FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of ____ } Personally comes Mrs. ~~M~~ M. E. Wallace

who, being sworn says on oath, that she is a bona fide resident of said County of Dekalb State of Georgia, and that she has RESIDED in said State continuously ever since ____ That she is the Widow of Thomas G. Wallace who was a soldier in Company K of the 36 Ga Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of ____ 186__, and served in the Army up to ____ 186__ That he died on the ____ day of ____ 18__

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

I have been allowed an Indigent pension as a resident of Dekalb County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me this 10 day of January 1906.
James R George, Ordinary.

M. E. Wallace
Post Office ____

State of Georgia,
Dekalb County. } I, ____ Ordinary of said County, certify that I am well acquainted with Mrs. M E Wallace, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the ____ day of ____ 18__

Given under my official signature and seal, this the 10 day of January 1906.

{ Official Seal }

James R George
Ordinary of Dekalb County.

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of DeKALB } Personally comes Mrs. M. E. Wallace

who, being sworn says on oath, that she is a bona fide resident of said County of DeKALB. State of Georgia, and that she has RESIDED in said State continuously ever since ____ That she is the Widow of T J ~~M~~ Wallace who was a soldier in Company K of the 36th Ga Regiment of ____ Volunteers, that he enlisted in said regiment on or about the month of ____ 186__, and served in the Army up to ____ 186__ That he died on the ____ day of ____ 18__

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

I have been allowed an Indigent pension as a resident of DeKALB. County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 11 day of Jany 1907.
James R George, Ordinary.

M E Wallace
Post Office ____

State of Georgia,
DeKALB. County. } I James R George Ordinary of said County, certify that I am well acquainted with Mrs. M. E. Wallace, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the ____ day of ____ 18__

Given under my official signature and seal, this the 11 day of Jany 1907.

{ Official Seal }

James R George
Ordinary of DeKALB. County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Mrs M. R. Wallace, hereby authorize W V Dadgin of Doraville Ga to receive and receipt for the pension paid hereon, and request that he remit same to Mrs. M R Wallace at Doraville Ga

In Witness Whereof, I have hereunto set my hand and seal, this 16 day of January 1906.

Mary R Wallace [L. S.]

Executed in presence of
James R George
Ordinary

Wallace, Mary R
DeKalb Co

To Those Heretofore Paid.

1906.

No. 185

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO
Mrs M R Wallace
OF
DeKalb County,
Widow of G. W. Wallace
Co. K 35 Ga Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1 - 1906,

AND HANDED TO
W V Dadgin

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb COUNTY.

I, Mrs M.R. Wallace, hereby authorize
W V Dadgin of Doraville Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs. M.R. Wallace at Doraville Ga

In Witness Whereof, I have hereunto set my hand and seal, this 16
day of January 1906.

Mary R Wallace [L. S.]

Executed in presence of
James R George
Ordinary

To Those Heretofore Paid.

1906.

No. 88

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO
Mrs M R Wallace
OF
Dekalb County,
Widow of G.W. Wallace
Co. F 35 Ga Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
2 -
1906,

AND HANDED TO
W V Dodgin

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

Wallace M R (Mrs)
De Kalb County

To Those Heretofore Paid.

1907.

No. 20 3

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO
Mrs M.R. Wallace
OF
Dekalb County,
Widow of G.W. Wallace
Co. F 35 Ga Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/21 1907.

AND HANDED TO
W V Dodgin

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb COUNTY.

I, Mrs. M.R. Wallace, hereby authorize
W.V. Dodgin of Doraville Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs M R Wallace at Doraville Ga

In Witness Whereof, I have hereunto set my hand and seal, this 16
day of January 1907.

M R Wallace [L. S.]

Executed in presence of
James R George
Ordinary

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Dekalb } Personally comes Mrs. M R Wallace

who, being sworn says on oath, that she is a bona fide resident of said County of Dekalb State of Georgia, and that she has RESIDED in said State continuously ever since Nov 3rd 1837 That she is the Widow of G W Wallace who was a soldier in Company A of the 38 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of _____ 186 1, and served in the Army up to July 1864 That he died on the 15 day of March 1864.

Infirmity and Old Age

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1863

I have been allowed an Indigent pension as a resident of _____ County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me this 15 day of Jany 1906. James R George, Ordinary.

Mary R Wallace

Post Office Doraville Ga

State of Georgia, Dekalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. M R Wallace, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 3rd day of Nov 1837

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

James R George

Official Seal

Ordinary of Dekalb County.

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of Dekalb } Personally comes Mrs. M. R. Wallace

who, being sworn says on oath, that she is a bona fide resident of said County of Dekalb State of Georgia, and that she has RESIDED in said State continuously ever since _____. That she is the Widow of G. W. Wallace who was a soldier in Company A of the 38th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of _____ 186__, and served in the Army up to _____ 186__. That he died on the 15 day of March 1864

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

I have been allowed an Indigent pension as a resident of Dekalb County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 15th day of January 1907. James R George, Ordinary.

M R Wallace

Post Office Doraville Ga

State of Georgia, County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. M. R. Wallace, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 18__

Given under my official signature and seal, this the 15 day of January 1907.

