1869.)

ENLISTED WHEN AND WHERE? April 1862, near to Providing S.C.:

RANK.

GOMPANY AND REGIMENT? Co. F. S.C. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

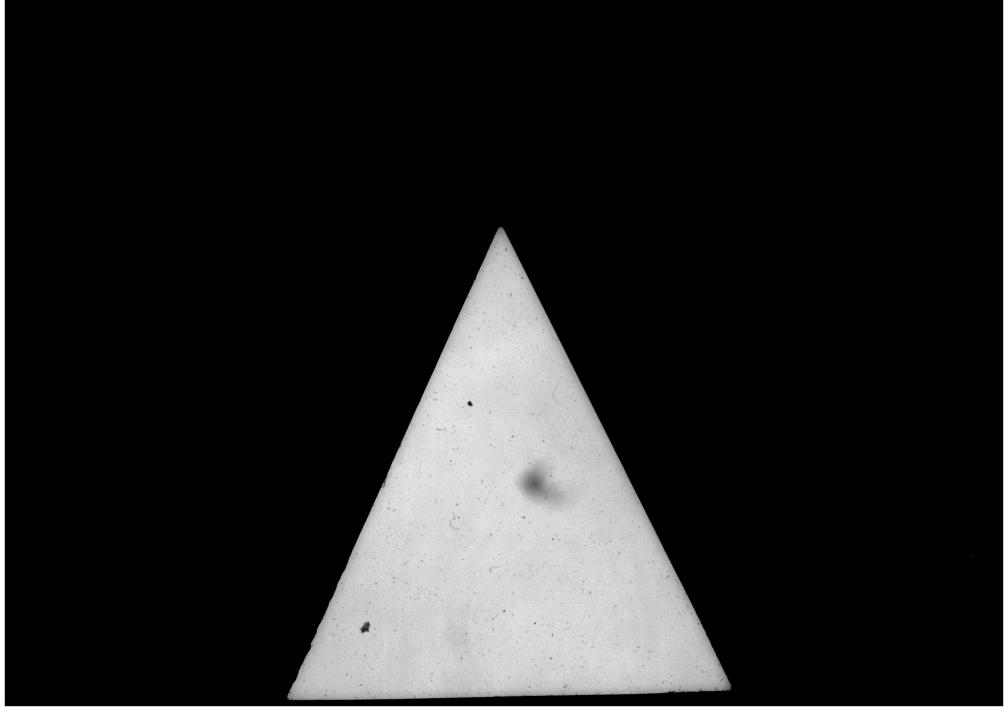
WHEN AND WHERE SURRENDERED? High Point, North Carolina, (soon after the surrender)

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BUTTED,

WITNESSES. W.D. Ellis, - Same Regiment - No data.



Smith C.C.R. Mrs. Dekalb, County Widow's Pension

UNDER ACT 1910

Co J. 36

ENTERED ROSTER OFFICE

J. W. LINDSEY,

Commissioner of Pensions.

Smith & C.A. Mrs

Smith & C.A. Mrs

Dekalb County

Widow's Pension

UNDER ACT 1910

County Dekale

Name Mrs. & E.R. Smith

Widow of R. & Mill

ENTERED ROSTER OFFICE

J. W. LINDSEY.

Commissioner of Pension

11/8/1

TATE OF GEORGIA,
County. RPRO TO
Personally before me comes ATTA desires to apply for a pension allowed under the Act
of1910, 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.R. Smith
2. How long and since when have you been a continuing resident of the State of Georgia?
3 When where and to whom were you married Del 5 7860 Del allo
4. When, where and in what Company and Regiment did your husband enlist as a soldjer in
Confederate Army or Georgia Mitia? (State the arms and class of Service & April 1862
Company-CH- 36 4a Regiment
When a where the the Commands of your his and surrender or discharge from the army?
6. Was your husband personally present at the time of the surrender or discharge of this Command?
1. If he was not present state clearly where he was?
8. Where was his command when he left? And not lione
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?
P. In the start of
h. Was he captured by the enemy at any time? Was 7700.  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 fang 3177911 Destalle
k. Were you residing together when he died? I we was
1. If not, how long had you resided apart?
9. What property of any description did you own, hold or control for your use and its cash
value, Nov. 4, 1908? (State same by items.)
House Hold Hoods of 5000 tal of \$ 400
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was re-
ceived for it and what did you do with the proceeds thereof? (Give items and cash yalue.)
nuthing
Company of the state of the sta
11. What property of any description of any value have you now? Outfifth Int
Give list and cash value
12. What are your annual earnings or income and their value?
no sucome
13. Have you heretofore been paid a pension by the State? Have 'Hay
If so, when and for what cause were you struck from the Roll?
Success to and subscribed before me this the
Sworn to and subscribed before me this the
day of Trusted 1914
assisted of great ordinary.
of County,

10

County. HeRall Personally before me comes being duly sworn true answers to make, to the following questions, answers as follows are freeholders of said County and that they know WWW LLG IT Senting of said County and know what property she owned out the Nov. 1908, and its cash value to be as 1. What is your name and where do you reside 2 Of D. Harris 417 b. Fair allast 2. How long and since when have you known Jer the Box 4 1 year applicant? by Schedule (A) as follows 3. How long and since when has she continuously resided in this State? (Give date.)\_\_\_\_\_ Personal property Notes and accounts due\_\_\_\_\_\_S\_\_\_\_\_ 1. When and to whom was she married? A Smith How do you know? Durene Knowles Schedule (B). 5. How long and since when did you know A R Smith her We know the property sold or given away since Nov. 4th, 1908, its cash value to be as follows: husband: Fire the last to year Personal property\_\_\_\_\_S 6. When and where did 1/2 A Smith ----- Money, Notes and Accounts\_\_\_\_\_ S\_\_\_\_\_ the husband of Applicant die? / Jan, B1 - 1911 in Dekalb Ce ?. Were the applicant and her husband living together as husband and wife at the date of his 31 the Value s. If not, how long did they live apart before his death?\_\_\_\_\_ Cows and Hogs Were they divorced? 200 Other Property 9. When, where and in what Company and Regiment did & R. Smith enlist Company A. 35 da, at Decatur Da april 1862 Total Value of all property and effects Sworn and subscribed before me this the 10. Were you a member of the same Company? U Was 11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? While Surrender 12. When and where did his Command surrender, and was discharged?\_\_\_\_\_ ORDINARY'S CERTIFICATE 13. Were you personally present when it was surrendered? U was ... If not where STATE OF GEORGIA. were you \_\_\_\_\_ and how came you there?\_\_\_\_ Here Ordinary of said County do certify 14. Was the husband of applicant personally present at surrender? 14. is the person she represents herself to be and she is a bona fide continuing resident citizen of said where was he when, where and for what County and was on the 4th Nov., 1908 cause did he leave Command? (Give date.) authority did he leave his Command?\_\_\_\_\_and how 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 Day my own knowledge entitled to full faith and credit. That the Tax Returns\_\_\_\_\_ 15. For what cause, if you know of your own knowledge, was he prevented from returning to 1908 \$\_ NOLL\_\_\_\_\_ for 1910 \$\_ NOLL\_\_\_\_ Sworn under my hand and official seal of office this 16. What effort did he make to return to his Command and how do you know this? Of your / own knowledge or how? (SEAL.) NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in words: "You do solemnly swear that you will true answers make to each of the questions at 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 cartified copies of marriage license if Ordinable. If not prove marriage by some persons the control of the contr moelles Withderon 66 Ordinary the above curiness is I hunton anacter his statements der

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 foe so doing this shall be your sufficient license.

Given under my hand and seal, this 3rd day of December, 1860.

J. B. Wilson, Ordy.

Georgia, DeKalb County.

I hereby certify that the marriage of the persons named in the above/license was duly solemnized before me, this 5th day of December, 1860.

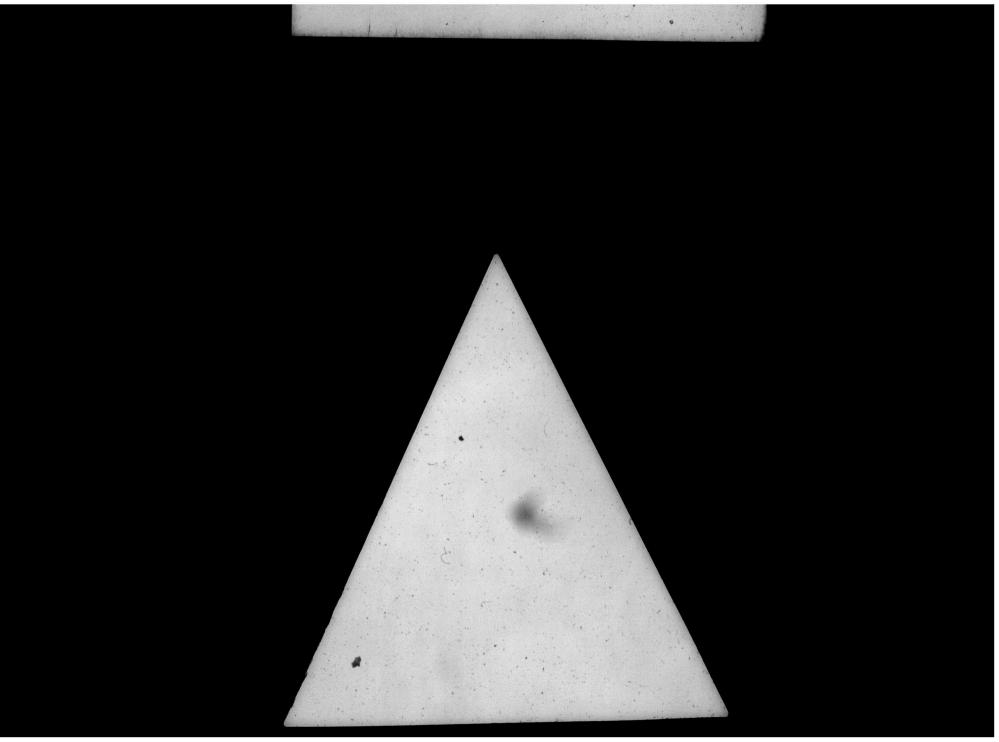
John S. Wilson, D. D.

Georgia, DeKalb County.

I, James R. George, Ordinary in and for said county, do hereby certify that the above and foregoing copy of marriage 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 hnad and affixed the seal of said court of ordinary, at Decatur, Georgia, this 17th day of August, 1911.

Ordinary, Dekalb County Georgi



Smith, 7. O. Dekalle a 01/11/917 Su co Rose rivali you River ace, O. Fricon Confederate Soldier's Application. UNDER ACT 1910. County De Kall-Name J. O. Smith Company J Regiment #2 Ga J. W. LINDSEY,

Confederate

Soldier's Application.

UNDER ACT 1910.

AABOOM

COLAR P. BEED, SLAW PRINT, Alanin.

### Questions for Applicants to Answer. STATE OF GEORGIA. DeKall 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). Quelle Beside at 426 Mat shoot ave allinot 2. How long and since when have you been a continuous resident citizen of this State? for Deventy 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? Or may of The contolevale States 4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Bervice) Exalitad 111 ch It 1862, Cal-us med Root for 5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Lental & Was Captured about Suly 4/864 new all When and where was your Company and Regiment surrendered or discharged from the Service? High Dont A. C. During the month of opine 1865 8. If you were not actually present, state specifically and clearly where you were.... I was a Orisnor in complethase this a. Where was your Command when you left it? Near allowed & b. When did you leave the Command? About the first Week in July 18th c. For what cause did you leave? d. By whose authority did you leave?..... aring e. For how long was your leave granted? In what way?. I was captured and parried to free 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? Were you captured during the war? j. If so, when, and where? In what prison were you held and when were you released? .... Captioned of mot find of July 1864 mar allate 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.) Handle was the same last in East attante Valued 1000 Home and lot in Franker Hal Valor \$ 1350 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? Here and lot in Arisburnets 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 late on East allanta Valores 1,000 Harristone 12. What annual or monthly income or earnings of yourself and wife and the source derived have you? suche Whateres 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was nos allowed? have man applificat

STATE OF GEORGIA, County,	STATE OF GEORGIA. County.
W. G. G. of said State and County is hereby presented	
as a witness in support of the application of A. C. Sarrail for the pension provided	Personally before me comes.Z.J.M.
	says that they are freeholders residing in said Co
by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows:	the applicant for pension and we know the proper and wife and of its each value to wit: (Make Lis
1. What is your name and where do you reside? W. G. Bryans-	House that in last
reside at Lake word His Sa	
100 d -17	1. What property, if any, has been sold of
2. How long and since when have you known. the applicant?	1908? (State it fully by items.)
Fines the latter part of 1861 - or Early part of 162	
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this	2. When and to whom was it sold or give
State and how do you know? Revealed Care East- Collanda La	3. What was the price paid or stated to b
He has been a resident of day to by him to see 1862	4. What relation is the party to applican
4. When, where and in what Company and Regiment did	5. What disposition was made of the pro-
war from 1861 to 1865? (Give date and place) In SOG. 42" Har Cay make the	6. Was the disposition of this property or was it made to obtain a pension?
5. How did you obtain your information of this Service?	Sworn to and subscribed before me, this t
I belonged to Some Co and Reof- Col 42 to	James Recorse
6. How long within your own personal knowledge did he perform actual military service with	of John J
this Company and Regiment? (give date) frame much 4th 1862 until California aunit	
7. When and where was his Command surrendered or discharged (give date and place)	
High Daired A. C. Same line in the 1865	ORDINARY
	STATE-OF GEORGIA.
8. Were you personally present at the Surrender?	Distalle County.
9. If not, where were you and how came you there? 9 Nas A Gran	Q County.
an Earnfa Phase who	i, fames 1 year ge
10. Was the applicant personally present with his Command at surrender?	the applicant for Pension is
11. If not where was he and how came him there? The Was a fire	said County. That I also know
are clarify chase the	service and & A Minor VAN
12. When did he leave his Command? Obe of Judge Where was his Command	they are all residents of said County and were dul
when he left it? Mas allowing Sefor what cause did he leave? Ores	they are all mutiful and trustworthy and their st
By whose authority did he leave	Tax Returns of DE Smith
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)	value for tax is in 1908 \$ 11
Kumololde J belong to June Cot Regt	Sworn under my hand and official seaf of
13. In what way was he prevented from returning to his Command?	Sworn under my hand and official seal of
How do you know? I Was in Same Same for with Line	Jours officerye
	U .
14. What effort did he make to return to his Command and how do you know?	NOTES 1. Before any questions are answered the Ordin
the was a free of	NOTES 1. Before any questions are answered the Ordin "You do solemnly swear that you will true shall give shall be the whole truth; so help y 2. Additional affidavite may be associated it his 3. All affidavite must be made before the Ordin
15. Was applicant captured as a prisoner	All affidavits must be made before the Ordi     If applicant has no property at all in his poss
Collected and what prison was he held? Classeft Okadada and when released	unnecessary.
Rahlas a may 15-th 1865-	. The same of the
Sporn to and subscribed before me, this the mm, & Bayand	
thus R Market blankoust ordinary,	
of Fillow County	

on away by the applicant or his wife since 4 Nov 'S CERTIFICATE. ...Ordinary of said County, certify that I know the person he represents himself to be and resides in the witness swearing to the who are freeholders, that y sworn by me before signing the foregoing affidavit and stements are entitled to full faith and credit. That the

nary shall swear applicant and all witnesses in the following words answers make to each question asked you and the evidence you you God."

ank spaces are insufficient.
inary and certified by him.
session, use or control of self and wife, affidavits of freehelders

NAME Smith, F. O.

YEAR 1917 COUNTY De Kalb.

WHEN AND WHERE BORN?

A resident of Georgia for seventy-three (75) years.

LAW STED WHEN AND WHIRE?

March 4,1862 , Atlanta, Georgia.

PANK

COMPANY AND REGIMENT?

Company I, 42nd Georgia Regiment.

W. W.S CF CAPTAIN AND COLONEL?

PDED?

APPURED, WHEN AND WHERE? First of July, 1864, near Atlanta, Ga., and taken to Camp Chase, Ohio.

THILEASED.

Released from Camp Chase, Ohio, prison, May , 15,1865.

WEEN AND WHERE SURRENDERED?

Command surrendered April, 1865, High Point, North Carolina.