James R George

Official Seal

Ordinary of Dekalb County.

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

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

Georgia,_____ County.

I hereby authorize and constitute_____

of_____ County, my lawful attorney, to collect and receipt for me in my name, the Pension due to_____ for 190___ now deceased, who was on the_____ Pension Roll from said County at his death.

Witness my hand and seal, this_____ day of_____ 190___

ATTEST BY

_____

_____

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

Wallace M. R. (Mrs.)
DeKalb Co.
1900

Application for Pension Due Deceased Pensioner Under Act 1904.

James R. Gunn, Ordinary.

For Mrs M. R. Wallace

of Decatur County.

Of Co._____, _____ Regiment.

Approved and Ordered Paid

_____ 190___

J. W. LINDSEY,
Commissioner of Pensions.

Application for Pension Due to a Deceased Pensioner,

UNDER THE ACT OF AUGUST 15, 1904, TO BE PAID TO THE ORDINARY FOR FUNERAL EXPENSES AND EXPENSES OF LAST ILLNESS.

Georgia, Dekalb **County.**

Personally before me, the Ordinary of said County, comes W B Dodgens of said County, who, after being sworn on oath, says that he knew Mrs M R Wallace of said County, and that she was on the Indigent Pension Roll Dekalb County at the time of her death, which occurred in Dekalb County, in this State, on the 22 day of September 1908, and that a Pension of $15.00 Dollars was due her and unpaid at the time of her death. That she left no widower or dependent children surviving her, and no estate of any value sufficient to pay her funeral expenses, which amounted to the sum of $35.00 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me, this 30 day of Dec 1908
James R George Ordinary,
Dekalb County.

W. B. Dodgens

Georgia, Dekalb **County.**

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

I also knew Mrs M R Wallace while in life, that she was the same person whose name appears on the Indigent Pension Roll of Dekalb County, and was paid a Pension of $60.00 Dollars in said County for 1908, and I now believe her to be dead.

Given under my hand and official seal, this 30 day of Dec 1908
James R George Ordinary,
Dekalb County.

GEORGIA, Fulton **County.**

I, the undersigned, do certify that Mrs M R Wallace now Widow Indigent Pensioner of this county, is on the Pension roll and draws a pension of Sixty Dollars for 1906. The bearer is the same woman of A Company 38th Regiment Ga, who enlisted on ____ day of ____ 186 1, and was discharged on the ____ day of ____ 186____, was granted a pension $60.00 for Age & Poverty

Proven by J T Harmon, Gy Precinct as witnesses.

Given under my hand and official seal this the 21st day of Dec 1905

John R Rockmore
Ordinary's L. S.

(SEAL)

GREENBERG, BOND & BLOOMFIELD
FUNERAL DIRECTORS
BOTH PHONES 774

PRIVATE AMBULANCE

ATLANTA, GA. Dec 30. 08

TO W. P. Hudson
for Mrs Mary R. Wallace
Dekalb Co

Sept 22	To Casket & box	50 00
	Paid	

GREENBERG, BOND & BLOOMFIELD.
Bloomfield

and I now believe him to be dead.

Given under my hand and official seal, this 30 day of Dec 1908

James R George Ordinary,

DeKalb County.

Paid

GREENBURG, BOND & BLOOMFIELD.

Bloomfield

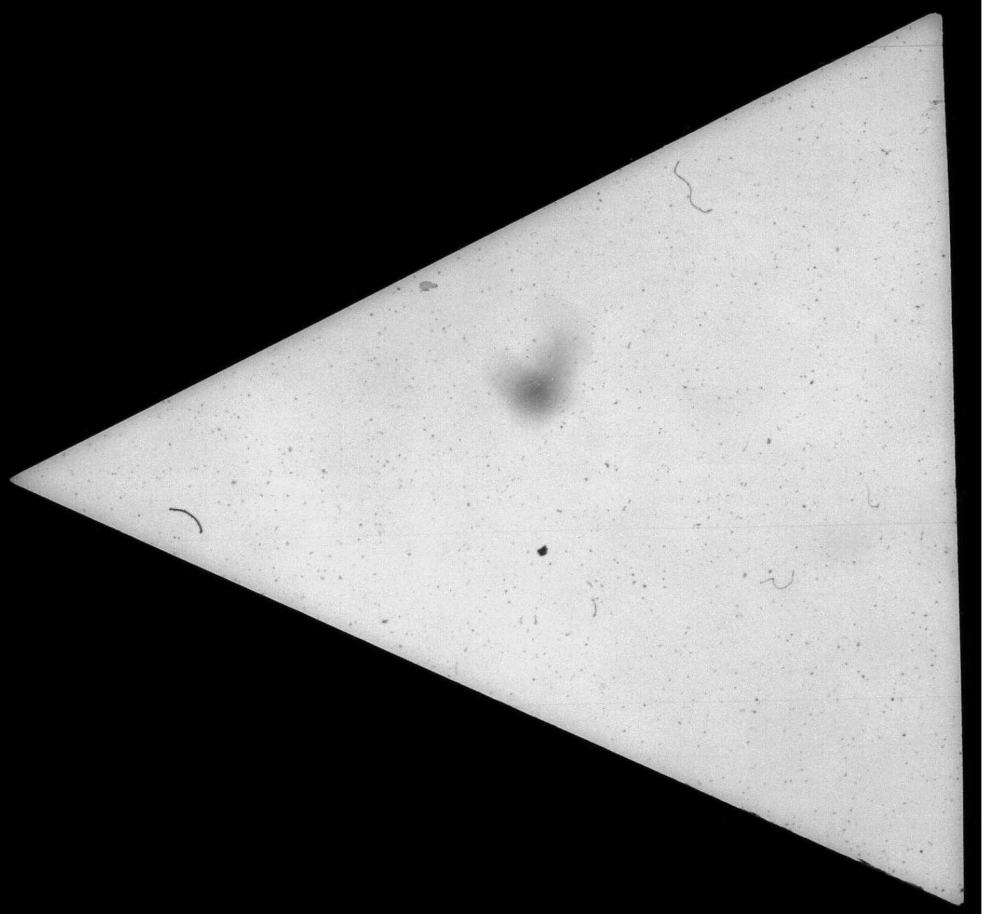
Georgia, Fulton County.

Personally appeared before me, the undersigned, F J Bloomfield a member of the firm of Greenburg, Bond & Bloomfield, and being first duly sworn, says on oath, that the above account is just, true due and has been paid to said firm by W. P. Hudson, and this affidavit is made in order to get the pension money due for burial expenses, coming to Mrs. Mary A. Wallace from the State of Georgia.

F J Bloomfield

Sworn to and subscribed before me,
this 30th day of December, 1908.

[illegible]
Notary Public, Fulton County, Ga.



Wallace, Thomas G
DeKalb Co

No. [illegible] On

INDIGENT PENSION, 1902.

Name Wallace T. G.

County DeKalb

Co. K. 36th Ga. Reg'm't

Approved ..... 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

8/12-1902

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY. }

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

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

[L. S.]

Executed in presence of

_____

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

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

_____ [L. S.]

Executed in presence of

_____

Wallace Thomas G.
Dec Pvt Co
No. Co

INDIGENT PENSION,

1902.

Name Wallace T. G.
County DeKalb
Co. K. 36th Ga. Reg'm't

Approved _____ 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

8/12-1902

See Indorsement & Letter on attached sheet

Every Question MUST be Answered.

STATE OF GEORGIA,

DeKalb County.

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

1. What is your name and where do you reside? (give State, County and post office) Thos G Wallace - Bermuda - DeKalb Co Ga
2. How long and since when have you been a resident of this State? About 60 years
3. When and where were you born? March 18th 1828 - in Bromp Co N.C.
4. When and where and in what company and regiment did you enlist or serve? May 15 - 1862 - Emmett Co Ga H Co - K - 36th Ga Regiment
5. How long did you remain in such company and regiment? until March 16th 1864 - Sent to Augusta Ga - Furloughed from there 60 days Oct 24 - 1864 - July 25th returned 40 days
6. When and where was your company and regiment surrendered and discharged? Dont Know - Surrendered at Statesboro Ga Disbanded Furloughed for sickness - Furloughed March 16 - 1864 Returned Furlaughed Oct 24 - 1864 -
7. Were you present with your company and regiment when it was surrendered? No.
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I left the Company in March 1864 on honorable discharge from Confederate Officers
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Mechanic - when able to work
11. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Age Poverty Infirmity
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? Over 25 years - Since able to work to make a support I am over 74 years old - have had Kidney and Liver disease Ever Since the war - Contracted at Brickyard - Etc 1865 -
13. What property, real or personal, or income, do you possess, and its gross value? 30 Acres of Land about $400 - income about $40 per year -
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, by sale or gift, have you made of same? 30 acres of Land in DeKalb Co - have had no other property and Sold none -
15. In what County did you reside during those years, and what property did you then return for taxation? In DeKalb County Ga. Returned 30 Acres of Land.
16. How were you supported during the years 1899, 1900 and 1901? By proceeds of my 30 Acres - Income $40 per year - & by Merchant Friends
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? About $100 - I Contributed nothing except small Matters of Work now & then
18. What was your employment during 1898, 1899 and 1901? What pay did you receive in each year? Had no employment - Nothing
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Wife - Just what we Get from rent of 30 Acres of Land - and Lying Wife Labor Only 12 Acres Can be Cultivated - Rent will Not support One
20. Are you receiving any pension? If so, what amount and for what disability? None
21. Have you ever made an application for pension before? Yes - one time about 2 years ago
22. How many applications have you ever made and under what class? One - Paupers List -

Sworn to and subscribed before me this the 15 day of July 1902.

W M Rogers Ordinary of DeKalb County.

Thos G Wallace Applicant.

STATE OF GEORGIA,
DeKalb COUNTY.