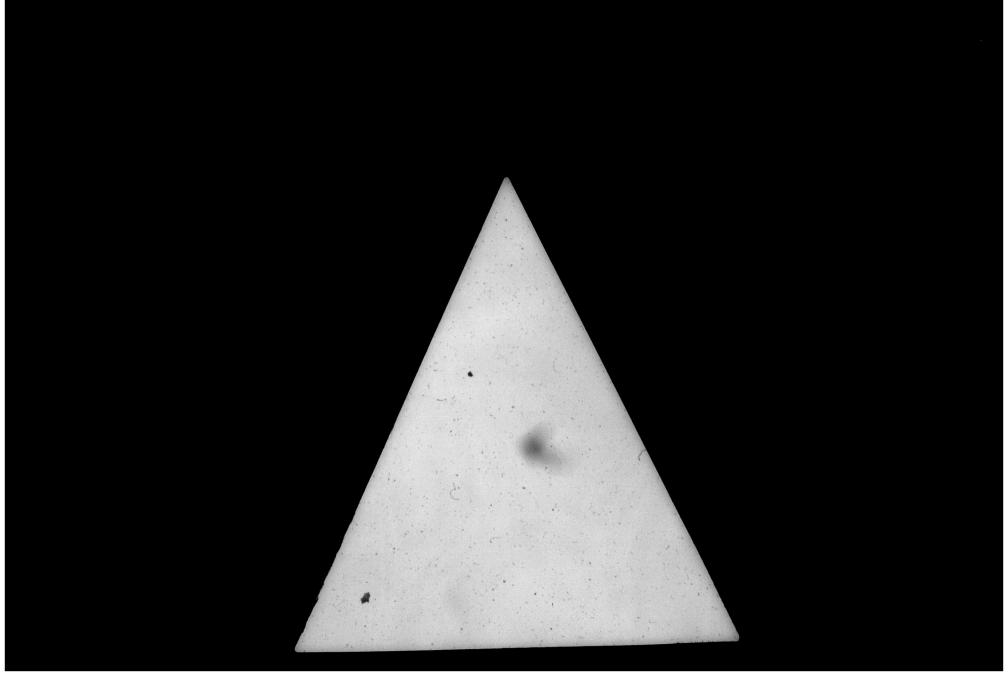
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? I was a prisoner in Camp Chase, Ohio.

DIED, WHEN AND WHERE?

DURIMD .-

VA INESSES. Wm. G. Bryant - same command - - - - - - No cata.

SB.



Smith, J. F. Deleath Surrendered Olf 1917 lette withey, 9 & , and. on to fre Rent 285 Edy Confederate was fake Soldier's Application. UNDER ACT 1910. Variat 40 × 110: n.E. Com 11 0 mains Name I A Smith

Company P = 15 GR J. W. LINDSEY. CHAS. P. BYRD, State Printer, Atlanta.

Questions for Applicants to Answer. STATE OF GEORGIA. Dellalb & County 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:

What is your name and the do you reside? (Give County and Post-office)... a continuous resident citizen of this State? 3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)

5. Bow long did the remain in the agual Military Service with said Company and Regiment?

(Give date of discharge), 1999, Confederate Sphril 1860 Appanioty Cd/Va Application 8. If you were not actually present state specifically and clearly where you wer Where was your Command when you left it? b. When did you leave the Command? c. For what cause did you leave? d. By whose authority did you leave? e. For how long was your leave granted? In what way? f. Why did you not return to your Command after leave expired? did not leave g. In what way were you prevented?. h. What effort did you make to return? was Were you captured during the war?... j. If so, when, and where? In what prison were you held and when were you released? 9. What property of every description was owned, in the use, possession and control of yourself Would wife, and its cash value on the 4. Nov. 1908? Marchiat by its as and value.) \$50000 10. What property of any kind have you or you die disposed of and for what purpose since 4 Nov. 11. What property of any description of any kind, and of any value now owned and in the use, saion and control of courself and wife and try cash value? (Make itemized list). Attacha Sa Value of \$50000 12. What annual or monthly income or earnings of yourself and wife and the source derived have your fly futrus from rent Un House amount of \$ 600 13. Are you drawing a pension of any amount from this State or the United States? 200 14. Have you ever applied for the Georgia Pension and had it pointed and for what Pause it was or allowed? Mostly Afficially Afficial Sworn to and subscribed before me, this the ...County.

STATE OF GEORGIA,
Fruit County.
John Johnson of said State and County is hereby presented
as a witness in support of the application of
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 mide?
while Olans The
2. How long and since when have you known the applicant?
all of his life - mare some by the
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this
State and how do you know?
4. When, where and in what Company and Regiment did . A suit enlist during
war from 1861 to 1865? (Give date and place) Co. A. 15- 4 4 - Rey Jun
15. How did you obtain your information of this Service? The wind
him
6. How long within your own personal knowledge did he perform actual military service with
his Company and Regiment? (give date) Enline wor - to surrend e
7. When and where was his Command surrendered or discharged (give date and place)
appointed 1860
8. Were you personally present at the Surrender?
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender?
11. If not where was he and how came him there?
12. When did he leave his Command?
then he left it? for what cause did he leave?
By whose authority did he leave and how
ong was he granted leave?
Il 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?
low do you know?
14. What effort did he make to return to his Command and how do you know?
. 7
15. Was applicant captured as a prisoner
The state of the s
Sworn to and subscribed before me, this the
26 day 6 3 4 491 6
Ordinary,

STATE OF GEORGIA.  Governorman County.
Personally before me comes than a baris twent Beared on who on oath
says that they are freeholders residing in said County and we know . D. F. Smith
the applicant for pension and we know the property that is now in the use, possession and sontrol of himself the and of its useh value to wit: (Major List by items and value).  The state of the late
1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov
1908f (State it fully by items.)
<u></u>
2. When and to whom was it sold or given to? 3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
8. Was the disposition of this property made in good faith and full values?
or was it made to obtain a pension?  Sworn to and subscribed before me, this the
no not a waves
This day that 1914 Will bearden
of Gentle Ordinary, The County.
, outly,
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
Testin County.
2/ ./)
I, Challet I know Ordinary of said County, certify that I know
the applicant 2 2001 h projection is the person he represents himself to be and resides in
said County. That I also know. The witness swearing to the
service and has allaris, mill Bearden who are freeholders, that
they are all residents of said County and were duly aware by me before signing the foregoing efficient and

they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the

Tax Returns of Assurable 1073 Smith shows that and wife ...Ordinary, ...County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words
"You do solamnly swear that you will true answers make to each question asked you and the evidence you
shall give shall be the whole truth; so belp 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 contral of self and wife, affidavits of freeholders

NAME Smith, I. F.

YEAR 1917 . COUNTY DeKalb.

WITEH AND WHERE BORN?

A resident of Georgia all my life, 75 years.

. HTED WHEN AND WHIRE?

July, 1861, Crawfordville, Georgia.

PANK

COMPANY AND REGIMENT?

Company D, 15th Georgia Regiment.

MANE OF CAPTAIN AND COLONEL?

WE JNDED?

CAP TURED, WHEN AND WHERE?

CILLAGED.

WHEN AND WHERE SURRENDERED?

April, 1865, Appomattox Court House, Va.

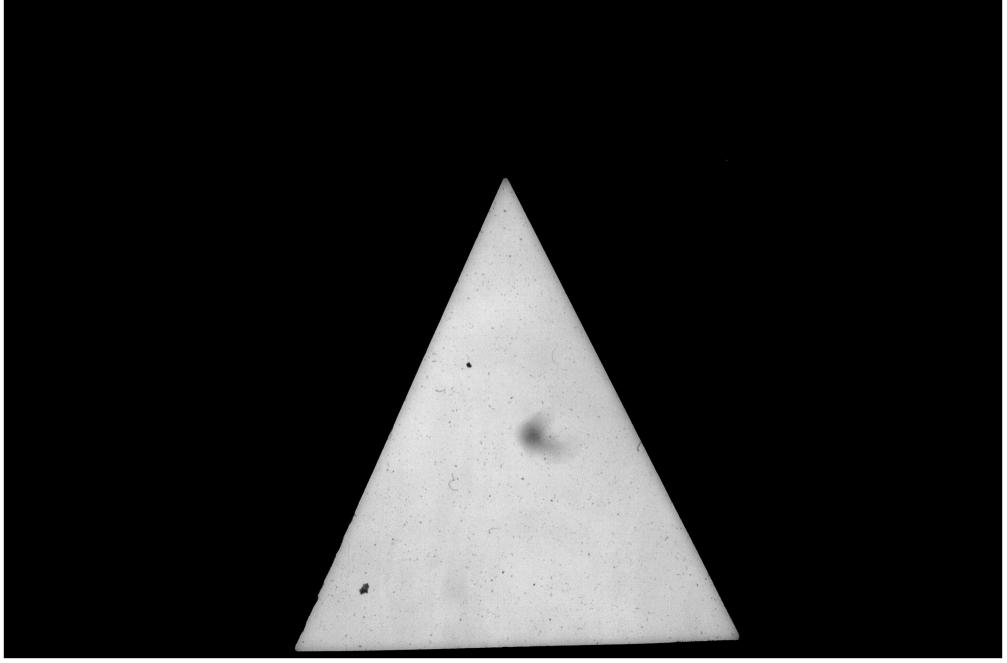
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WI THESSES. John Johnson - with applicant in service - - - No data.

SB.



# POWER OF ATTORNEY.

Smith, John J.	5		or i é i	<b>b</b>
(For Those Already Enrolled.)			to receive	STATE
Tr Divinness co 1898		Witness my hand and su Executed in presence of	we and	S OF C
INDIGENT	♥.	my han	receip	OF GEORGIA
SOLDIER'S PENSION,	7:	hand and seal this presence of	receipt for the	GIA,
1899.		seal this_	he pension	_County,
ounty De Kalh		day of	allowed, an	7,
WARRANT ISSUED		of	nd request that	of
RICHARD JOHNSON,  Commissioner of Pensions.			he	her
WARRANT HANDED TO			remit same	hereby authorize
Geo, W. Harrison, State Printer, Atlanta.		s)	1.8	ize

			, hereby authorize
		_of	*
eceive and receipt for the	pension allowed, a	and request that	he remit same to
<b>y</b> 2		_at	
			1899.
Witness my hand and seal	thisa	ıy or	1000.
Executed in presence of			(L. S.)
	<b>)</b>		
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	The thing		
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	**	6681	noms.
	152	· Z	of Pen
SIO			TO TO
VT VT	. 2	SUEL	1 9 1 1
76 FENT	S S A LA	r issuei	'omnissioner of Pensions IAN DED TO  L  L  L  L  L  L  L  L  L  L  L  L  L
INDIGENT LDIER'S PENSIO	899.	WARRANT ISSUED  // 9  RICHARD IOHNSON	Commissioner Commissioner TO WARRANT HANDED TO OFFICE AUTON State Patrice, Autorition, Autoritio

of eccive and receipt for the pension allowed, and request that he remit at  Witness my hand and seal, this day of  Executed in presence of	request that he remit same
Witness my hand and seal, this day of	all draws and a second
Executed in presence of	7 6 [1
Executed in presence of	
	en la

Name

CODE SEC. 1254. SOLDIER'S PE NO.2162 INDIGEN 1900 MARRANT ISSU JOHN. W. LINDS

WARBANT HANDEL

#### For Applicants Heretofore Allowed Pensions.

STATE OF OFOROIA	
STATE OF GEORGIA,	
10 mily.	
Personally appears formed Smith of Defath	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citiz	zen
and resident of said County and State, and has resided in said State continuously e	ver
since the 19 day of Met 1826; that he is 73 years old a	ind
bytoccupation a Tarres; that he enlisted in the military service of the Confi	ed-
erate States (or of the State of 29 ) during the war between the State	
and served for the term of 240 4 fee in Company 5, of of the Regiment La State north and Comuna that his physical condition is	4.0
follows: Allieted with Amuniation and	as /
from old age make is more a	4-
sullions and a more	<del></del>
that his property consists of the following items And	
that his property consists of the following items	—
and the same of th	
of the value of Dollars, that by reason of his physic	cal
condition and poverty he is unable to support himself by his own exertion or labor, as	nd
that he receives no pension but the one herein applied for.	
Deponent desires to participate in the benefits of the Act, approved December 15t	th.
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 Jurimet	1
county been allowed a pension for the year 1898	U
Sworn to and subscribed before me, this, the) of this	
19th day of Journal 1809.	<u>-</u>
1. January	
1012 12 laguela Co Ordinary.	
State of Georgia,	
H. County)	
- Win IV - Cec	
The country of the co	
pplicant in the foregoing affidavit, and am well satisfied that the statements made by hi	
n his said affidavit are true, and I know he is the individual he represents himself to I nd that he resides in this County.	be
Given under my official signature and seal, this	
day of 1899.	
AMX your Saca	
here.	
NOTE - The blank spaces must be filled	у.

#### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
He Call County.
personally appears It donnth of the Kell
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 1911 day of 1826; that he is 74 years old and
by occupation a throng with the enlisted in the military service of the Confed-
erate States (or of the State of) during the war between the States,
and served for the term of I Leava in Company L, of With Regiment of La Vallet has physical condition is as
follows: Old age and Infirmity caused
from thurnation
that his property consists of the following items
that his property consists of the following items.
The state of the s
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1900. I have heretofore as a resident of Acold
county been allowed a pension for the year 1894
Sworn to and subscribed before me, this, the
8" day of 11 1900.) Mith,
La f flat Charlet was alled a Ordinary.
State of Georgia,
De Hall Gounty
to the fact of the second of t
I, M. M. Cag dece Ordinary of said County,
do certify that I am well acquainted with
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know 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 1900.
your beat bere.
Norg.—The blank spaces must be filled.
ATOTS.—And Distill Spaces must be miled.

#### POWER OF ATTORNEY. STATE OF GEORGIA, Se lett County. hereby authorize to receive and receipt for the pension allowed and request that he remit same to 1901. Witness my hand and seal, this day of \_\_[L. S.] Executed in presence of SOLDIER'S PENSION (For Those Aiready Enrolled.) JOHN W. LINDSEY, WARRANT ISSUED WARRANT HANDED TO INDIGENT 1901.

<b>I</b> ,	hereby authorizeof	
to receive and receipt for the pension	allowed and request tha	at he remit same
by	at	
Witness my hand and seal, this	day of	1902.
		[1,
Executed in presence of		
Executed in presence of	1902.	

WARRAN

JOHN W.

INDI

FOR THOSE AL

#### For Applicants Heretolore Allowed Pensions. STATE OF GEORGIA. County. Dersonally appears when I Smith of S. c Walle 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 Mell 1876; that he is 14 years old and by occupation a 2222. That he enlisted in the military service of the Con-) during the war between the federate States (or of the State of States, and served for the term of 2118 11 o in Company, of 1 th Regiment of 2118 11 that his physical condition is as follows: Victor in Plumationing that his property consists of the following items 11/16 Dollars, that by reason of his physical of the value of 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 fice Mall county been allowed a pension for the year 1 400 Sworn to and subscribed before me, this the day of toil Hilla sidale Ordinary. STATE OF GEORGIA, County. 1. Willing dace Ordinary of said County, do certify that I am well acquinted with the Intilly applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be

Given under my official signature and seal, this 4

Ordinary

and that he resides in this County.

Note - The Hank staces must be filled.

Note. Affidavit should not be attested before January 1st, 1901

#### STATE OF GEORGIA. De Kall County Personally appears Snottomith County, State of Geoogia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the 26" day of Feb 1826; that he is 26 years old and by occupation a Harrier that he enlisted in the military service of the Conduring the war between the federate States (or of the State of\_\_\_ States, and served for the term of 2/4 Jensoin Company E, of /ofth Regiment La Hol State Troups (Caulle Compa follows: Suffering from Khumation from seld age make The make a living that his property consists of the following items AM of the value of OO 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 Kall county been allowed a pension for the year 1 40/ Sworn to and subscribed before me, this the formation of many of an 1902. MMogshace, STATE OF GEORGIA, County. I. M Magsoace Opdinary of said, County, do certify that I am well acquainted with from the 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 un official signature and seal, this 13

Affix your seal here

Ordinary De Kalh

County.

Norg.—The blank spaces must be filled.

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

POWER OF ATTORNEY.
STATE OF GEORGIA,  SE Kall— COUNTY.  I, I Shue F Smith hereby authorize
to receive and receipt for the pension allowed and request that he remit same to
Witness my hand and seal, this 25 day of Jacce 1904  Puhre & F. Drivetthe IL. S.  Executed in presence of
CODE SECTION 1364.  FOR THOSE ALREADY ENROLLED.  NO. ON.  INDIGENT  INDIGENT  INDIGENT  A.O. O.
SOLDIER  County  Count

miduta

#### FOR APPLICANTS HERETOFORE ALLOWED STATE OF GEORGIA, Que Kalh Personally appears & J. with 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 even since the 26" day of Heh 1826; that he is 17 years old and by occupation a Ha & necest , 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 2 1 soul Main Company F, of 10th Regiment of talled state trops that his physical condition is as follows: Duffering with Rhumatism that his property consists of the following items: 1200 of the value of 0 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of &c Mall county been allowed a pension for the year 1909 MIMAGRALAG STATE OF GEORGIA, County. do certify that I am well acquainted with the applicant in the foregoing affidavit, and are well satisfied that the statements made by him in his said affidavit are true, and I know 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

Ordinary De Jeach

Note.-The blank spaces must be filled.

Note .- Affidavit should not be attested before January 1st, 1903.

STATE OF GEORGIA,  Deltals County
( ) I stand of
Personally appears John Forniti of A Chall
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 Jeby 1876; that he is years old and
by occupation a Harmer , 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 24 4 2000 in Company &, of 1 th Regiment of Seoggia Atturbush ; that his physical condition is as
follows: Phumatism and ald age
01000
· · · · · · · · · · · · · · · · · · ·
that his property consists of the following items:
lloru
that he receives no pension but the one herein applied for.  Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of County been allowed a pension for the year 1903
Sworn to and subscribed before me, this the foling this smith fair fine from 1904. I foling the smith fine from the smith fine from the smith from the smith for the smith from the smith
STATE OF GEORGIA,
County.
I, Janus Pocorys gridings of said County,
do certify that I am well acquainted with John F Smuth
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know 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 Alman 1 1904.
any organization of the second
Amir Sail Sail Ordinary Destall County.