I J Nash, of said State and County, having been presented as a witness in support of the application of Thos G Wallace 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? I J Nash DeKalb County Georgia
2. Are you acquainted with Thos G Wallace, the applicant; if so, how long have you known him? about 40 years - known him since -
3. Where does he reside, and how long and since when has he been a resident of this State? DeKalb Co Ga - about 60 years -
4. When, where and in what company and regiment did he enlist, and how do you know? May 18-1862 Gwinnett Co Ga - Co K - 36 - Ga Regmt -
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? up to 24 Oct 1864
7. When and where was his command surrendered? I do not no
8. Were you present when it surrendered? I was not
9. Was applicant present? No - was at home under honorable discharge on furlough
10. If he was not present, where was he? He had been discharged for Sickness
When did he leave his command? Oct 1864 For what cause? Disability & Discharge
By what authority he left? Confederate officers How do you know all of this? I was present - know it personally
11. What property, effects or income has the applicant? (Give your means of knowledge?) Has about 30 acres land - about $40 in cash -
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, did he make of same? Nothing except as above stated
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? None
14. What is the applicant's occupation and physical condition? Occasionally when he was able to work but is not at this time is not able to do any kind of work at all
15. Is the applicant unable to support himself by labor of any sort, if so, why? he is old weak & feeble -
16. How was he supported during the years 1898, 1899, 1900 and 1901? I do not no
17. What portion of his support for these four years was derived from his own labor or income? I do not no
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? he is unable to work old - infirm - very weak & feeble
19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 15th day of July 1902.
W M Ragsdale Ordinary.

I J Nash Witness.

I certify that the above named witness resides in DeKalb County. I certify that the above named witness resides in said County is worthy of belief. This 15th day of July 1902.
W M Ragsdale ordinary

STATE OF GEORGIA,
DeKalb COUNTY.

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

General debility, Bone age + extreme infirmity - Chronic Cystitis + Prostatorrhea

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

J H Goss M.D.
W J Houston M. D.

Sworn to and subscribed before me, this the 15 day of July 1902.
W M Ragsdale Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb COUNTY.

I, W M Ragsdale Ordinary in and for said County, hereby certify that the applicant T G Wallace resides in said County, and has been a bona fide resident of this State since the 18th day of March 1828 and that the witnesses, viz.: I J Nash

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

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

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

Witness my hand and seal of office, this 15 day of July 1902.
W M Ragsdale Ordinary,
of DeKalb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ at _____

by _____

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

_____ [L. S.]

Executed in presence of

_____

(CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 76 1

INDIGENT
SOLDIER'S PENSION
1903.

Name Wallace T. G.
County DeKalb
Co. H Regiment 36th

WARRANT ISSUED
1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. Harrison, State Printer, Atlanta.

Wallace, T. G.
Co. H 36th Ga.

2nd

Wallace, T.G.
DeKalb County

(CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 527

INDIGENT
SOLDIER'S PENSION
1904.

Name T.G. Wallace
County DeKalb
Co. H Regiment 36th

WARRANT ISSUED
1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

720 date

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, T.G. Wallace hereby authorize
J.N. Nash of DeKalb County
to receive and receipt for the pension allowed and request that he remit same to
_____ at Stone Mountain Ga
by _____

Witness my hand and seal, this 18 day of January 1904.
T.G. Wallace [L. S.]

Executed in presence of
James R. Gunn
Ordinary

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb **County.**

Personally appears T. G. Wallace of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 18 day of Mar 1828; that he is 74 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 2 Years in Company K, of 36 th Regiment of Geo; that his physical condition is as follows: old age aged & infirmity caused from liver and kidney Troubles

that his property consists of the following items: None

of the value of 00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1 First Payment.

Sworn to and subscribed before me, this the 7 day of Jan 1903. T. G. Wallace

W. M. Ragsdale Ordinary.

STATE OF GEORGIA,
De Kalb **County.**

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with T. G. Wallace 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 7 day of Jan 1903.

Affix your Seal here.

W. M. Ragsdale
Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1903.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears T. G. Wallace of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 18 day of Mar 1828; that he is 75 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 2 years in Company K, of 36 th Regiment of Ga Vols; that his physical condition is as follows: old age and Infirmity from liver and Kidney Troubles

that his property consists of the following items: None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of DeKalb County been allowed a pension for the year 1 903

Sworn to and subscribed before me, this the 18 day of Jany 1904. T. G. Wallace

James R George Ordinary.

STATE OF GEORGIA,
DeKalb **County.**

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

Given under my official signature and seal, this 18 day of January 1904.

Affix your Seal here.

James R George
Ordinary DeKalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
DeKalb COUNTY. }

I, T G Wallace hereby authorize
J N Nash of D Mountain
to receive and receipt for the pension allowed, and request that he remit same to
T G Wallace at D Mountain
by .....

WITNESS my hand and seal, this 11 day of January 1905.

T G Wallace [L. S.]

Executed in the presence of
James R George

Wallace, T.G.
DeKalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 618

INDIGENT
SOLDIER'S PENSION
1905.

Name T G Wallace
County DeKalb
Co. H Regiment 36 Ga

WARRANT ISSUED
1-23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Self

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

no date

STATE OF GEORGIA,
Dekalb County.

Personally appears T G Wallace of Dekalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the ..... day of ..... 18..... ; that he is ..... years old and by occupation a ....., that he enlisted in the military service of the Confederate States (or of the State of .....) during the war between the States, and served for the term of ..... in Company K, of 36 th Regiment of Ga Vols ; that his physical condition is as follows: Age & Poverty

that his property consists of the following items:

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

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

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

James R George Ordinary.

STATE OF GEORGIA,
Dekalb County.

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

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

James R George

Ordinary Dekalb County.

Affix your seal here

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

NOTE.—Affidavit should not be attested before January 1st, 1865.

****LIGHT PRINT OR BAD COPY ****

EXAMINING BOARD, GEORGIA HOSPITALS,

Augusta, Ga., Oct 24th 1864

We Certify, That we have carefully examined Private
J. G. Wallace in Hospital No. , of Co. F
26th Reg't, Geo Vols. Cummings
Brigade, Post Office Lawrenceville Geo and find him unfit
for duty, by reason of Debility the result of
a recent attack of remittent fever
& is now convalescent.

We further declare our belief that he will not be able to do duty
in a less period than 60 days, and ~~grant~~ recommend him a furlough,
for Sixty days. At the expiration
thereof he will report to his Captain. Capt. W. H. Young

M E Lawrence Surg
Wm A. Doughty Surgeon } Examining Board.
J. G. Boat Surgeon

Brigade, Post Office Lawrenceville Geo and find him unfit for duty, by reason of Debility the result of a recent attack of remittent fever & is greatly emaciated.

We further declare our belief that he will not be able to do duty in a less period than 60 days, and recommend him a furlough, for Thirty days. At the expiration thereof he will report to his Captain. Surg. H. W. Long

M E Sansaveur Surg
Wm H. Doughty Surgeon } Examining Board.
J. P. Beattie Jr

LIGHT PRINT OR BAD COPY

*****LIGHT PRINT OR BAD COPY *****

Co K, 36th 1902 DeKalb Co

CERTIFICATE

~~Granting~~ Furlough to Private

Y. G. Wallace

Co. 36th Reg't

Examining Board August Ga

Oct 24th 1864

NAME Wallace, Thos. G. YEAR 1902 COUNTY DeKalb

WHEN AND WHERE BORN? March 18, 1828 - Orange County, North Carolina
Resident of Georgia about 60 years.

ENLISTED WHEN AND WHERE? May 13, 1862 - Gwinnett County, Georgia

RANK.

COMPANY AND REGIMENT? Company K, 36th Ga Regiment

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Kidney and liver disease ever since the war contracted at Vicksburg, Mississippi ~~1863~~, March 16, 1864 sent to Augusta, Georgia on account of sickness, then furlougned 60 days October 24, 1864 - February 25th extended 40 days.

CAPTURED, WHEN AND WHERE?

RELEASED.

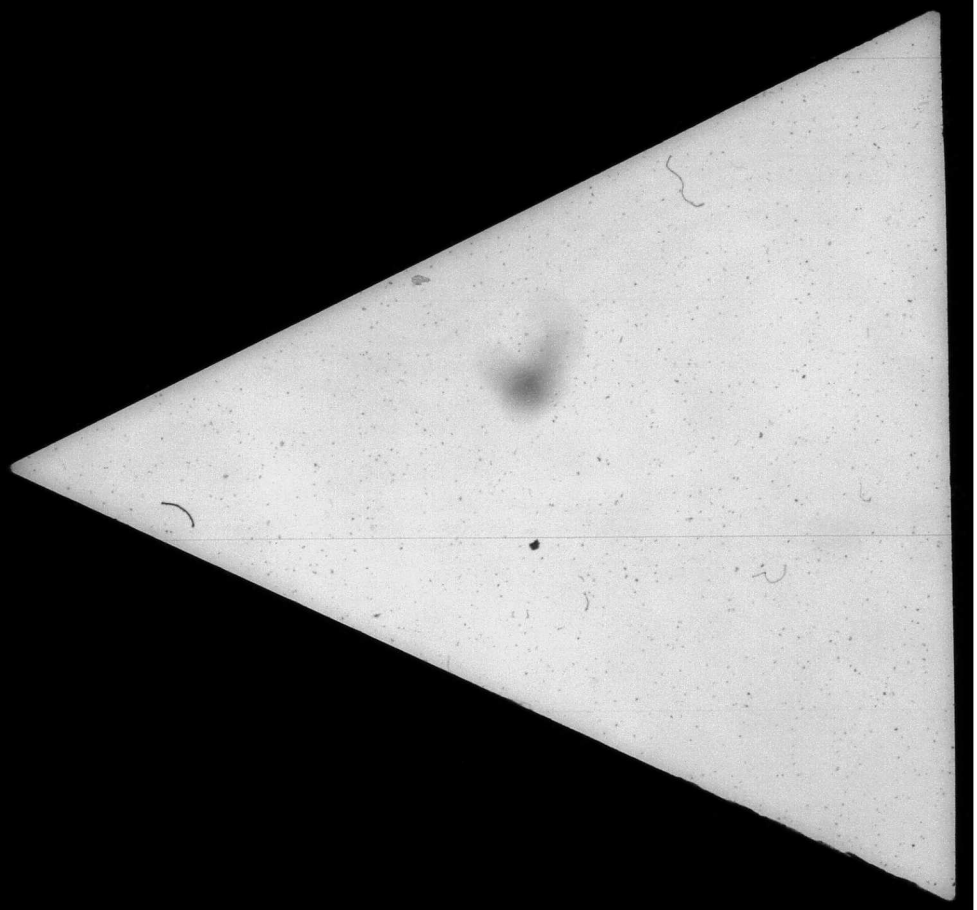
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home on sick furlough.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. T. Y. Nash - same command -- No data.
lw



Wallis, H. T.
DeKalb Co
Rockdale
Aug. 2 Oct. 1897. 1897.
(For Those Already Enrolled.)