Note.—The blank spaces must be filled.

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

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

1903.

Ordinary D. Coult County.

Nore.—The blank spaces must be filled.

Nore.—Affidavit should not be attested before January 1st, 1903.

Affix your Seal here. Ordinary Defall County

NOTE.—The blank spaces must be filled.

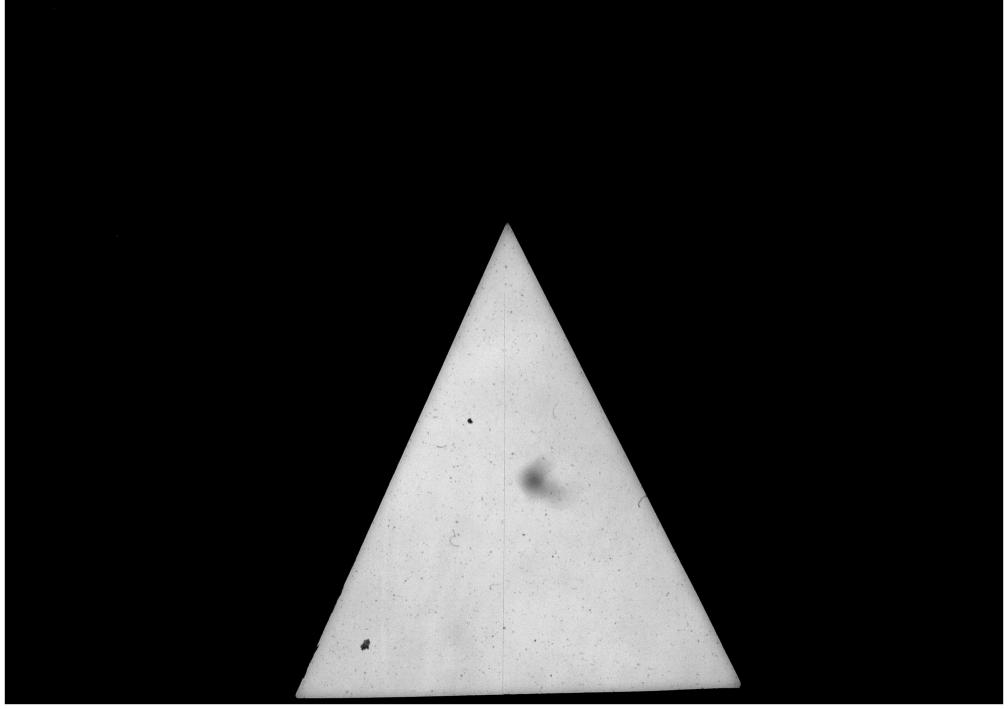
NOTE.—Affidayit should not be attested before January 1st, 1904.

Given under my official signature and seal, this \_\_\_\_/\_/

RICHARD B. RUSSELL, Judge, Winder.
C. H. BRAND, Sol. General, Lawreneville.
FHOS. A. HASLETT, Sheriff, Lawreneville.
D. T. CAIN. CPR Supp. Court. Lawreneville.
ELI P. MINER, TAX Receiver. Lilburn.
A. W. MOORE. Tax Collector, Lawreneville.
J. AUES. B. C. Trassurer, Lawreneville.
JAMES H. WILSON, COPRIER, Lawreneville.
A. N. MAPFETT, SUSYENG, LAWRENEVILLE.

John Attebb do hueby Certify
That John F Smith drawed an
Indigens-Pension as a citizen of
Geninett County for the year
1898 Witness my hand and
Leal of Office Jan 12 1899
John P Stebb Ording

JOHN P. WEBB
ORDINARY GWINNETT COUNTY.



mily, Joseph.	Pension effice 9/30/05
De Kalp Muse Caunty 1250. 1/9-1906	It is not stated or preven to what extent the use of the leg has been effected by the wound. It must clearly appear by the exemination of Drs. the extent of the injury to
INVALID	rect result of the service wounds received in the service
SOLDIER'S PENSION,	The law requires that it should be rendered sybstantially and essentially useless as the result of the wounds.
Joseph Smith	for anything without artifi- cial aid. This must be made to
County Sekall Co. 0 = Cobbs Legity Roge.	pension can be allewed.  J.W.Lindsey  Cen. Of Pens.
Disability Amount, \$	Paramar Offe
190	1/4-1406
JOHN W. LINDSEY, Commissioner of Penelona.	age clas in
WARRANT HANDED TO	wei injury
Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.	it as coman

POWER OF ATTORNEY.

STATE OF GEORGIA,

IN WITNESS WHEREOF, I have her

## POWER OF ATTORNEY. STATE OF GEORGIA, County. hereby authorize to receive and receipt for the pension allowed and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_[L. S.] Executed in the presence of SOLDIER'S PENSION WARRANT HANDED TO OHN W. LINDSEY,

#### FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA,	
Detall- county,	
PERSONALLY appears Jouth Quilly of said	
7	
County, State of Georgia, whe being duly sworn, says on eath that he was born on the day of the state of Georgia, and has been continuously since the day of December 1850, that he enlisted	4.
continuously since the day of DIAMMIN 1817 that he enlisted	
in the military service of the Confederate States (or the State of	A**
day of 186/ , during the war between the States, and	3
served in Sompany O of Odd in Sompany Volunteers	
Waffords Brigade, and was honorated by the 15 day of	
186.4; that whilst engaged in such military service, and in line of duty in	
the State of Da , on the 3 to day of May , 1863	
he was disabled or wounded as follows: Worned in The right	
Ling aux Let his by low Shote at	
the Buttle or Change the will 1/2 and for	
Love 11 Dea Allia Mi Warrada William	
A STATE OF THE STA	
myny my my your	
carried au south highest	
but I dell duffer from a office list	11
Which sain wounds howeverts Me	-
Which said Wounds provents Me	
from laving a Support, by Manuel	il
labor My owounds aires me hai	n
Lon day My Ocupation is a Languer	
and I tank must able to work, by	
a farm ou account of 1/4 woulder	_
All the safe in	
Where was command surrendered? Up mally could your Va	
Was applicant present? What will will be the where	
was he? at home would How come there? abound was nell	me
And by whose authority? State fully: by the Bridgeads	1
Doclour in Change of Command	
Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatary thereof, and makes application for the pension to which he is entitled for the year thereunder, ending the best 26th, 190	
Sworn to and subscribed before me, this the	
6 day of Clerk 1905 - of Defin & mill	
Tours Ollings	. 1

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

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

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

STATE OF GEORGIA,	
Ackalle County.	
- 2C P P	•
	en.
personally known to me to be trustworthy citizens, each of whom, being duly sworn scoording to law, severally say	
under oath, that they are personally and well acquainted with Sunh Smith	
whose application is herewith presented for a pension, that he has resided in this State continuously since the	
day of Secullur 1850, that he served in Company 6 of the	R. I.
while in line of duty, was injured by the service of follows: (give full statement, and tell in your own language when, where, and hove the injury happened, or the disease was contracted, and to what extent applicant is dis-	*
while in line of duty, was injured by the service at 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 dis-	
abled from work as a direct result thereof. If he does any labor or can do any, state what.)	
the necessed argun Shot woung in	
his night Lig and po Lift Hip Chancemin	10.7/
3 day of may 1863 that disable him so	
VI VI O T	
that he was never ably to do any more	
servis in the corry his wounds wer ruger	4
Some for sural years after the won he	
was netwed on account or not being	
able to do duty in his command he is	
not able to worke on his form	
on account of Effects of his wound	(
Where was applicant's command surrendered? Oppose atta Court House	
Was he with it? Was not Were all of you present? we were	~
If not, where was he? Was wound tolling	
Where were you all? Well was present	
How do you know the facts you state to be true? Know fhem of our	
ann Browlidge was housen	1
We personally know above states facts. We were with him in the army and have known him ever since.	
He was honorably discharged or retired from the service onday of	2
186 . Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 We have no interest in the recovery of a pension by him.	
To dieane	
Sworn to and subscribed before me, this	
day of Just 1603	
aul (guygodinary.)	15
NOTE 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they	1.3
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.  —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 recuired.	

STATE OF GEORG	JIA,			
Dekall	County.	foruses K.	Genge	
Personally comes be	fore me	y la me	3	Ordinary of said County,
O. T. Gener	24.	axi	200074	4
me as reputable physicians o	f said County, who, b	peing severally swor	n. say on oath.	that they have carefully
examined Doseph	e south			
	PO	& lea be	Tia Do	tion, say that the present
condition of applicant is as f	follows:	a con por	-	juriana
and as i	me reach	of ac	min on	M wound
days hip,	elso, suca	raig se	reely or	y wound
Fruial de	ebility 4	remate	irl da	sing that
disable he	m & dieg	calify	haus	or makin
a sulphost		1.7.1	/	0 0 1
a registra				1 1 1 1 1 1 1
and that such condition is perr	nanent, Said condition	arises from the fol	lowing facts:	ige debre
& wounds.			Constitution of the second	
		1 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1
	ise from hereditary or co	ongenital causes, or	from vicious or in	ndition, as above stated, itemperate habits.
sworn to and subscrib	ed before me, this			
sworn to and subscrib	ed before me, this		from vicious or in	
Sworn to and subscrib  13 day of Suffy  Multi Chick  Mult	ed before me, this	ongenital causes, or	from victous or in	itemperate habits.  in A  y Cors, 211
Sworn to and subscrib  13 day of Suffy  Multi Chick  Mult	ed before me, this	ongenital causes, or	from victous or in	itemperate habits.  in A  y Cors, 211
Sworn to and subscrib	ed before me, this	ongenital causes, or	from victous or in	itemperate habits.  in A  y Ross, 211
Nore 1.—State fully the particular of the state of the state fully the particular of the state o	se from hereditary or cited before me, this seed before me, this seed to seed the seed to seed	ongenital causes, or	from victous or in	itemperate habits.  in A  y Ross, 211
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Sworn to and subsorth  Sworn to and subsorth  More 1.—State fully the projury, state its location, character  Note 2.—The physicians v	se from hereditary or cited before me, this seed before me, this seed to seed the seed to seed	ongenital causes, or	from victous or in	itemperate habits.  in A  y Ross, 211
Sworn to and subsorth  Sworn to and subsorth  More 1.—State fully the projury, state its location, character  Note 2.—The physicians v	ose from hereditary or control of the second	ongenital causes, or	from vicious or in	itemperate habits.  31. 8  34. Rozs, 211
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Sworn to and subscrib  3 day of Sura  Norn 1.—State fully the parties, as understood by offiants.  Norn 2.—The physicians w  STATE OF GEORG  1,  1,  10 certify that I an vell account	ordinary.  Ordinary.  hysical condition and espand present condition.  Will be careful to fill every that.  County.	ongenital causes, or January of different of different of discuse, giby blank space in oat	from vicious or in	lity results from second or aracter, and its causes or Form 4
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Sworn to and subsorth  Any of Signature Carlo  Norn 1.—State fully the pinjury, state its location, characteringin, as understood by afflants.  Norn 2.—The physicians was a substantial of the physicians of the physicians of the physicians of the physician of the physicians of the p	ordinary.  Ordinary.  Ordinary.  Ordinary.  White and condition and cape and present condition.  Will be careful to fill ever the control of the careful to fill ever the cape and present and the cape and present condition.	ongenital causes, or	isability. If disability and ch	lity results from second or aracter, and its causes or Form 4
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Sworn to and subscrib  day of Sulfy  Nore 1.—State fully the pi  injury, state its location, character  right, as understood by ciliants.  Nore 2.—The physicians w  STATE OF GEORG  1,  do certify that I an vell acquai  pipicant in the foregoing affer  true, and he is disabled, as he  resides in this County and has  also certify that the witnesser  and A D T T Treeling the same.	ordinary.  Ordinary.  Ordinary.  Ordinary.  Assirate condition and cape and present condition.  Vill be careful to fill ever the cape and with the cape and will satch the cape a bona fide resident at the cape as to wit:	citally the extent of different discuse, given the state of the state	isability. If disability and chindren and ch	tity results from wound or aracter, and its causes or from the in his said affidavit are self to be, and that he would be a first to be and that he would be a first to be and that he would be a first to be and that he would be a first to be and that he would be a first to be and that he would be a first to be and that he would be a first to be and that he would be a first to be and that he would be a first to be a firs
Sworn to and subscrib  day of Sign  Nore 1.—State fully the p injury, state its location, character right, as understood by offlants. Nore 2.—The physicians w  STATE OF GEORG  I,  lo certify that I an rell acquai applicant in the foregoing affi  and he is disabled, as he resides in this County and has also certify that the witnesser  and State  The physician of the president of	ordinary.  Ordinary.  Ordinary.  Ordinary.  Assirate condition and cape and present condition.  Vill be careful to fill ever the cape and with the cape and will satch the cape a bona fide resident at the cape as to wit:	citally the extent of different discuse, given the state of the state	isability. If disability and chindren and ch	tity results from acound or aracter, and its causes or from the in his said affidavit are self to be, and that he the said affidavit are self to be, and that he the said affidavit are self to be, and that he the said affidavit are self to be, and that he
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Sworn to and subsorth  Any of Signature of State fully the principary, state its location, characteringin, as understood by officials.  Note 2.—The physicians was state of the physicians of th	or before me, this  1905	citally the extent of different from discuse, given blank space in out the individual lat since the from the individual lat since the from	isability. If disability of the nature and chin.  Or contents made by him to represents him day of Dorotte that their staten undergrood by the Dorotte that their staten undergroot by the Dorotte the Dor	tity results from wound or aracter, and its causes or from the in his said affidavit are self to be, and that he would be a first to be and that he would be a first to be and that he would be a first to be and that he would be a first to be and that he would be a first to be and that he would be a first to be and that he would be a first to be and that he would be a first to be and that he would be a first to be a firs
Sworn to and subscrib  day of Sulfy  More 1.—State fully the pinjury, state its location, character  Norn 2.—The physicians w  STATE OF GEORG  1,  do certify that I an rell acquain  pure, and he is disabled, as he  resides in this County and has  also certify that the witnesser  med. I Sulfy  condition belief, and that the  he same.	or before me, this  1905	citally the extent of different from discuse, given blank space in out the individual lat since the from the individual lat since the from	isability. If disability of the nature and chin.  Or contents made by him to represents him day of Dorotte that their staten undergrood by the Dorotte that their staten undergroot by the Dorotte the Dor	tity results from acound or aracter, and its causes or the in his said affidavit are self to be, and that he in his said affidavit are self to be, and that he is the in his said affidavit are self to be and that he is the in his said affidavit are self to be and that he is the in his said affidavit are self to be and that he is the in his said affidavit are self to be and that he is the in his said affidavit are self to be and that he is the in his said affidavit are self to be and that he is the interval and the interval are self to be and that he is the interval are self to be and that he is the interval are self to be and that he is the interval are self to be and that he is the interval are self to be and that he is the interval are self to be and that he is the interval are self to be and that he is the interval are self to be and that he is the interval are self to be and that he is the interval are self to be and that he is the interval are self to be and that he is the interval are self to be and that he is the interval are self to be and that he is the interval are self to be and that he is the interval are self to be and that he is the interval are self to be and that he is the interval are self to be and that he is the interval are self to be a sel

## POWER OF ATTORNEY. STATE OF GEORGIA. County. hereby authorize to receive and receipt for the pension allowed and request that he remit same to. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this. day of [L. B.] Executed in the presence of SOLDIER'S PENSION

LINDSEY

W.

JOHN

INVALID

HANDED

WARRANT

### FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN STATE OF GEORGIA. A\_County/ PERSONALLY appears County, State of Georgia, who being duly sworn, says on oath that he was born on the \_\_1844, that he is a bona Ade citizen and resident of Georgia, and has been in the military service of the Confederate States (or the State of during the war between the States, and Brigade, and was honorably discharged on the 1864; that whilst engaged in such military service, and in line of duty in Where was command surrendered? 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, 190\_\_\_

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

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

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

#### AFFIDAVIT FOR THREE WITNESSES.

/	STATE OF GEORGIA, County.
	personally known to me to be trustworthy citizens, each of whom, being duly sworn agoording to law, severally any under oath, that they are personally and well acquainted with
Coby	whose application is herewith presented for a pension, that Whas resided in this State continuously since the day of the day of Regiment of Waffords Brigade, and from our personal knowledge he,
	while in the of duty, was injured by the service follows: (Give sull 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 dissolted from work on a direct result thereof. If he does any labor or can do any stupe what.)  While M Line of Rattle at characteristic of the disease was contracted, and to what what.)
C	with a gun Shot In right Let and Lift Hip which rendens him
	from carning a support
	Where was applicant's command surrendered? The homeston CH 10
	Was he with it? Was not Were all of you present? W. Were all of you present? W. If not, where was he? Writing and at Home discharged
	Where were you all? Myomally Va
	Tribul if of June Dwn Knowledge
	We personally know dove 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
	We have no interest in the recovery of a pension by him.
, ,	Sworn to and subscribed before me, this 25 day of Suff 1909 & Robertson
de	THIS Revoge Jordany.
	Norm I.—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.

#### PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,
Dekalle County.
PERSONALLY comes before me tanks R Giver Ordinary of said County,
no Contract of The said with
and and worn, say on oath, that they have carefully
examined frache Amit and after such personal examination, say that the present
condition of applicant is as follows: A Thinshot wound in
right ted just the a bone the aush
frigt also Jun and would in lest
hip both of which render him totals
disables him there for he can mite
a living or any part of some
and that such condition is permanent. Said condition arises from the following facts: By both
elega horrshow a way & tothe disables
him som metrie a living
The state of the s
We have treated applicant professionally for
does 2428 arise from hereditary or congenital causes, or from vicious or intemperate habits.
0 1 0 11 0
mild Recover
Ordinary.
NOTE 1 State fully the physical condition and especially the extent of disability. If disability results from around 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,
Tekalh County
Land Dhings
1. Junity (County, Ordinary of said County,
do certify that I am well acquainted with the applicant is the foregoing affidavit, and am well suisfed 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 ade pesident since the all ay of the last of th
I also cartify that the witnesses, to wit: A Sings (april) to
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 1905

	Smith, grand L. DeKALD Co.			
GEORGIA,  I hereby author lawful attorney to coll deceased husband, Pension Roll and paid Witness my ha	No		is the lawful widov the	that I personally
authorize and constitute to collect and receipt for and, and paid from my hand this	Application for Pension Due Deceased Soldier UNDER ACT 1891		v of	y know
County.  ure in my name for me in my name	To be paid his Widow or Dependent Children BY Mrs. PM Smith Widow of Joseph Smith		Pension Boll of said	
the Pension due me who was on fo	of Dekalla County Co. 6 = 60ks Segion Vola		.county	
of said   for 191   , , , , , , , , , , , , , , , , , ,	Approved and paid  1916.  J. W. LINDSEY,		county, and at for 19, there was Dollars from the credit.	the applicant, and that she
county, my through my	Commissioner of Pensions.  Ches. P. Byrd, State Printer, Atlanta.	Ordinary. County.	r, and was paid and at the time are was due to from the State from the within	that she

GEORGIA,

#### 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.	1.
	_, of said county,
after being duly sworn, on oath says that she is the widow of Joseph Shuce	t
who was duly enrolled as a	er from the county
of MelCack and was paid a Pension of Car	(5000)
Dollars from Nexaet county for 1916.	and that the said
Joseph Smith died in Nellack	county on
the 8 day of Nely , 1916, and at the time of his death a Pension	
was due him from . NeKach county and	unpaid for 1916
Applicant further swears that she married the said . Just h	on
the 19th day of DC, Mily in Destach	county and
State of Scenge a, and resided with him from the date of ma	rriage to his death
as his lawful wife, and is now his dependent widow, and she asks that the Pension so do	ie and unpaid be
paid to her.	A 100
Sworn to and subscribed before me thisday of	, 1916.
James Ryenghamary Mrs PM s	
Denally Mrs.	(L. S.)
Devalle County.	
AFFIDAVIT OF WITNESS.	
grange Kickert Comme	
GEORGIA, NeKall County,	
Personally before me comes to Studies & R. J. Agu	who who
Personally before me comes of which they on oath says that he knew Joseph Smith	while in life
Personally before me comes to a full the thing on oath says that he mew grant Smith and that he knows Sorman Ayen Mrs. Mrs. Mrs. Jouets.	while in life
Personally before me comes of a further than the comes of a further than the knew grant on oath says that he knew and that he knows . So non A fuel Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs.	
Personally before me comes the adults of A.S. Age on oath says that he knew and that he knows Cornera Ayen Mrs. Man Jacks C the above applicant; that he knows that the said Sornera ayers and Jacks Muth were indue form of law ma	rried in the county
Personally before me comes the adults of A.S. Age on oath says that he knew and that he knows Cornera Ayen Mrs. Man Jacks C the above applicant; that he knows that the said Sornera ayers and Jacks Muth were indue form of law ma	rried in the county
Personally before me comes the afternoon of the says that he knows that he knows that he said the said of personal says and the said of personal says are says and the said of personal says and the said of personal says and the said of personal says are says and the said of pe	rried in the county
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Personally before me comes the adults of A.	rried in the county on on ey resided together
Personally before me comes of a full of the form of the first on oath says that he knows of the said of the above applicant; that he knows that the said of pull of the first	on ey resided together day
Personally before me comes of a full of the said on oath says that he knows of the said of	on ey resided together day
Personally before me comes of a full and the says that he knows and that he knows that the said	on ey resided together day
Personally before me comes of a full of the says that he knows and that he knows of the above applicant; that he knows that the said of pull of the land of the la	on ey resided together day
Personally before me comes of a full and the said on oath says that he knows and that he knows of the above applicant; that he knows that the said of parks of the above applicant; that he knows that the said of parks of the latest of the la	on ey resided together day
Personally before me comes of a full state of the said on oath says that he snew and that he knows of the said of the shore applicant; that he knows that the said of the shore applicant; that he knows that the said of the shore applicant; that he knows that the said of the shore of the shor	on ey resided together day
Personally before me comes of a full state of the said on oath says that he snew and that he knows of the said of the shore applicant; that he knows that the said of the shore applicant; that he knows that the said of the shore applicant; that he knows that the said of the shore of the shor	on ey resided together day
Personally before me comes of a full and the said on oath says that he knows and that he knows of the above applicant; that he knows that the said of parks of the above applicant; that he knows that the said of parks of the latest of the la	rried in the county  on ey resided together  day  1916.

I well Know the Partur & Know the above to be Frue James ReGeorge State of Georgia 5 County of De Pals) We hereby further state with reference to Joseph Smith, appli Court for pursion, that said south is quite fuble as a result of a ge (63 ym) agravated by a chronic sone leg that to partially perished, constantly paringiel or needs to be supported with a stick. His Entire Condition unders him mable to necke a pupport for himself + farmily, by any kind of labor or calling Sworn to + Subscribed of Jose, M.D. before me Sift 297900 Mis ausly mit ames / George Ordinary

MALE Smith, Joseph

WHEN, AND WITHE SOLN? Dec. 4, 1844- Georgia.

There's will A'D WHERF? Aug. 1st, 1861,- Georgia.

KANK.

COLTAIN AND LEGION, DAY (Woffords' Brigade)

TANT OF CAPTAIN ATT OUT MEL? J.L. Argo, Captain,

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 raking a living at any kind of labor.

I EL EASLD .

JEN AND AND ANTE SURPENDERED? Command surrendered Appointatox, Virginia.

THE NOTE PRESERVE AS SUBSTITUTED, WHERE WERE YOUR At home- Wounded- Discharged. By authority

DIED, WHEN AND WIRE?

charged. By authority of Army Board of Physicians at Winchester, Virginia. -Discharged Sept. 1864.

STREET AD.

WITNESSES J.L. Argo, Captain, C.L. Robertson, J.I. Marbut-Present at the surrender & know of our own knowledgeDISAPPROVED

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

RAUK.

COMPANY AND REGIMENT'S Company C, Cobb's Legion

NALE OF CAPTAIN AND COLONEL?

MOUNDED? 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. CAPTURID, Whell AND MERKE?

RELEASED.

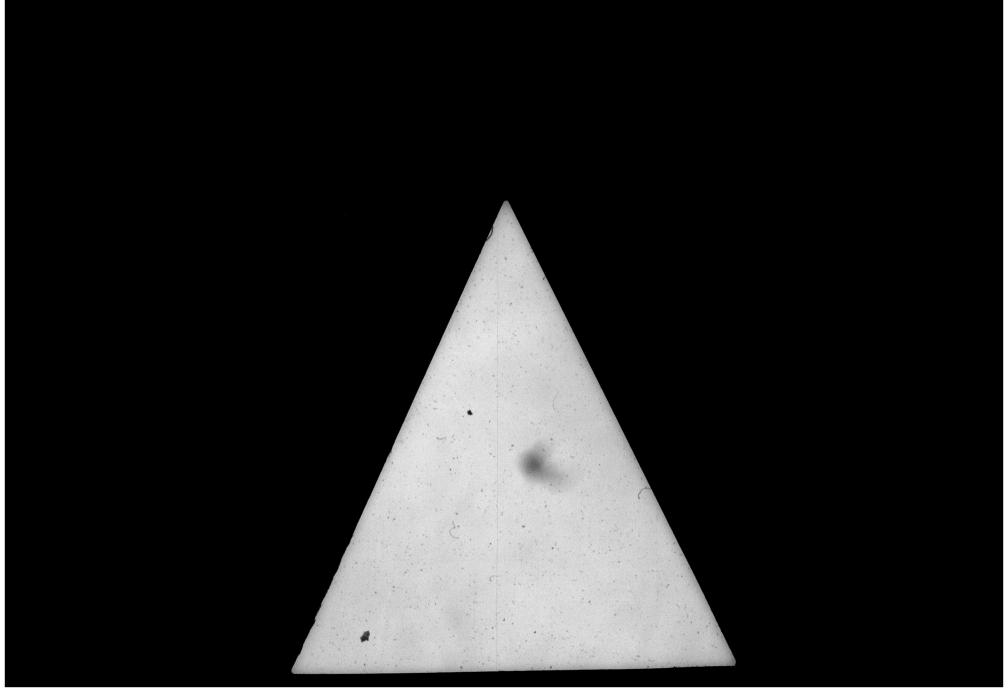
THEN AND WHERE SULKENDERED? Appoint tox Court lovee, Virginia.

IF NOT PRESENT AT SURKENDER, WHERE WERE YOU? Retired from all military service September 15,1864 on account of wo mas.

DTED, WHEN AND WHERE?

BURIED.

WITNESSES. H. C. Reagin, J. L. Argo, J. L. born - state they were lw in the army with applicant. -- No data.



AUG 16 1935

VETERAN STANCE DEFICE A. L. HENSON, Unector

45	Mith, Joseph DeKALD Co.	iNe (200.	9
3	WERALD CO.	1	2000
For	DeKalb	Coun	

County

For ....

**Application for Expenses of Last Illness and Funeral** 

(UNDER ACT OF 1919)

		/. S.	Morgan	<b></b> ,	Ordinar
4					
	For:	Mrs.	Josephine	Smi	th

(Name of Pensioner)

Date of Death: August 7, 198 5 Ambunt: \$ 30. 00

PAID TO ORDINARY ON THIS CLAIM:

30 ... / 150 ... K

TOTAL.

Approved, and ordered paid,

l. S. Maryan Brdy. Thirty dellaro (480 00). L'expertero Mrs. Josephine Smith decid.

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, com	es Donehoo-Brandon Co.
, of said C	ounty, who, after being duly sworn, on oath say
that he knew Mrs. Josephine Smith	late of said County, a Confed
erate pensioner, and that said person is the identi	cal person named and described in the attache
ertified copy of burial certificate; and that said p	ensioner LEFT NO WIDOW and NO ESTATE of
ANY KIND OR VALUE sufficient to pay the exp	enses of last illness and funeral, which amounte
o the sum of \$ 200.00 , as shown by	sworn statements FULLY and COMPLETEL
TEMIZED, hereto attached.	
Sworn to and subscribed before me,	
111 0	Donehor- Brandon Co.
V. S. Margan Ordinary	by Paul T. Donehoo. Pres.
Ordinary.	0 0000
$\wedge$	
	242
CERTIFICATE OF	THE ORDINARY
EORGIA, DeKalb	County.
Paul M. Davahaa	
I certify that Paul T. Donehoo	who subscibe
o the foregoing affidavit is known to me to be a p	erson whose statement is entitled to full faith an
redit. I further certify that I knew Mrs. Jos	ephine Smith the decease
ensioner referred to in the foregoing affidavit a	
egularly enrolled as a pensioner on the records o	f file in my office. I further certify that said de
eased pensioner is the identical person named an	d described in the attached certified copy of buris
ertificate, was not survived by a widow and left	
f last illness and burial for which claim is made.	
Given under my hand and seal of office, thi	s the 14 day of August , 1935
Given under my name and boar or ourse, un	5. A >
(Seal of Ordinary)	V. A. Margan, Ordinary
	· · · · · · · · · · · · · · · · · · ·
INSTRU	CTIONS:
1st. Certified copy of Burial Certificate must accompan	v this application.
	d funeral, to make out their accounts in fully itemized for
iving each item and the value of it, and each date.	a randal, to man our men account in rany penning row
3rd. Each account must be sworn to before the Ordina	ry, and in the following form:
"The above and foregoing account is rendered for serv	ices in the last illness (or funeral expenses, as the case ms
e) of, who die	d without owning sufficient property to pay this bill.
4th. The Ordinary must see to it that each bill is perfell attached neatly to this blank, after this blank has been p	ctly legitimate in every respect, and properly sworn to, an roperly completed and signed as indicated.
5th. The completed voucher—this blank and the bills and no money must be paid out until it is returned to you a	—must be sent to the Veterans Service Office for approve syour authority to make the payment.
6th. Return this application, and attached bills, proper	ly receipted, to the Veterans Service Office.
7th. Ordinary should see that the back of this blank,	when folded, is filled out.
	u with the funds with which to pay the approved bills. Whe
ou have paid the bills and obtained a receipt for each paermanently filed in the Veterans Service Office.	yment, return the voucher, with bills and receipts, to b

9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widew, 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

FUNERAL DIRECTORS

AUG 16 1005

744 N. CENTRAL AVE.

HAPEVILLE. G August 15th. 1935

The funeral expenses of Mrs. Josephine Smith.

\$ 150.00 25.00 Embalming 15.00 10.00 Hearse Service

\$ 200.00

The above and foregoing account is rendered for funeral expenses of Mrs. Josephine Smith, who died without owning sufficient property to pay this bill.

Swarm to and Subscribed fifore me this 14 day of aug. 1935 Baul T. Donehov. Pres.

DONEHOO - BRANDON CO.

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 // th day of September. 1936.

Pry H.E. Ramp. 8 set & Trea



#### CERTIFICATE OF DEATH GEORGIA STATE BOARD OF HEALTH Rureau of Vital Statistics

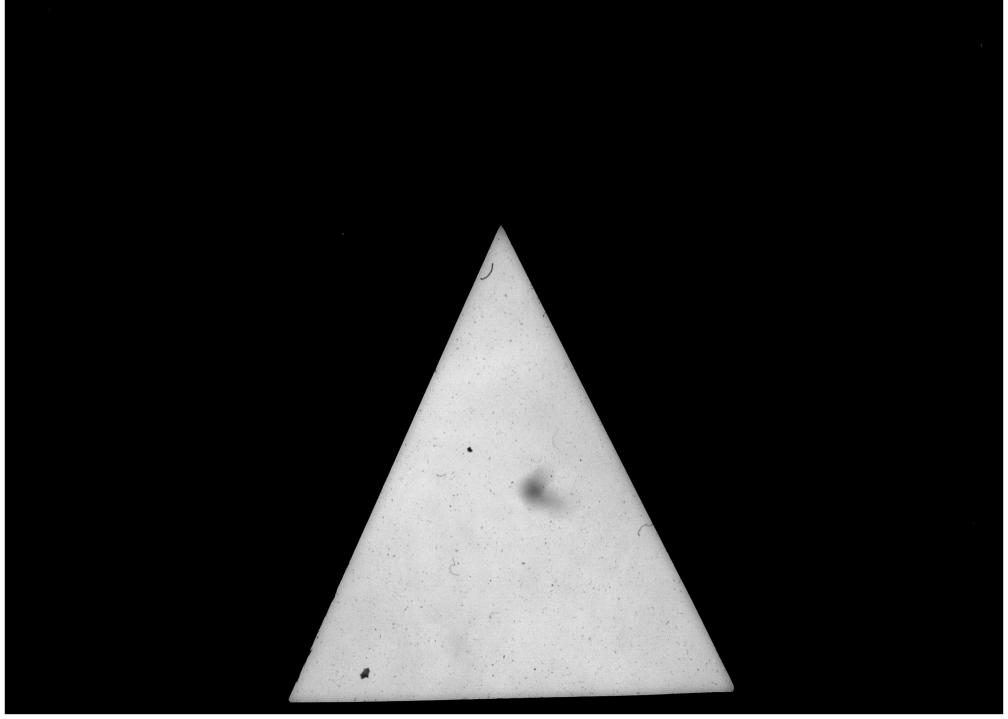
3421 1. PLACE OF DEATH 1061 Fulton Militia District (Number and Name). Length of residence in this city or town: Yrs......Mos......Ds......NON-RESIDENT (Yes or No.). City or Town Atlanta Street and Number (No. 907 (Street) Edgewood Ave. Ward (If death occurred in a hospital, give its name instead of street and number) Mrs. Josephine Smith 2. FULL NAME... 907 Edgewood Ave. ...(Street and Number) ... Residence (City or Town)..... MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Single, Married, Widowed, Divorced (write the word) 16. DATE OF 4. COLOR or RACE Aug. 7, 1935 , at 9:30 A. M. DEATH. Married Female White May 20, 1849 17. I HEREBY CERTIFY, That I attended the deceased from DATE OF BIRTH (month, day, year) 7/1/1935 19 to 8/3/35 Years 86 18 7. AGE 2 I last saw h GP alive on 8/3/35 19 death is said to have occurred on the date and hour stated above. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... Domestic The principal cause of death and related causes of importance in the of onset and duration of each: Heart disease ( Arterio sclerotic (c) Date deceased last worked at this occupation (month and Other contributory causes of importance 9. BIRTHPLACE Congestive heart failure (P O Address) --- Shehee 10 NAME 11. BIRTHPLACE If death was due to external causes (violence) fill in also the following: Ga. (P. O. Address). Was injury an accident, suicide, or homicide?..... Dont know 12. MAIDEN NAME. 13. BIRTHPLACE Did injury occur in a home, public place or industry?.. Dont know (P. O. Address)... 14. INFORMANT Nature of injury .. HermanEWing (Signed)..... J. T. Anderson Atlanta, Ga. (Address). Ga. Bapt. Hosp. 19. BURIAL PLACE Ebenezer Cem. (Address).. Zehulon, Ga. (Date) 8/8/35 8/10/35 20. UNDERTAKER Donehoo-Brandon Co. Hapeville, Ga. OFFICE OF THE REGISTRAR OF VITAL STATISTICS For the City of Atlanta 8/10/35 Atlanta, Ga., FULTON COUNTY.