No. 3244

INVALID SOLDIER'S PENSION. 1898.

Name H. T. Wallis
County DeKalb
Disability L Leg
Amount, $ 50.00

3/5 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
applt

GEO. W. HARRISON, STATE PRINTER, ATLANTA

No Date

POWER OF ATTORNEY.

STATE OF GEORGIA,
County. }

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

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

_____ [L. S.]

Executed in presence of

_____
_____

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1898.

_____ [L. S.]

Executed in presence of

_____

_____

Walker, H. H.
Dekalb, Ga.
Enrolled Oct. 18 1897
(For Those Already Enrolled.)
No. 3244

INVALID
SOLDIER'S PENSION.
1898.

Name H. H. Walker
County DeKalb
Disability Leg
Amount, $ 50.
3/5 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
agent

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No Letter

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, H. T. Wallis hereby authorize W. M. Ragsdale
of DeKalb

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

_____ by _____

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20
day of Feb 1899.

his
H. T. x Wallis [L. S.]
mark

Executed in presence of

James Hunter
B. L. Burgess

Tallulah, Ga. R.F.D.
Dekalb Co.
(CODE, SECTION 126.)
(For Those Already Enrolled.)
No. 3146

INVALID
SOLDIER'S PENSION.
1899.

Name H. T. Wallis
County DeKalb
Disability Leg
Amount, $ 50.
2/24 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
W. M. Ragsdale

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Dekalb County.

Personally appears H. T. Wallis of

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

day of 1828; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company E, of 53 th Regiment of Ga Volunteers, Lamar's Brigade; that whilst engaged in such military service in the State of Md, on the 17 day of Sept 1862, he was wounded, injured or diseased as follows:

He received at the battle of Sharpsburg by a Canister Shot in the left thigh rendering the leg substantially and essentially useless

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

Sworn to and subscribed before me, this, the 5 day of March 1898. H. T. Wallis his mark POST-OFFICE

W. M. Rogdon Ordinary.

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

STATE OF GEORGIA,
Dekalb County.

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

Given under my official signature and seal, this 5th day of March 1898.

Affix your seal here.

W. M. Rogdon
Ordinary Dekalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Dekalb County.

Personally appears H. T. Wallis of Dekalb

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

day of 1828; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private, in Company E, of 53 th Regiment of Ga Volunteers, Lamar's Brigade; that whilst engaged in such military service in the State of Ga, on the 17 day of Sept 1862; he was wounded, injured or diseased as follows:

Shot with canister in the left thigh at the battle of Sharpsburg rendering the leg substantially and essentially useless

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

Sworn to and subscribed before me, this, the 20 day of Feb 1899. H. T. Wallis his mark POST-OFFICE

W. M. Rogdon Ordinary.

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

STATE OF GEORGIA,
Dekalb County.

I, W. M. Rogdon Ordinary of said County, do certify that I am well acquainted with H. T. Wallis 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 20 day of Feb 1899.

Affix your seal here.

W. M. Rogdon
Ordinary Dekalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
De Kalb County. }

I, H. T. Wallis hereby authorize W. M. Rogdace
of De Kalb

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

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16
day of [illegible] 1900.

H. T. his × Wallis [L. S.]
mark

Executed in presence of

James Hunter
W. Friend

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 3414

INVALID SOLDIER'S PENSION. 1900.

Name H. T. Wallis
County DeKalb
Disability Leg
Amount, $ 30.
Warrant issued March 19 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Rogdace

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
De Kalb County. }

I H. T. Wallis hereby authorize W. M. Rogdace
of De Kalb County

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

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 27th
day of Feb 1901.

H. T. his × Wallace [L. S.]
mark

Executed in presence of

E. H. Mason

Wallace, H. T. Dekalb Co.

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 3777

DISABLED SOLDIER'S PENSION. 1901.

Name H. T. Wallace
County DeKalb
Disability Leg
Amount, $ 50.
3/4/ 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
W. M. Rogdace

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears H. F. Wallace of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of 1828; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company E, of 53rd Regiment of Ga Volunteers, Sims 's Brigade; that whilst engaged in such military service in the State of Va, on the 17 day of Sept 1862, he was wounded, injured or diseased as follows; was wounded in battle by shell burst with canister shot in left thigh necessitating leg be cut off at thigh and was totally useless.

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

Sworn to and subscribed before me, this the 11th day of Jan 1900. H. F. Wallace

POST OFFICE

W. M. Ragsdale

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

STATE OF GEORGIA,
DeKalb **County.**

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

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

Affix your seal here.