GEORGIA,

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.

SEAL



## NOT ES

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 arm or leg, unless the arm or leg has been rendered substantially and essentially useles.

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 wader walk 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 country 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 HADDIGON

W. H. HARRISON, Clerk Ex. Dept.

DeKall Co 1890. APPLICATION FOR ALLOWAPGE Date of Warrant, Margh Entered on record 189 appleand

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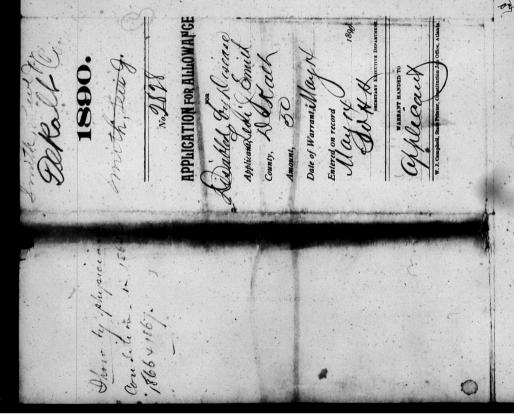
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W. H. HARRISON, Clerk Ex. Dept.



STATE OF GEORGIA,
De Tall- County.
PERSONALLY appears Levi & Smith of De Rath county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been continuously since the /// day of
He bruary 1833; that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States, and served as a / " Lieutenard in Company I, of 44 th Regiment
of Georgea Volunteers Doles Brigade; that whilst engaged
in such military service at the battle of the state in the State
of Virginia, on the in the sparing of 1862, he
wounded as tollow while in Ladings in the Swamps as
Wiehmond he contracted cold which settled in his
terminating in Rhumatism In 1863 during the ma
through Margland and Rensylvania, warding Streams and o
in the feet and love , so that it necessitated
being sent to the hospital at Rich mond remaining
Harty days and the the way some of the selevant
tel the flewent, Chat sing the war he has continuedle sine
techie armend less have begging almost washes, not being aby to a
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
21 st day of March 1800
Norg.—State fully natured would of character of dissert 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.
the disability. If claim is based on disease give full and connected history of disease, tracing it directly to the service.
and the second of the second o
COMMISSIONED OFFICER'S AFFIDAVIT.
STATE OF GEORGIA,
Hall County.
PERSONALLY came before me In 18, Estes of the county
of Hall State of Georgia, who, being duly sworn, says that he was
a commissioned officer in Company , of 441 Regiment of 2a,
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 & Smith
as stated by him in said affidavit. Deponent further states that said
Levi 9 Smith is a bona fide citizen of this State and resides
in Ae Kall county. IB Eastles Jonney
Sworn to and subscribed before me this Col 44 Par & Frances
241 ) day of Mach. 1890. V.
The foregoing amount, changed to suit the facts, should be mide 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.
affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished.

County.

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 as 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,

xi kalb Coun.

11. 117. Ragochlordinary of said county, PERSONALLY comes before me Notert C. Words. and I. H. Elreen M. both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Level, Smith examination say that the applicant has been injured as follows: The tindous & museles of he is armed are much and permanently contracted and imacisted, to also his toes and frigers contracted to an extract that unders their substantall and irentially welves; his knees also are permanently inlarged, and disabled impairing hair guilfarth other underes of long continued general health; which in our opinion or qualed from separate stee during the war as stated in the forgoing affections; from which he during the war as stated in the forgoing affections; from which he during the war as stated in the forgoing affections; has with only partial miligalim at times - sufficiel wer since the was rendering him practically incompetent forthe ordinary avocations of light, of the topponent ( I storem) states that he has been a physician in his family for last two years and that the laid officent kas been bed read in most of that lime

Sworn to and subscribed before me, this North 6 mord med 27th day of March 1890, Hyreen M.D.

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

lse state how long physicians have known and treated applicant.

I, Ordinary of said county, do certify that I am well acquainted with Revi. I. Stands 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 South before whom the foregoing affidavits made and power of attorney was signed, is a blerlog Superior bours to said country and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 27 hday of March 1890.

Will tagsdale, Ordinary De Kalk

Count

#### Power of Attorney.

#### STATE OF GEORGIA

Ne / last

County.

Know all Men by these Presents, That I,

of

county, in said State, do hereby appoint

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

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

L. S.

Executed in the presence of us:

DIRECTION.

If allowed, send amount by

, and oblige,

me at

STATE OF GEORGIA, STATE OF GEORGIA, I. N.M. Kogsfalg do certify that I am well acquainted with Levi, S. De Kall I, Min Rogsdale, Ordinary of do certify that I am well acquainted with Levi J. Smith. Ordinary of said county, applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his applicant in the foregoing affidavit, and am well satisfied that the statements made by him said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in his said affidavit are true, and that he is disabled, to the extent he claims, and I know individual he repesents himself to be, and that he resides in this county. he is the individual he represents himself to be, and that he resides in this county. Given under my official signature and seal, this 291 day of Hel before I further certify that Willogsdale. Ordinary De Kall whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and County. signatures thereto are genuine. Given under my official signature and seal, this 28" day of May County.

SOLDIER'S

101 Applicants received Anowed rensions.	. J. Pp. Santa . Idiate . I I I I I I I I I I I I I I I I I I
	STATE OF GEORGIA,
STATE OF GEORGIA,	De Rall County. O
De Roll County of a -1 0 -1	
PERSONALLY appears Lett y Smith of the Math county,	of Ac AMT County, State of Georgia, who, being duly sworn, says
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and	on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
resident of said State, and has been such continually since the //7" day of	since the 7" day of February 1833; that he enlisted
Fe ( 1833; that he enlisted in the military service of the Con-	that he enlisted
	in the military service of the Confederate States (or of the State of Learn gin
	during the war between the States, and served as a First Die ich in Company I,
States, and served as a / Lient in Company I, of 44 th Regiment	of 44 th Regiment of Lean gia Volunteers Dages 's
of Leorgia Volunteers Role 's Brigade; that whilst engaged	Brigade; that whilst engaged in such military service at the battle of
in such military service, at the battle of	in the State of Shine & Corthe O
of , on the In the day of Ming of 1862, he was	1862, he was wooned as follows Milie in Chief was
wounded as follows: While in Camp and the Swamps	1862, he was wounded as follows: Illug on Clark pro
	in Swamps around Righmond Contracted Cold which Settled in his
around Richwood be contracted Cold which settled in	lege resisting in Chunatism. During marches through Marchen
his legs terminating in Clumation. In 1863 during the	maded theory the exposure way so seent that he man
March through mary lailed and Bensylvania waching Streams land	sent to los hital Super ace of long in himment.
other en losule to Cold and weather he suffered with the vere painin les and	Hot helevare So seated the disease till he never heaven
set so it massitate this being seet to the heter a thick mend lemining they so	from it and is now totally disabled from work same
yell serminessitaletur hengelet to thouself a the word temaning meloso	Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and
logs and subsequent (logg intrison ment of to the leavent thatly	the acts amendatory thereof, and makes application for the allowance to which he is, entitled for
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, Carp and	the year ending October 26, 1892. I have heretofore been allowed a pension of
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	Dollars for Disability by histary
of this is dollars.	Sworn to and subscribed before me this the
Sworn to and subscribed before me, this the	all by Donath,
Total day of May 189/1 Levi J. Smith	day of 1892.)
10 4 1109/	MMaplale, Ordinary.
M.M. Rogsdale, Ordinary,	Nork.—State fully basure of wound or character of disease which causes the disability, and explain particularly the
Nore. State fully nature of wound or character of disease which ouses the disability, and explain particularly the extent of the disability.	extent of the disability.
	POWER OF ATTORNEY
POWER OF ATTORNEY.	
STATE OF GEORGIA	STATE OF GEORGIA.
STATE OF GEORGIA	De Kall County.
County.	
KNOW ALL MEN BY THESE PRESENTS, That I,	Know all Men by these Presents, That I, Leiz fingth
of	of Deficall
1	County, in said State, do hereby appoint P.C. Sinity
county, in said State, do hereby appoint	of Ne Kall my true and lawful attorney in fact, for
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	me and in my name, to receive and receipt for whatever amount of money I may be entitled to
to from the State of Georgia by reason of the injury received as aforesaid in the military	from the State of Georgia by reason of the injury received as aforesaid in the military service of
service of the Confederate States (or of this State), as stated in the foregoing alidavit;	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,
hereby authorizing my said attorney to receipt in my name for any Warrant that may be	or for any sum of money which may be coming to me for the reason aforesaid.
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 29%
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	day of Helice 15 7 1892.
day of 189	Jest 1 Xx Hz
	Executed in the presence of us:
[L. S.]	
Executed in the presence of us:	John & Brown
	Hand andre
	Jack of Manager Comments
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DIRECTION.	Send money to me as follows, by
Send money to me as follows, by	mountain of a flow and have been a section of the to assume and a section of the section of the terms of the
to P.O.	County, Georgia.
County, Georgia.	County, Georgia.

Anow all J	County. S Men, by these Prese	nts, That L	evil &	mitte	
of De Ka	11-0		State of Georg	ia, do hereb	у арр
of 9017	Jane Os	2 Min	my true and lav	uful attorney	in fact
of All	ne, to receive and receip	ot for whatever a	amount of mone	ey I may be	entitle
from the State of	Georgia by reason of the	e injury received	d as aforesaid in	the military	servic
my said attorney	to receipt in my name for	or any Warrant	that may be issu	ued by the G	overno
for any sum or me	mey which may be com	ing to me for the	e reason afores	aid.	
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For Applicants Heretofore Allowed Pensions.

I'VI APPHORNO HOLOSOLOLO AHOROL I OHOLOHO. STATE OF GEORGIA, 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... 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 Hirst Dieut in Company I, of 44 th Regiment of Ta Volunteers Dolla 's Brigade; that whilst engaged in in the State such military service at the battle of... day of m 186.2. he was of Organica, on the wounded as follows: While in lauck in Swantes around Cielymond entrates cold which settled in his Sesulting in Plannation Suring March through Marsland brace Cotto as me the confosione was so great their be was Deat to haskital subsement long inchisionen Port & client so retired the disease as to become Economent Totally disabling deforeut from work of Deponent desires to praticipate 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 heretolore been allowed a pension of... dollars for Disease Sworn to and subscribed before me, this, the day of //22 0/ 1893 Norz-State fully nature of wound or character of disease which cases the disability, and enplain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. Ordinary of said County, do certify that I am well acquainted with a con & Sugar 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 1 2000 dale County.

POWER OF ATTORNEY

#### POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA. STATE OF GEORGIA. County. De Kall KNOW ALL MEN BY THESE PRESENTS, That I, Levis of Relief COUNTY. Know all Men by these Presents, That I, Levi Somi County, State of Georgia, do hereby appoint M. M. Dagodale. P.C.Smith County State of Georgia, do hereby appoint. my true and lawful attorney in fact, for Letall .... 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 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 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 States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorin my name for any Warrrant that may be issued by the Governor, or for any sum of money which may ney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money be coming to me for the reason aforesaid. which may be coming to me for the reason aforesaid, IN WITNESS WHEREOF, I have hereunto set my hand and seal, this IN WITNESS WHEREOF, I have hereunto set my hand and seal, this ... day of March Executed in presence of us Executed in the presence of us Annie M. Sonita E'bla E Smith DIRECTIONS DIRECTIONS. Send money to me as follows, by Send money to me as follows, by P.O. County, Georgia. County, Georgia. DIER'S PENSI 263

#### For Applicants Heretofore Allowed Pensions.

	STATE OF GEORGIA.
	De talt county.
	TERSONALLI APPENDE
	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 17"
	day of Het 1833; that he enlisted in the military service of the Con-
	federate States (or of the State of ) during the war between the
	States, and served as a / Tient in Company I, of 44 th Regiment
	of £1 Volunteers Doles 's Brigade; that whilst engaged in
	such military service at the battle ofin the State
	of day of last day of last last last last last last last last
	wounded as follows: Contracted thumatism in the fall of 1862
While	in a roice welling from cold and expanse which
rende	sex the applicant unable to work the limbs heing bas
draw.	a. Deponent further soys that the disease has he come so sout
aur 5	the binis to drawn that he is unaite to do any kind of nor
The a	me and severare drawn and the joints enlarge & and stip
ar	gers drawn so that is in alle to grask of hold any the
la win	Deponent desires to participate in the benefits of the Act, approved October 24th, 1881, The
	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
1	Fifty dollars, for the year 1893.
	The state of the s
	The Said Said
	day of flatell 1894.)
	-1.1. Moradale Osdinesz,
	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, I
	0 2/0/
	the Kall County.)
	I. M. M. Cogsdale Ordinary of said County,
	do certify that I am well acquainted with Levi . In 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
	day of March 1894.
, y	(Amx)
	South Short Shirt States
	A A) M
	Ordinary Al Call County.

#### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
0 1/ 1/
personally appears Levi J. Smith of Dellalb
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 Fibruary 18 3 3; that he enlisted in the military service of the Con-
federate States (or of the State of Georgeas ) during the war between the
States, and served as a First Keythinkin Company &, of of ofth Regiment
of Grongia Volunteers, Dales & Brigade; that whilst engaged in
such military service at the name of in the State
of thing of 1862the day of 186, he was
woulded as follows: While in Carrels in Swamps arow
Richmond Contraded cold which settled
in his legs resulting in Rheumation,
Ding marches hrough Mary land wades the
the expense was request that he was reight horten
subsequent, long imprisonment in Gost Delas
no relation the live on tell he lear grayme of
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension
of Oul Hundred dollars, for the year 1894.
Sworn to and subscribed before me, this, the
1/4 day of March 1805.
Mm Ragsdele, 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.
OTATE OF OFOROIA
STATE OF GEORGIA,
Destalt County.
I, MM. 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 1/3
day of March 1895.
Affix your Alle Consider
bere d w
Ordinary De MathCounty.

POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA,	STATE OF GEORGIA,
Di/Call County.	Westuff County of Restant
1, Fri & Smith hereby authorize Paul C, Amick	I, Levi J. Much hereby authorize Mullemuk
to receive and receipt for the pension paid hereon and request that he remit same to	to receive and receipt for the pension paid hereon and request that he remit same to
by	me gen Person
at a second of the second of t	at Levater En
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of Ledy 1896. Levi & Smith [1. s.]	day of Flag 15" 1807. Levi A Brille [L. S.]
Executed in presence of us	Executed in presence of
Anime Il, Smith	Annie M. Smith
Ela E. Smith	Ella E. Smith.
は同意の意味を対象のなどのでは、「	
. 189 M.	Francisco
For Those Aiready Enrolled.)  No. 557  No. 557  18896.  ity Richard Johnson, Secretary Executive Departments, Secretary Executive Departments, Secretary Executive Departments, Secretary Executive Departments, Secretary Executive Departments.  NARRANT HAYDED TO.	S. Tro
For Those Aiready Enrolled  No. 567  No. 567  1896.  IISOG.  III., S.  RICHARD JOHNSON  Secretary Escretive D.  WARRANT HAYDED TO  WARRANT HAYDED TO  VON. W. Harmon. (see 19864, Albridge)  Over W. Harmon. (see 19864, Albridge)  Over W. Harmon. (see 19864, Albridge)  Over W. Harmon. (see 19864, Albridge)	The Lalle of the Arrors and out. 185.  IN A 25-2  IN VALID  DIER'S PENS  LASD 7.  LA
Those Airean Those Airean Those Airean Those Airean Those Airean Airean Secretary By NARRANY HAS SECRETARY BY NARRANY BY NARR	LER'S P  LER
Those Those S.	INV DIER INV NO. 3 NO. 4
SOLD Name County Disability Amount,	SOLD SOLD SOLD SOLD SOLD SAMOUNT, Amount, Amount,
Z Z Z Z Z Z	A I II O I Z O A A III

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1

#### For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, DeKall County. personally appears Levi Januth of Dekalle 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 1833; that he enlisted in the military service of the Con-\_\_) during the war between the States, and served as a First Little - in Company I, of 44th Regiment of Fragin Volunteers, Dales 's Brigade; that whilst engaged in such military service in the State of Spring of 1862, on the Whilein Camp in Swamps around Richmond. Contracted Cald which settled in his legs, resulting in Rhowatism, During March throng & Maryland world ditaus, the exposure was a great that Le was real to hospital Dubrequery, long imprion ment infint delaware soseated the discretill he Herr recovered from it and is How totally Southed from work of any land peponent 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 county been allowed a pension of Quel Hum died DelCall dollars, for the year 189 3. Sworn to and subscribed before me, this, the Nora-State fully the nature of wound or character of disease which passes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA. County. A Ordinary of said County, do certify that I am well acquainted with devi applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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 5th

WeKalh County.
Dersonally appears Levi Janithos Delalb
County, State of Georgia, who being ouly 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 Learn any 1833; that he enlisted in the military service of the Con-
federate States (or of the State of Year ) during the war between the
States and served as a First Situation Company W, of the Regiment
of Jeng in Volunteers, - Waller's Brigade; that whilst engaged
in shift military service in the State of Spring of 1862, on the day
he was wounded, injured or diseased of follows:
While in Camp in Severeps around Richwood, Contract
tald which sattled in his lege, resulting in Phenone
Degring Marches through, Maryland, wadel Stream
the exporme was so great that he was sent to hope to
Subrequent, long imprisonment in Port Delaware so
seated the disease till be near recorned from it, and
now tatally 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 arkall county been allowed an invalid pension of
One Nundred Dollars, for the year 1896.
Sworn to and subscribed before me, this, the
15th day of February 1897. POST OFFICE Decatut
MM Ragidace, Ordinary,
Norm-State fully the finature 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,
Descale Gounty.
I, M. Ragsileie of poordinary of said County,
1, Ordinary of said County,
do certify that I am well acquainted with dear for the applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of Fiel 1897.
Till Regelice.
Ordinary De Ceits County.
Ordinary County.
THE RESERVE OF THE PROPERTY OF THE PARTY OF

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA

POWER OF ATTORNEY.  STATE OF GEORGIA,  Stralb  County.  I. Levi family hereby authorize Capte Chan Installed  of Secation Devialle Ga  to receive and receipt for the pension paid hereon and request that he remit same to  by hauch  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  day of Jacque 1 1898.  Executed in presence of  Albright  Electronic County 1 1898.	To receive and receipt for the pension paid hereon and request that he remit same to  Municipal Section  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  day of Jacques 1899.  Executed in presence of  Particular 1899.
(For Those Aiready Enrolled.)  No. 36  INVALID  SOLDIER'S PENSION.  1889.  Name LEVI. J. SMITH  County De Kalb  Disability, Jolac  Amount, \$ 1870  Amount, \$ 1870  The Kalb  Disability, Jolac  Amount, \$ 1870  The Kalb  Of Kalb  County De Kalb  Of County  County De Kalb  The Kalb  Of County  County De Kalb  The Kalb	SOLDIER'S PENSION.  INVALID SOLDIER'S PENSION.  ISSOB.  Name LUNGSON.  SOLDIER'S PENSION.  ISSOB.  Name LUNGSON.  NARRANT HANDED TO  WARRANT HANDED TO  OF FLINKING.  OF FLINKING.