W. M. Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears H. F. Wallace of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1828; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company E, of 53 th Regiment of Ga Volunteers, Sims 's Brigade; that whilst engaged in such military service in the State of Va, on the 17th day of Sept 1862, he was wounded, injured or diseased as follows: was shot in thigh with canister shot & bullet & shattered bone and rendering leg entirely and essentially useless.

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

Sworn to and subscribed before me, this the 11th day of Jan 1901. H. F. Wallace

Postoffice Mar Bermuda

W. M. Ragsdale Ordinary.

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

STATE OF GEORGIA,
DeKalb **County.**

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

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

Affix your seal here

W. M. Ragsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, H. J. Wallace hereby authorize
W. M. Ragsdale of DeKalb County Ga
to receive and receipt for the pension paid hereon and request that he remit same to
me by W. S. Bruce
at State Store Mountain

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 16
day of January 1902.

H. J. Wallace [L. S.]
mark

Executed in presence of
John W. Lindsey
J. P.

Wallace H. J.
DeKalb G.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 7345 Act 1903

DISABLED

SOLDIER'S PENSION
1902.

Name Wallace H.T.
County DeKalb
Co. E Regiment 53d
Disability Leg Wound
Amount, $ 50.
1/4 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Brady

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

Office of.....

Ordinary,
Rockdale County.

A. M. HELMS,
Ordinary.

Conyers, Ga., ... 189

Georgia Rockdale county

I do hereby Certify that I am personally acquainted with H. T. Wallis the bearer hereof that he resided in Rockdale County Georgia during the year 1899. removing in the latter part of said year to the County of DeKalb. of which County he is now a resident. and that he is regularly enrolled as an invalid pensioner of Rockdale County. and drew a pension of $50.00 for the year 1899. as a resident of Rockdale county. and no objections have been made to his right to same.

Given under my hand and seal this Feby 28th 1898.

A. M. Helms
Ordinary

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears H. T. Wallace of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of ..... 1828; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company E, of 53d Regiment of Ga Volunteers, Simms 's Brigade; that whilst engaged in such military service in the State of Va, on the 17 day of Sept 1862, he was wounded, injured or diseased as follows: At battle of Sharpsburg was hit with a Canister shot in left thigh, rendering leg substantially useless

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

Sworn to and subscribed before me, this the 15 day of Jan 1902. H. T. Wallace Post-office

W M Ragsdale Ordinary.

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

STATE OF GEORGIA,
DeKalb **County.**

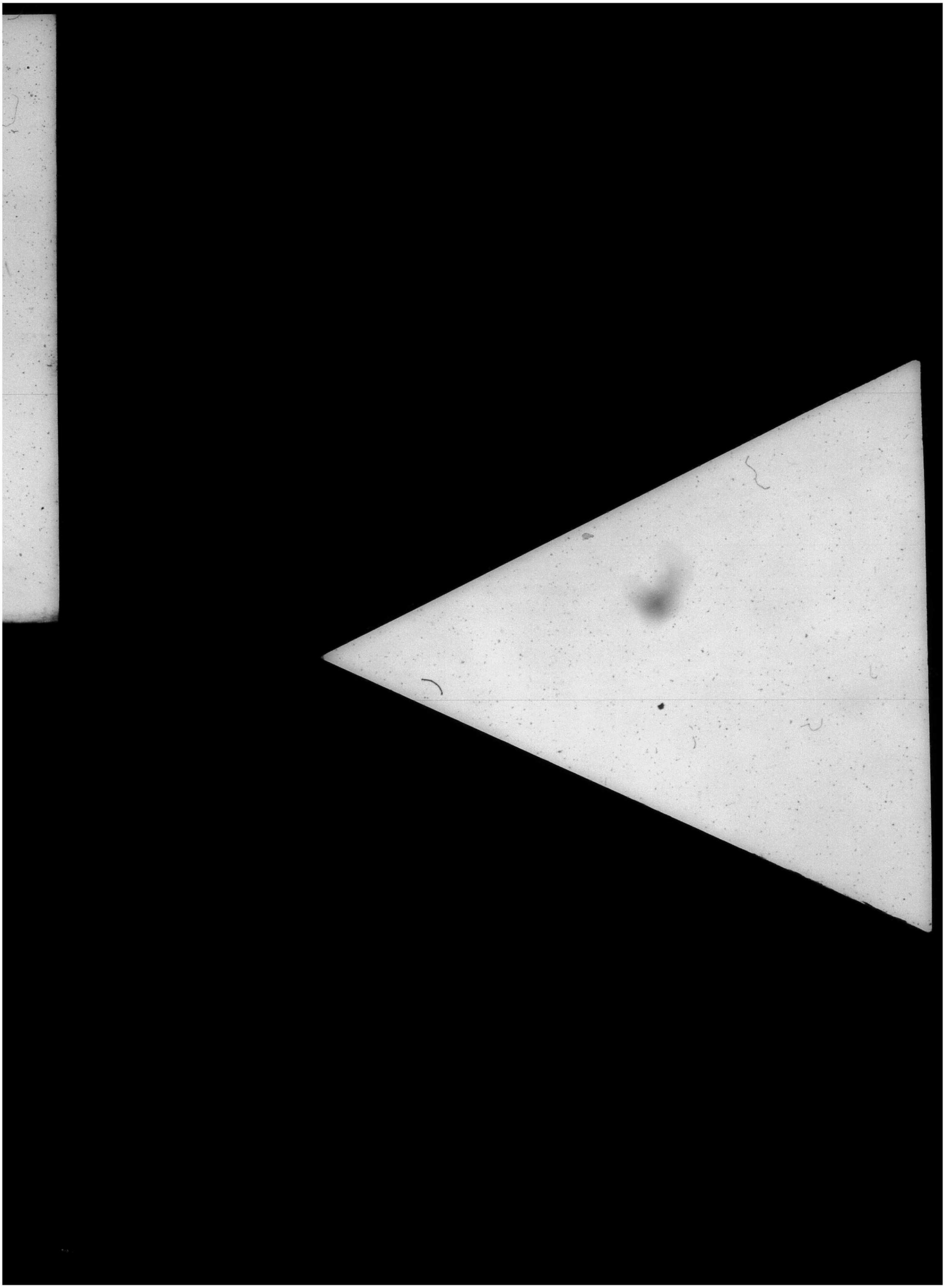
I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with H. T. Wallace the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides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