## For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, DEKALL County. Leve Dersonally appears County, State of Georgia, who being duly gorn, 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 of lotuary 18.33; that he enlisted in the military service of the Confederate States (or of the State of , Frorgia ) during the war between the First Lieutypautin Company D, of foth Regiment States, and served as a Story in Volunteers, . Wale's 's Brigade; that whilst engaged in such military service in the While in Caup in swamp around Richmond Contracted Cold which sittled in his legs, resulting in Rhownstiam, Suring marches through Maryland, worded streams, the We power was Dogrest That he was peut to haspital, subrequent, long impresenuest in Fort Arlaward, so Seated the design till he Hear recorned from it wis new talally disables 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 DEKall county been allowed an invalid pension of Onl Acceded - Dollars, for the year 189 7 Sworn to and subscribed before me, this, the 1898. POST-OFFICE Decatus STATE OF GEORGIA. Actalle County. I. M. Magsdace of Ordinary of said County, do certify that I am well acquainted with Levis Smith applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know 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\_

County.

## For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. DEKalk County. personally appears Levi Smith 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 tebruons 1833; that he enlisted in the military service of the Confederate States (or of the State of Morg in .) during the war between the States, hiserved as a First Killet in Company of of 44th Regiment Volunteers, Dales 's Brigade; that whilst engaged in such minary service in the State of Aking of 1862 on the he was wounded, injured or diseased as follows: While in Coup in Swamps around Richmond, Contracted Cold which settled rin his legs resulting in Rheumatism During marche through Mary land, maded stram the expanses woo Ry gris that he was peux to hospital, subsequent long imprisonment in Fort & clavor to seated the disine till he near recorns from it and throw Tatally disabled from work of fing kind for the year ending October 26th, 1899. I have heretofore under said law as a resident of County been allowed an invalid pension of Oul New And offor Dollars, for the year 189 Sworn to and subscribed before me, this, the ) 1899. POST OFFICE Decatur Ga Magsdale-Norg. 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, Delath County. I. Mm Ragadocep Ordinary of said County, do certify that I am well acquainted with Levi / O much applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this

County.

		POV	VER	OF A	TTOR	NE	7.			
	E OF GEO Kalb Len	Ç0	unty.}	he	reby auth	orize C	Opt (	efor.	Fewlow	
to rece	ive and recei	pt for the	pension	paid her		request	7	remit s	same to	
at	treate	- · ·	u	_						
	WITNESS	WHERE		ive hereur	ito set my	hand a	and seal,	this		
day of_			1900,			Se	vi f	Q 1	Ata	
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Cook section 120.		宣	0	11/2	isease		JOHN W. LINDSEY,	WARRANT HANDED TO	ler, Alle	
CODE SECTION 1280.	No.S	S	Ŏ	Kal	se	1	Comm	HAND	Jako Printer,	
S S	80 S	2	0	). L	Dis 100.	P	×	RANT	L.	2. 9.
		DIER'S PENSI	H	TH	1 4	issue	ЛОН	WAR	S W.H.	
For		TO	ľ	Tame \	isability_mount, \$	Jarrant issued				
U		10		la o	is II	78				

Dekait

Maimed Soldiers.

Voucher No. 2828

Amount & So.

Paid to Lose & Sneith.

For Desability from

Message

Money 14 1899

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

COMPTROLLER-GENERAL.

## For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. DE Kalh County. personally appears Levi J Bruchos DEKall County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State and County, and has resided therein continuously ever since the day of February 1833; that he enlisted in the military service of the Confederate States (or of the State of Leave in ) during the war between the States and served as a First Lieutenstin Company of, of 44th Regiment of Longin Volunteers, Dales 's Brigade; that whilst engaged in such military service in the state of 1862 186 . he was ween let be invest diseased as follows: While in Camp in swamps around Richmond, Contracted Cald which settled in his lego rebelling in Rheumatism, During marche through Mong land madel Streams, the exposure may so qual that he now sent to how pital subsequent, long impromment in For Delanne, so rested the disease till the near recount from it and is now totally disabled from north 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 DEMall County been allowed an invalid pension of One Hundred - Dollars, for the year 1899. Sworn to and subscribed before me, this, the 1900. POST OFFICE Sector la Cagselaed Chamain Note.—State full 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. Te Kall County. I. WIM Ragidace p Ordinary of said County, do certify that I am well acquainted with Terr & Bruch

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

in his said affidavit are true, and I know he is the individual he represents himself to be

Given under my official signature and seal, this

and that he resides in this County.

day of\_\_\_

No. 2828 Allanta, Ba May 14 isgo STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Mr. Leve J. Smith 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 some having been examined and allowed for Desability from Disease He is entitled to receive the sum of the for such disability, the same being the allowance due for the year ending October 24, 18 ad The Treasurer will pay the same and hold his receipt on this you 1, and return same to Executive Department for GOVERNOR. By the Governor, 150 RECEIVED OF STATE TREASURER, R. U. HARDEMAN, Dollars, 14 of May Levi J. South

Teorgia. De tall County In person came before me the undersigned de L'An rean a regluar Associario Hisician resident of said bound who being duly summe saye That he has been the regular attending Physic fan for the past your years. That he was afflicted with thurnation where he first Briew him that the diseaschas continually grown worse until the said Tevil Smith is helpless. dis as med and lear are badly haven The knew join to enlarged and stiff Lis hands are so drawn out of Stake and fingels become so stiff as to lender him unafece to do amothing, being unable to dress or undress himself. The has been in his present condition for more than a years bust. Surver to and subscribed fortyreen 40 he fore me March 14/894. Min Ragsdale, Ordiners,

Audited

Smith, Levi J. De Kalb

1891.

Maimed Soldiers.

Voucher No. 3061

Amount \$ 50

Paid to Levi J. Smith

toralization to

May 20 1891.

Included in warrant No.

issued to Treasurer.

1891

No. 1 to the A Norman To the Control

111

Applicant

Ordinary Bibl County, Georgia.

Macon, Ga.,

To Whom it may Concerno. This is to certify that I knew Ken Jamith, now of Decalur Ga, who was formerly Leeu tenons in Company I 44th Sa, Regiment. Inne at that line adjulant of each Regiment. Leut. Smith was a good officer and performed his duly 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 time. Ohniles Ordinay Bill Co go

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

o. 3061 Atlanta, BaMay 20 1891.

Mr. Cevi & Anit of the County of DeKalk 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 Noy. 11, 1889, and the same having been examined and allowed for He is entitled to receive the sum of Tifty 7 7,00 Dollars Disabled by disease 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

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

Per above voucher, this 20 of may 1891.

Levi J. Smith

State of Florida Personally appeared be-Country of Orange S-fore me Thym Jadge of the County Court in and for Saile County and State aforesaid, Dr. J. N. Connally, a practising Hyrician in the city of Orland. Orange les Ha, Who on oath Pays, that he is well acquainted Mish Levi J. Smith. That the formed his march on Spil 1862. While in Camp of sustmetion at Inffice ba preparate. my to entiring the service of the Confederali States, That to all oppearances he was then a stout hearty + robust young heave. That me verid in the law regiment through the War of to the 10th day of May 1864. Where me were Captured by the Federal forces at the Lattle of Spotty glamin Court House Va. At that time Said Snorthy health was in a broken down Condition, + had here for some live before During our miser life at fort Delaware, Del. We missed to yether from + here intimately associated, from the me arrived at North Delaware in April 1864 until June 1865; and during That live he the said Mith was almost to Constant Sufferer mich Rheurachin and other broubles and was in a fuble Condition When We Cam how from from in Jun 1865

This is to certify that I have 12 nown Living I with (of Comp." It" 44 th Ga, Regt. Folor Biggs almost from his 13 by love, - live ineighbor to him for years prior to the late War - in which we both Volunteerent served as Lieutenants in the same Company from March 4th 1862 winter we were captured at Spotsylvania 6. H. Va. 10th, May 1864, and were held as prisoners of war untill Jame 13th, 1865.

While in active service were subjected to almost round Hardship & exposure that is common
to a Solacin-life, Such as Picket Auty on Riverbanks
washing heaven Lurous. Marching day & hight and
Washing Cold Atreams, & wearing the same clethes mutile
they drive on us. During our prison-life
on am Island, at It Delaware the atricosphere we
at himes ginte samp, & much colder than we were
recustomed to & was very severe on those pursups raises
forther south.

Untill we went into Counts I regarded me

Livi J. Smith an somma in Body & Links, and he

further state that, in my opinion, as a physician that his physical condition is the result of exposure and hadolif, to the was beligeted to during his army tipmini life. beg to further state, that I was detailed to act as burgeon of the recomment on several occasions during the has and before my Capture, and to the best of My recollection Light South was There broken in health not the contision more or less severe Show toit Subscribed 3 19. Homesty, Comp Cum B. Ha

State of Ha I I herely certify that Dr. J. N. Comeally, Orange leavity whose genuine signature offrance to the above and forgoing affidavit, is a practice with shyrician in good standing in the city of Or ando State + lovely aforesaids and that, his This office 210 1890. dixtornas as such, is recorded in my office,

received into the Confederate army as such, of The Examining Surgeon. - But during his xerm of Service & after much by pusice to which Camp-life subjected him having contractes severe colds which Lecruca to vettle in his lower links - Sounday like Khimmolism, I then to the Close of the war he sufficed at lines tritewally with sains in his lawa links, and once from lamps & while in prison he had to go to the Aspital for treatment. I have not seen him now for severe your but are reliably infured that he continues to (grow worse with Wheumation. I would state in Conclusion - That I never them the vain Live & Smith to which from ar to there my Houself as purine or even danger, to which Orders as duty Called him. Sevon to and subscribe before & a. M. mulland me This 22 of April 1890

Beth county ga

Bought of SAMUEL WILKINS. Remittances by Express Must be Prepaid. Dholesale \* and \* Retail \* Groser. All claims must be made on receipt of goods. I ship goods in Good Order, and take Rali-road receipts accord ugly, af-ter which my responsibility Terms Cash.

This to Certyfy that I Knew & Smith in the years Reighten hundred and Bisty Seven leight found mine and Knew him to be a Sufferer from Rheumatisme in his feet and less and have Known him to be ever since were noom mater together slept together for several years and I know him perbonally Dannel Hilkins mis were not me May 14"? Citto Somm to conmh localin 1890 Because Attouche Go April 5 1890 TISA vone con en her is to corte gry that I have been very winder with her will be milk some dishler or heart years when a coarginal called in probablinger of Algor found fiter a smith suffering. from a yeneral affection of the system altribute to oold and so hosure while serving in the conferterate army his runge and musceplar saystere very painful and his whole system showing great coose of beliefy to some

Bought of SAMUEL WILKINS. De holosale \* and \* Potail \* Arosor. Terms Cash.

This to Certyfy That I Knew & Smith withen yearly Reselven hundred and Bright Senen leight found mine and Knew him to the a Sufferer from Rheermatisme in his feet Single, we were room mater together slept together for several years and I know him perbonally Dannel Wilkins 16 West mitations street atto Somm to and anisonice Jeton me May 14" mx localin 1890 Allacita Ga April 5th 1890 WAHarreson Olk ex & state of George en this is to certe for that I have been acqui ainted with her Levi Cometh some Eighteen or levent, years when it was first called in propessionally OF La found ther Smith suffering from a general affection of the system attributed to cold and exposure while serving in the Cofederate army his lungs and musciplar snystem being fainful and his whole system showing

great-loses of veloty to some

consederable extent Co have been Tempa - Fulla lours " his physician for some eighteen Q. M. I bounni, onene or meniteen years and found of Davie bring, culty That Par No. Grown over each each attack more 1 the Jungery Janual a Junear the Prance severe than the previous one his lebest symptoms Schoumalism continue to get worse until in and for our now he is completely disabled borns + then his by Rheumatism from labor or soovens about his Lands Dynamin Thurt is genui and feet being drawer so as Inin much my obliced The spile 77 1890 to prevent him walking only a very little at a time or M. L. ballin even wouling intirely prevent Collener ing him from earning a living or part of aliving Od My Baber you Swarm to and Subscribed before me copie 7 It 1850 pattle comes of A Moderough, Ga This is to certify that I was the family Physician of Mr Levi of Smithis fathers family for several years prior to and up to the war of 1861, and can lestify of my own Knowledge that Mr Levi I Smith had. no Rheumation up to that time Sworn to and Subscribed & I funter MD. before one This April ( 2914 1890. Ment telsow, Drdinary Co, En

NAME. Smith, Levi J.

WHEN AND WHERE BORN? Resident of Ga., since Feb. 17, 1833

ENLISTED WHEN AND WLEKE?

RANK. 1st Lieutenantt

COMPANY AND REGIMENT? Co. I, 44th Regt. Ga., Vols. Doles' Brigade.

NAME OF CAPTAIN AND COLOMEL? Jno. B. Estes, Col. 44th Regt. Ga. Vols.

WOUNDED? Near Richmond, 1863. Disabled by disease.

CAPTURED, MAEN AND MEREY

RELEASED.

MHEN THE METER ON IN NO BOED,

IF NOT TRESTAL AT CURRENDER, WHERE WELL YOU?

DIED, WHEN AT WARE?

HURTED.

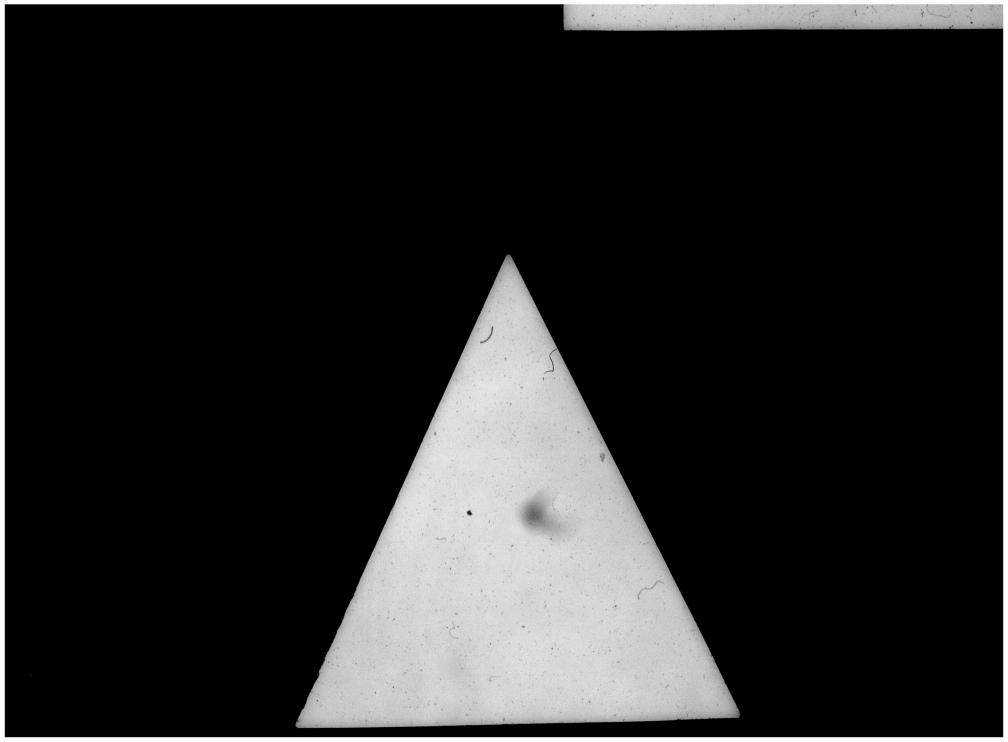
MITNESSES Samuel Wilkins. J. B. Estes, Col. 44th Regt Ca. Vols. J. A. Mcmullan; C. W. Wiley.

ADAIR BROS. & CO.,

ATLANTA, GA. april 8 1890 Personally affected before a noting Rublin in and for this Sulton County So A. D. Adais & B. Aday on A Carroll and being die Suon deporth. That They know Line & Swith and have known him since The Surrander in 1865 Eighten hundred vorty fine and That he is entirely disable e- by Rhenten. - tion and that he has had Rhouter home sim The war, and that we believe he contracted The closes in The confederate army while a member of the HH Ga Co. I. Notes bugant Seven to and A. D. Adair m ins in sien It. A. Carroll

Dettan Carriety Gr.

Lunga - Huller loving . I W. S. backom Mency of Pacie Lound, circles that Edg an ile. Hely before whom the I mying affectionic was executed is an acting Many Public on and for Denie books, and was such as this house of Jack ser action which are this house of Jack ser action the Short his Degreeter to the I want thing to general the strain the service official Degradue and duelof office the clog 14 75%



Smile Presto Q.	P.
Harry 1978	
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 Nestall	
Widow or James M- Sonia	
Company & Ga	
Approved	
J. W. LINDSEY,	
Commissioner of Pensions.	

Index Printing Co., State Printers, Atlania.

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

Country Ramues M. Sania
Widow of Banues M. Sania

Regiment 30 Ja

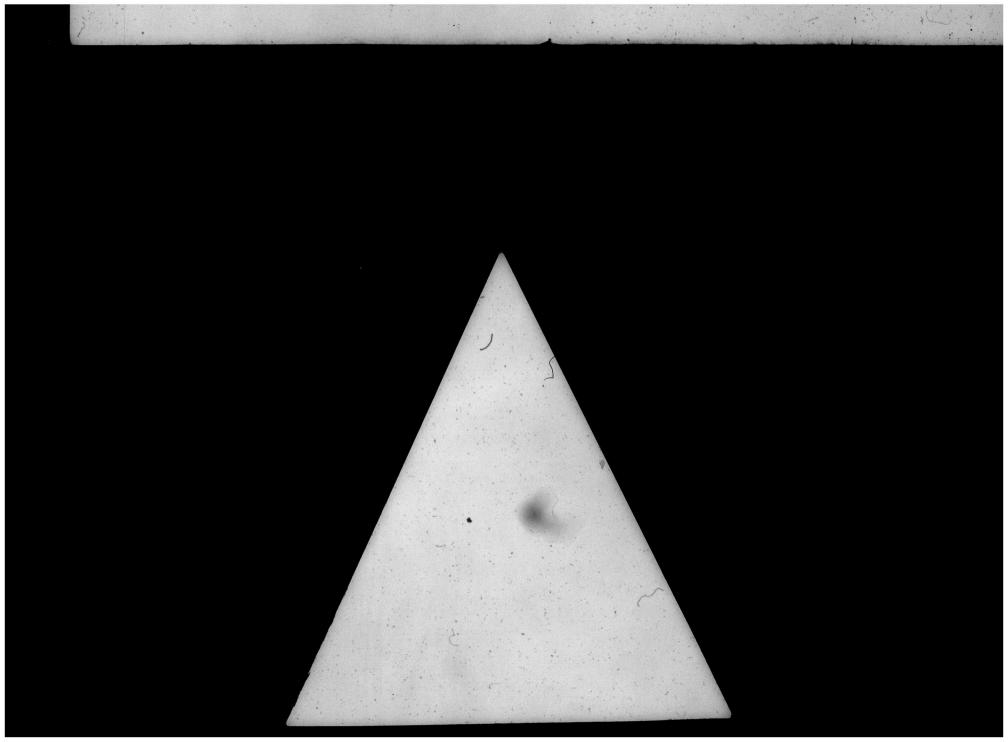
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Index Frinting Co., State Printern, Attanta.

STATE OF GEOR	RGIA, Detallo COUNTY
Personally hef	ore me comes Mrs martha & Smith of said County,
	sworn, on oath says, that she is the biglow of Jus m. Smith to whom
in the County of	Henry State of Sul she was married on the 18
	Z, and that she remained his wife, and resided with him to the date of his death
	and that she has not since his death remarried. At the time of his death
	Sultan County, in said State of Georgia, and he
7 11	celton Pension Roll of the State and paid a pension of \$ 60
in otultas	, and a second a second as company
· • • • • • • • • • • • • • • • • • • •	Regiment 30 Gu (Volunteers of State Militia)
At the death	of Jus M. Smith he was in the use and possession of the following
property	1/2
of the cash value of	* Youe
What property	of any kind and of any value have you in your use, control and possession now, and
	e fully and where situated.)
	Acres land Kleury & 1450. 0
	Horses and Mules hour 18
***************************************	Hogs, Cows, etc.
	Total Cash value of all property \$ 1450.0
	w a bona fide resident citizen of said County of Alexalt and she
has so continuously	resided since 15 day of March 19/2
Sworn to and	subscribed before me, this the
26 day	of Oct 1917 1756 Decalt an
11 -	
& Saudel	Maron 66 Ordinary, allaute to Detrain of
	of Dulton County.
	ounty.
Affida	vit of Witnesses to Prove Marriage and to Whom
	Date of Death of Husband
	7 7
STATE OF GEO	ROTA, Julion County
	and the state of t
Personally bei	fore me come Dr H': O 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 knowle	dge Mrs. Musting & mutter who made the foregoing affidavit, is
the lawful widow of	Juno. M who died in Sellon County is
	lorgia on 20 day of February 1907, and that she
has not since remarr	ed. That she became the wife of Smo M/S mith on the 18 day
1	186 7, and that she and he had resided together as man and wife continuously since
	aug. 1867, and that the pro. M. Douth was the
6	n the pension roll of said State from Julions County
deorgia	when he died.
Syrom to and	subscribed before me, this the
day	of October 1917
Oxuid	El moror Cordinary,
- June	Orginary,
	of Quellon County.

STATE OF GEORGIA, Sullon County
Personally before me comestime Gentre Moore who after being sworn on .
oath says, that they are freeholders of said County, and that they know Mus Murtha & Fruth of
said County and knew her said husband has. M. Smith at his death on the 20
day of Jely 1907 that the and the were in the use, possession and control of the following
erty to-wit; France Sol 383 Kentral avel
I farm "He with Loan thereon
1 20
of the value of \$ 100 That she is now in the use, possession and control of the following prop-
orty and the design with the design with the design with the second of t
Deiny boundy
of the value of \$/320
Sworn to and subscribed before me, this the Mrs. Beilie More
day of Verous 1917) MB Brick + M
Caudio maron 66 ordinary,
of Quetton County.
of County.
The state of the s
OBDINARY'S CERTIFICATE
STATE OF GEORGIA, Wille County
I, James Rycorge Ordinary of said County, do certify, that, I
know Mrs. Mortha 4 Smith the applicant for this pension and that she is the person
ahe represents herself to be, and that she is a bona fide continuing resident of said County and was on the
191 7
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 Colory spanish Interinged property to the
and the state of t
for 1909, \$ for 1910, \$ for
1912, \$ for 1913 1 1969 1814, \$ Hulling Returner & britten No. 1917,
\$for 1918.
Sworn under my hand and official see of office this 30 day of 200 1917
(SEAL.) Same Cycone Ordinary.
Jan Maria
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.
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.

			Smith, many
Mrs. Mrs. and with a on s, the ofore	nary.	ct, for in the ay be call to be c	FOR THOSE HERETOFORE PAID.
in and for said County of am acquainted with Mrs. pension in this case, and d to me by reputable with State of Georgia on t. date. That she is the nd as such has heretofore ixed the seal of my office,	Ordinary	They in far any and a many and a many and a many a stated many a which m	1894.
STATE OF GEORGIA County of Le Lule Ordinary in and for said County of Lule Ordinary in and for said County of Lule Ordinary in and for said County of Lule Archive Lule Archive Lule Archive Lule Applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1850, and has not lived out of the State since that date. That she is the widow of Lule Lule Lule County and that State since that date. That she is the redow of Lule County Lule County and that she widow of Lule County		awful attorne unt of money ce. Soldider, as of money who money who of	No. 1075
Ordinary tify that I icant for a f presente esided in since that since the since since the sinc	ATTORNEY CO.	and o	WIDOWS' PENSIO
STATE OF GEORGIA County of Le Lull  1. State of Georgia, hereby certify that the spiliant for the seeses, that she resides in this County, and that she resided in December 23, 1890, and has not lived out of the State since the widow of State in the State since the cridow of State since the crid	ATTO	my true a my true a cecipt for whatever as a widow of a Confed g my said Attorney to covernor, or for any strenuto set my hand at ereunto set my hand at the part of the my hand at the my	for year ending February 15th, 1894
of Georgia, of Georgia, of Georgia, or from pos county, and ired out of the county and the county of the county of day of the county of the co		oppoint  deficient for a as a widow sing we side coernor,	M. Mary J. Smith
GEORGIA County of All All All All All All All All All Al	POWER OF TE OF GEORGIA, KNOW ALL MEN BY THESE PRESENTS,		De Kalb Cou
GEORG GEORG Oown kno oown boown kno oown boown b	POV GEORGIA	in said State, do her in my name, to rece of from the State of C of from the State of C of my affidavit; hereby a t that may be issued to me for the reason WITNESS WHERRED; wecuted in the presen	WARRANT ISSUED
STATE OF G	STATE OF KNOW ALL	and in my nau and in my nau and in my nau de for from the going affidavit rrant that may ing to me for t ing to me for t of  Executed in Send amount	and handed to
STATE  1.  1.  1.  1.  1.  1.  1.  1.  1.  1	STA	County i of me, and infied to infied to infied to coming t In V day of Ex  Ex  me at	Ono. W. HARRINGH, State Printer, Atlanta.

Limith, Mary).

Le Kalk mith)

Dec-11 The first Subject of the King Subject of the South of the Subject of the

STATE OF GEORGIA, County of Ne Call	,
OI, M. Kagsdale, Ordinary in and for said County of	
De Cally State of Georgia, hereby certify that I am acquainted with Mrs.	
Mary & mith the applicant for a pension in this case, and	1
know from my own knowledge (or from positive proof presented to me by reputable wit-	
nesses), that she resides in this County, and that she resided in the State of Georgia on	
December 23, 1850, and has not lived out of the State since that date. That she is the	
widow of 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 23 2 day of Law 1894.	
Min Ragdale, Ordinary.	
Ordinary.	
Porm No. 5.	
POWER OF ATTORNEY.	
STATE OF GEORGIA, County.	
KNOW ALL MEN BY THESE PRESENTS, That I,	
of	
County in said State, do hereby appoint	
of my true and lawful attorney in fact, for	
we 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	
ittled 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	
lay of 1894.	
$[\mathbf{L}_n, \mathbf{s}, ]$	
Executed in the presence of us:	1111
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SSE HERETOF  NO PAID TO  ARRANT ISS  ARRANT ISS  ARRANT ISS	1. Com
WS' PENSION, INTO PENSION, INTO TO ALLA COUNTY, AND HAMPED TO 1894, AND HAMPED TO 1894	I count

Smitt, 71/2 4 . 1. Peptitation 1893

Personally comes Mrs. STATE OF GEORGIA. County of De Kall 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 Amil 1848 That she is the Widow of who was a Soldier in Company Regiment of Ja Volunteers, that he enlisted in said Regiment on or about the month of Asil 1863 and served in the Army up to Ing 1864. That he lost his (State here life on the full particulars of the husband's death, when, where and from what cause.) ( Toad giver and died while in Service at Luiney The in Sugner 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 Pebruary 15th, 1893, and now apply for the allowance provided by law for the year ending Pebruary 15th, 1894.

Sworn to and subscribed before me, this

23 day of less 1894.

1894.

Post-office Stone In Inc.

		certify that I am acquainted with applicant for a pension in this case	
now from my own k	nowledge (or from positive p	proof presented to me by reputable	wit-
		she resided in the State of George	
eidow of	d has not fived out of the S	state since that date. That she is deceased, and as such has heret	ofore
	for the year ending February		
In Witness Whe	reof, I have hereunto set my	hand and affixed the seal of my	office,
nis, the	day of lan	1895.	
SEAL SEAL	1. hilaginace	Ordinary.	
	POWER OF ATT		No. 3
TATE OF GEOR	GIA,	County.	
	BY THESE PRESENTS, That I	<b>)</b>	
*	of		
County in said State,			
• •		my true and lawful attorney in fac atever amount of money I may be	
oming to me for the r IN WITNESS WH ay of	eason aloresaid. EREOF, I have hereunto set m 1895.		
			L. S.]
	resence of us:		
Executed in the p			
Executed in the p	}		
Executed in the p	T and the second		
	DIRECTION	S.	
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Send amount by	DIRECTION	, and oblige	
Send amount by me at Manyonia	DIRECTION		Smith Mary de Mark Control For those HERETOFORE PAID

1895.

sides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived at of the State since that date. That she is the widow of Count Smith, becased, 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 day of Land 1896.  POWER OF ATTORNEY.  POWER OF ATTORNEY.  TATE OF GEORGIA, County.  I, hereby authorize for the pension paid hereon and request at he remit same to at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this		
State of Georgia, hereby certify that I am acquainted with Mrs.  Mary Smith  the applicant for a pension in this case, and the applicant for a pension in this case, and now from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she sides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived at of the State since that date. That she is the widow of Smith, secased, 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 day of Smith		DOVA COMMENT DE NORTH
State of Georgia, hereby certify that I am acquainted with Mrs.  Mary Smith  the applicant for a pension in this case, and now from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she sides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived not of the State since that date. That she is the widow of Smith, beceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.  In Witness Whegeof, I have hereunto set my hand and affixed the seal of my office, this day of Smith S	STATE OF GEO	RGIA, County of Astronomy
the applicant for a pension in this case, and now from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she sides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived not of the State since that date. That she is the widow of Louis Smith, becaused, 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 day of	I, O III Maga	
now from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she esides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived not of the State since that date. That she is the widow of College State since that date. That she is the widow of College State since that date. That she is the widow of College State since that date. That she is the widow of College State since that date. That she is the widow of College State since that date. That she is the widow of College State since that date. That she is the widow of College State since that date. That she resided in the State of Georgia on December 23, 1890, and has not lived and seal, this she sides in this County.  In Witness Whereof, I have hereunto set my hand and seal, this lay of 1896.	Lescale -	
redes in this County, and that she resided in the State of Georgia on Desember 23, 1890, and has not lived at of the State since that date. That she is the widow of Lolin Braith, eccased, 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 scal of my office, this day of	Mary Jomin	
nt of the State since that date. That she is the widow of Smith, eccased, 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 scal of my office, this day of	now from my own knowledge (or f	from positive proof presented to me by reputable witnesses,) that she
ceeased, 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 day of		
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this day of	nt of the State since that date. Tha	t she is the widow of John Smith,
POWER OF ATTORNEY.  Porm No. 3.  POWER OF ATTORNEY.  STATE OF GEORGIA, County.  I, hereby authorize f to receive and receipt for the pension paid hereon and request hat he remit same to at IN WITNESS WHEREOF, I have hereunto set my hand and scal, this hay of 1896.	eceased, and as such has heretofore	e been allowed a pension for the year ending February 15th, 1895.
POWER OF ATTORNEY.  Porm No. 2.  POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  I,  to receive and receipt for the pension paid hereon and request hat he remit same to  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  ay of	In Witness Whereof, I h	have hereunto set my hand and affixed the seal of my office, this
POWER OF ATTORNEY.  County.  I, hereby authorize f to receive and receipt for the pension paid hereon and request hat he remit same toat IN WITNESS WHEREOF, I have hereunto set my hand and scal, this hay of1896.	he 30th	day of
POWER OF ATTORNEY.  County.  I, hereby authorize f to receive and receipt for the pension paid hereon and request hat he remit same toat IN WITNESS WHEREOF, I have hereunto set my hand and scal, this hay of1896.		(n. 2)
TATE OF GEORGIA, County.  I, hereby authorize  f to receive and receipt for the pension paid hereon and request hat he remit same to	{BEAL}	Magsace, Ordinary.
TATE OF GEORGIA, County.  I, hereby authorize  f to receive and receipt for the pension paid hereon and request hat he remit same to	And the second second	
to receive and receipt for the pension paid hereon and request  at  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  ay of	POW	ER OF ATTORNEY.
IN WITNESS WHEREOF, I have hereunto set my hand and scal, this ay of		
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this ay of1896.	STATE OF GEORGIA,	County.
ay of	STATE OF GEORGIA,	County.
[TAR.]	STATE OF GEORGIA,  I,	County.
[TAR.]	STATE OF GEORGIA,  I;  of  that he remit same to	.County.  hereby authorize  to receive and receipt for the pension paid hereon and request .at
Executed in the presence of	STATE OF GEORGIA,  I,  of that he remit same to  IN WITNESS WHEREOF, I have	County.  hereby authorize  to receive and receipt for the pension paid hereon and request  at hereunto set my hand and seal, this
Executed in the presence of	STATE OF GEORGIA,  I,  of that he remit same to  IN WITNESS WHEREOF, I have	County.  hereby authorize  to receive and receipt for the pension paid hereon and request  at hereunto set my hand and seal, this
	I,  of  In Witness Whereof, I have lay of	County.  hereby authorize to receive and receipt for the pension paid hereon and request at hereunto set my hand and seal, this  [1.84]
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	I,  of  In Witness Whereof, I have lay of	County.  hereby authorize to receive and receipt for the pension paid hereon and request at hereunto set my hand and seal, this  [1.84]
	I,  of  In Witness Whereof, I have lay of	County.  hereby authorize to receive and receipt for the pension paid hereon and request at hereunto set my hand and seal, this  [1.84]

WIDOW'S PENSION,
for year ending February 15th, 1896.

PAID TO

M. M. M. Sharith

OF

De Kalb

OF

WARRANT ISSUED

1896.

AND HANDED TO

COUNTY.

1896.

1896.

-No. 1707

TON THOSE HERETOFORE PAID.

# For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,	personally Comes Mrs.
County of Sic Kall	Mary J Smith
	to his to the second of the
who being sworn, says on oath, that she is a bona f	
	, and that she has resided in said State
continuously ever since all lux life	
Il of the GUT Re	who was a Soldier in Company
Volunteers, that he enlisted in said Regiment on or	
1863 and served in the Army up to	
life on the day of (C	ugndt 1863, (State here
full particulars of the husband's death, when, where	and from what cause.) (
Har forer whice in se	
4. 5.4	
	a disease a sistema - per principal a di siproprimentamente consistenti un per consistent
	Name and the commence of the comment
·	7
	and the state of t
Deponent swears that she was the wife of said deco	eased soldier, during his service in the
army as a soldier, and that she has never married sin	
his wife in the year 18 63, that Georgia is her hon	
of December, 1890, and has not lived in any other	
been allowed a pension for the year ending Febru	
allowance provided by law for the year ending Febr	
Sworn to and subscribed before me, this	ry X mith
2/ day of 1895.	That's his

#### Lal. Minamp melanata vitamen Langiang.

STATE OF GEORGIA,	Personally Comes Mrs.
County of De Kall	Mary & Smith
	hat she is a bona fide resident of said county of
	orgin, and that she has RESIDED in said State
continuously ever since. Teller life	That she is the Widow of
John Omuth	who was a Soldier in Company
	Regiment of Georgia
Volunteers, that he enlisted in said regiment on or about t	he month of Agril
1863 and served in the Army up to	
life on theday of	legus 1863, (State here
full particulars of the husband's death, when, where and from	
be had fe ver whice	in service and
- died of the disease	or Quincy Hla.
in Lugues 1864	· · · · · · · · · · · · · · · · · · ·
	and the second s
Deponent swears that she was the wife of said deceased sold	ier, during his service in the army as a soldier,
and that she has never married since his death aforesaid, t	hat she became his wife in the year 1863,
that Georgia is her home and she resided in this Stat	e 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
0 1/ 1/	ding 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	mil & Swith.
37th day of Jan 1896. With	Thorston late &

## For Widows Heretotore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of De Kalh	Mary & Smith
colone "on	10
who being sworn, says	on oath, that she is a bona fide resident of said county of
De Kalk s	tate of Georgia, and that she has RESIDED in said State
continuously ever since Auxil /	4 1846 That she is the Widow of
Oslin Sind	9.12 1. 0.
B of the 64 th	Primaries G
	about the month of Alfasials
186.31 and served in the Army up to $\mathcal{L}$	1863 That he lost his
life on the day	of 421 quest 1863 (State here
full particulars of the husband's death, when, where	
Ist sever while	in service as which he died on
Quiney Ela of	which he died on
late about give	
	· · · · · · · · · · · · · · · · · · ·
	and the second of the second o
Deponent swears that she was the wife of said dece	eased soldier, during his service in the army as a soldier,
nd that she has never married since his death afo	resaid, that she became his wife in the year 1862,
	this State 23d day of December, 1890, and has not
	date. I have been allowed a pension as a resident of
	he year ending February 15th, 1896, and now apply for
he pension provided by law for the year ending F	
	· ·
Sworn to and subscribed before me, this 1871. day of 1897.	Manne (X)
18th day of fan , 1897.	Monarh o TO

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA County of De Kalk	Mary S.	Comes Mrs
() No of	on oath, that she is bonn fide resider	SIDED in said State
continuously ever since 4 M	My 1846 That si	
of the first	4	oldier in Company
Volunteers, that he enlisted in said regiment on or about	Regiment of Auxil	, , , , , ,
186.3 and served in the Army up to	1.	That he lost his
life on theday of		3. (State here
full particulars of the lusband's death, when, where an	d from what cause.)	λλ
Had Jever and a	lies as Din	ney Inc
on date about y	ing	A in
		•
Deponent swears that she was the wife of said deceased soldi	er, during his service in the army as	a soldier, and that
she has never married since his death aforesaid, and that she		
I have been allowed a pension as a resident of		or the year ending
February 15th, 1897, and now apply for the pension provided Sworn to and subscribed before me, this	ed by law for the year ending Februar	ry 15th, 1898.
day of 1898.	Mary X me	W
Millingsdae Ordinary.	Post-Office Store	e huter
State of Georgia,	million	Rose
Helealt County. or	dipary of said County, certify that I a	m well acquainted
with Mrs. Mary Smith	who made the above affid	avit 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	day of	18
Given under my official signature and seal this the	day of fair	1898.
(0000)	a agridace,	
Official Condinary	ON 10 08	

# POWER OF ATTORNEY. State of Georgia, County. hereby authorize I. J. Wash to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13 Executed in presence of mRagidace ordinary, WIDOW'S PENSIO RICHARD JOHNSON, WARRANT ISSUED For Those Heretofore NO. 2474 1899

## POWER OF ATTORNEY.

TO COUNTY OF THE MARKANT ISSUED TO AND HONDER TO SHE STATE OF THE MARKANT ISSUED TO AND HONDER TO SHE SHE SHE THE MARKANT ISSUED TO AND HONDER TO SHE SHE THE MARKANT ISSUED TO AND HONDER TO SHE SHE THEN MARKANT ISSUED TO THE MARKANT ISSUED TO	STATE OF	GEORG Halk	Count	hereby at		N Na	h
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this leaves Herefolore Paid of 1800.  Executed in presence of Painty (Commissioner of Penicon.)  AND HANDED TO MAD HANDED TO M	to receive and	1 receipt fo	or the news			t that he re	
I BOO.  I Samistic County, 16th, 1900.  I Samistic County, 16th, 1900.  INO. W. LINDSEY,  Commissioner of Presion.  VARRANT ISSUED  AND HANDED TO  HOW.  I I I I I I I I I I I I I I I I I I I				at	101		mit same t
I BOO.  I County,  I Commissioner of Penicon.  INO. W. LINDSEY,  Commissioner of Penicon.  INO. W. LINDSEY,  AND HANDED TO  AND HANDED TO  I JOO.  I JOURNALL ISSUED  AND HANDED TO  I JOO.  I JOO.  I JOO.  I JOO.  I JOO.  AND HANDED TO  I JOO.  I	IN WI	TNESS WI	HEREOF,	I have hereunto	set my hand	and seal, th	is <i>[6</i>
IBOO.  1800. 12 2 9  No. 12 2 9  No. 12 2 9  No. 12 2 9  No. W. LINDSEY, Commissioner of Pension.  No. W. LINDSEY, Commissioner of Pension.  No. W. LINDSEY, AND HANDED TO	day of	m.	1900	m. J.	he X	ith	[L. S
1800 Horetolore Pald Mose Heretolore Pald Mose Heretolore Pald Mose Land Mose Land Mose Linds Mose Manuary 16th, 1900.  Mose W. Lindsey, County, Commissioner of Pension.  NO. W. Lindsey, Commissioner of Pension.  AND HANDED TO MOSE MAD HANDE	Exec	uted in pres	sence of	11-	mark	i	
1900 Heretofore Paid  1900 - 22 2 9  NO. 12 2 9  OW'S PENSION,  ar ending February 16th, 1900.  OF Country,  OF Country,  OF Country,  OF Country,  OF Country,  AND HANDED TO  AND HANDED	0,0	Sawy	jer,		. * P P		
1900. W. LINDSEY, County, Commissions of Penicas.  No. W. LINDSEY, County,	Mm	rollag	goda				
1900. 12 2 9  NO. 12 2 9  NO. 12 2 9  OW'S PENSION, ar ending February 16th, 1900.  OF Country, of Commissioner of Pension.  NO. W. LINDSEY, Commissioner of Pension.  AND HANDED TO  AND			Deli.	iam			
1BOO.  NO. 1229  NO. 1229  NO. 1229  NO. 1229  NO. 1229  NO. W. LINDSEY, Commissions of Persion.  NARRANT ISSUED  AND HANDED TO  NAME AND HANDED T		$\mathcal{U}$	com	cuty,		11.	6
1BOO.  1BOO.  10W'S PENSION,  or County,  or LINDSEY,  commissioner of Pensions.  AND HANDED TO  AND HANDED TO  Or Harrier, Sine Printy, Allans,  W. Harrier, Sine Printy, Allans,		U	emi			4	$G_{ij}$
1BOO.  1BOO.  1 A. S.		(L	ermi			4	
1900. 12 2 9  NO. 12 2 9  NO. 12 2 9  NO. 12 2 9  OW'S PENSION  Extending February 16th, 1900.  Median February 16th, 1900.  No. W. LINDSEY,  Commissioner of Pansion  AND HANDED TO  MARRANT ISSUED  Stall 18		(L	i			ď	
1900.  100. 122 9  NO. 122 9  NO. 122 9  NO. 122 9  MARRANT 1841.  NO. W. LINDSEY,  Commissions of  AND HANDED TO  AND HANDED TO  NOTICE OF  AND HANDED TO  AND HANDED TO  NOTICE OF  AND HANDED TO  AND HA	1		-÷	<b>F</b>			
1900 No. 12 No.				County,	Pentions.	1900)	
NO. 1. 1900 NO. 1. 1900 NO. 1. 1900 NO. 19	e Paid			County,	BY,	JED 1900,	Atlanta
NO. WORRA WARRA WARD WAND IN CO. W. WARRAND WA	Command Solder Paid	673		County,	NDSEY,	SSUED	but AU  France, Atlanta.
The same of the sa	Gretofore Paid  OO.	1229		Sounty, County,	LINDSBY,	NT ISSUED	San Frier, Alban.
	se Heretofore Paid  900.	1229		South County,	W. LINDSEY, Commissions of Possions.	ARANT ISSUED  Ly / 4 1900,	The Market Allen.

## For Widows Heretofore Allowed Pensions.

TATE OF GEORGIA,	
1/1 // // // //	Personally Comes Mrs.
ounty of De Mall	Mydmith
who, being sworn, say	on oath, that she is a bona fide resident of said county of
XI a IN . VI	State of Georgia, and that she has RESIDED in said State
April 1	18# That she is the Widow of
inuously ever since 1914	
V	who was a soldier in Company
	Regiment of Aq
inteers, that he enlisted in said regiment on or about	
and served in the Army up to	
on theday of	Aug 1863 (State here
particulars of the husband's death, when, where of	
tad feverand	lied at Juney, Il
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The second second	· · · · · · · · · · · · · · · · · · ·
	oldler, during his service in the army as a soldler, and that
onent swears that she was the wife of said deceased so as never married since his death aforesaid, and that s	she became his wife in the year 1863.
as never married since his death aforesaid, and that a	she became his wife in the year 186 3.
as never married since his death aforesaid, and that a	she begame his wife in the year 1863.  Lekall County for the year ending
as never married since his death aforesaid, and that s I have been allowed a pension as a resident of uary 15th, 1898, and now apply for the pension pro-	she begame his wife in the year 1863.  Lekall County for the year ending
as never married since his death aforesaid, and that a I have been allowed a pension as a resident of uary 15th, 1898, and now apply for the pension pro	she begame his wife in the year 1863.  Lekall County for the year ending
Is never married since his death aforesaid, and that a I have been allowed a pension as a resident of uary 15th, 1898, and now apply for the pension pro Sworn to and subscribed before me, this 1899.  Ordinary.	she became his wife in the year 1863.  County for the year ending February 15th, 1899.  Miss M. Smith
Is never married since his death aforesaid, and that a I have been allowed a pension as a resident of uary 15th, 1898, and now apply for the pension pro Sworn to and subscribed before me, this	she became his wife in the year 1863.  County for the year ending February 15th, 1899.  Miss M. Smith
Is never married since his death aforesaid, and that a I have been allowed a pension as a resident of uary 15th, 1898, and now apply for the pension pro Sworn to and subscribed before me, this 1899.  Ordinary.	she became his wife in the year 1863.  County for the year ending February 15th, 1899.  Miss M. Smith
I have been allowed a pension as a resident of uary 15th, 1898, and now apply for the pension pro Sworn to and subscribed before me, this Thay of 1899. Ordinary.	Accounty for the year ending February 15th, 1899.  When the year ending February 15th, 1899.  Post Office The Magallee  Ordinary of said County, certify that I am well acquainted who made the above affidavit and am satis-
Is never married since his death aforesaid, and that a I have been allowed a pension as a resident of uary 15th, 1898, and now apply for the pension prospective.  Sworn to and subscribed before me, this are of the pension prospective of	As the became his wife in the year 1863.  County for the year ending February 15th, 1899.  We have became his wife in the year ending February 15th, 1899.  Post Office Have Inthe Samuel County of said County, certify that I am well acquainted who made the above affidavit and am satis-
I have been allowed a pension as a resident of uary 15th, 1898, and now apply for the pension pro Sworn to and subscribed before me, this 3 1899.  Attention of Georgia,  Mrs.  Mrs.  Mrs.  County,  And I know she what the facts therein stated are true, and I know she	Accounts for the year ending February 15th, 1899.  When the year ending February 15th, 1899.  When the year ending February 15th, 1899.  Fost Office The Magallee  Ordinary of said County, certify that I am well acquainted who made the above affidavit and am satistic is the individual she represents herself to be, and that she
I have been allowed a pension as a resident of uary 15th, 1898, and now apply for the pension pro Sworn to and subscribed before me, this  3 437 of 1899.  Ordinary.  Atte of Georgia,  County,  Mrs.  Mrs.  Man the facts therein stated are true, and I know she ontinuously resided in this State since the	county for the year ending February 15th, 1899.  Machine State In the year ending February 15th, 1899.  Post-Office State Intra-lay  I Magable  Ordinary of said County, certify that I am well acquainted who made the above affidavit and am satistic is the individual she represents herself to be, and that she day of Market Intra-lay
I have been allowed a pension as a resident of uary 15th, 1898, and now apply for the pension pro Sworn to and subscribed before me, this 3 1899.  Attention of Georgia,  Mrs.  Mrs.  Mrs.  County,  And I know she what the facts therein stated are true, and I know she	Accounts for the year and any satisfies the individual she represents herself to be, and that she
as never married since his death aforesaid, and that a I have been allowed a pension as a resident of tary 15th, 1898, and now apply for the pension program to and subscribed before me, this and the fact of Georgia, County, that the facts therein stated are true, and I know she ontinuously resided in this State since the	county for the year ending February 15th, 1899.  Machine State In the year ending February 15th, 1899.  Post-Office State Intra-lay  I Magable  Ordinary of said County, certify that I am well acquainted who made the above affidavit and am satistic is the individual she represents herself to be, and that she day of Market Intra-lay

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of De Kall	Wil Smith
	the Committee of the co
Who, being sworn,	says on oath, that she is a bona fide resident of said county of
de hall	State of Georgia, and that she has RESIDED in said State
continuously ever since 9/250	14th 18 # 8. That she is the Widow of
John Smith	who was a soldier in Company
K of the 64th	Regiment of Ja
Volunteers, that he enlisted in said regiment on or	
186.3 and served in the Army up to	
life on theday of	
particulars of the husband's death, when, where a	
sadgever and he	ed al Juiney Milas,
	(3)
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-	to the second se
Emmaterial de la constant de la cons	
Manual and the months and the control of the contro	and the state of t
	d soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and t	hat she became his wife in the year 18 4 2.
I have been allowed a pension as a resident of	County for the year ending
February 15th, 189, and now apply for the penn	sion provided by law for the year ending February 15th, 1900.
Sworn to and subscribed before me, this	On Ong ?
16th day of Lace 1900.	mark 7
Millegalace, Ordinary.	Post Office. Stone lite
Ordinary.	
State of Georgia,	1 12 m Randare
0/ 1/2	
11 1 X .~	Ordinary of said County, certify that I am well acquainted
with Mrs. My Y10 221011	, 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 9/136 1848,
Given under my official signature and seal, t	his the 6 day of fire 1900.
	Min Sich
	Magratace.
·	Ordinary of Relate County.