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

Affix your seal here

W M Ragsdale
Ordinary DeKalb County.

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



Ordinary's Certificate

STATE OF GEORGIA,
Lincoln COUNTY.

I, B. H. Dunaway Ordinary of said County, certify that I ~~know~~ don't know the applicant Geo. Walton for pension is the person he represents himself to be and resides in said county. That I also know C. R. Leverett the witness swearing to the service; that ~~they are both~~ C. R. Leverett is a resident 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 11th day of August 1920

B. H. Dunaway Ordinary
of Lincoln County.
(SEAL)

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

Wallace Range No. 3
Dekalb Co

No. Jan 1921

Confederate Soldier's Application
Under Act 1910—As Amended by Act of 1919.

County Dekalb
Name George Walton
Company
Regiment First Ga Regt
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

5/24-1000

Lincoln COUNTY.

I, B. H. Dunaway Ordinary of said County, certify that I ~~know~~ don't know the applicant Geo. Walton for pension is the person he represents himself to be and resides in said county. That I also know E. R. Leverett the witness swearing to the service; that E. R. Leverett is a ~~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 11th day of August 1920

B H Dunaway Ordinary
of Lincoln County.

(SEAL)

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

No. 7 C.N. Jan 1921

Confederate Soldier's Application
Under Act 1910—As Amended by Act of 1919.

County DeKalb
Name George Walton
Company K
Regiment 1st Ga Cav
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9/24-1520

Walton, George W.
DeKalb Co.

Questions For Applicants to Answer

STATE OF GEORGIA,
DeKalb COUNTY.

George W Walton 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) DeKalb County Atlanta Ga
2. How long and since when have you been a continuous resident citizen of this State? 72 Years all my life
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Militia
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) K 1st Cav Ga
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) about Eight Months
6. When and where was your Company and Regiment surrendered or discharged from the Service? April Augusta Ga
7. Were you actually present with your command when it was surrendered or discharged? Yes
8. If you were not actually present, state specifically and clearly where you were Present
   a. Where was your command when you left it? Augusta Ga
   b. When did you leave the command? April 1865
   c. For what cause did you leave? Surrender
   d. By whose authority did you leave? Surrender
   e. For how long was your leave granted? In what way?
   f. Why did you not return to your command after leave expired?
   g. In what way were you prevented?
   h. What effort did you make to return?
   i Were you captured during the war? No
   j If so, when, and where? In what prison were you held and when were you released?
9. Are you drawing a pension of any amount from this State or the United States? No
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the 21 day of August 1920

G W Walton

James R George Ordinary
of DeKalb County.

(SEAL)

STATE OF GEORGIA,

Lincoln COUNTY.

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

1. What is your name and where do you reside? C. R. Leverett Lincoln County Ga

2. How long and since when have you known George Walton the applicant? since 1864

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? Atlanta Ga

4. When, where and in what Company and Regiment did George Walton enlist during war from 1861 to 1865? (Give date and place.) 1864, Atlanta, Co. K. First Ga. Reg.

5. How did you obtain your information of this Service? He was in my Co.

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

7. When and where was his command surrendered or discharged (give date and place) Augusta, Ga. 1865

8. Were you personally present at the surrender? yes

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

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

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

12. When did he leave his command? After Surrender 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 I was in Co. with him

13. In what way was he prevented from returning to his command? — How do you know? —

14. What effort did he make to return to his command and how do you know? —

15. Was applicant captured as a prisoner no If so, when and where? — In what prison was he held? — and when released —

Sworn to and subscribed before me, this the 11th day of August 1920

B H Dunaway Ordinary of Lincoln County.

(SEAL)

C. R. X Leverett his mark

№8894

THE CITIZENS NATIONAL BANK

CAPITAL $50.000.

R. O. BARKSDALE, President — E. A. BARNETT, Vice President — M. H. BARNETT, Cashier.

Washington, Ga., May. 10th. 1920

State of Georgia)
Wilkes County.) Personally comes before me, a Notary Public, in and for the County of Wilkes State of Georgia, the undersigned Wm.R. Willis who on oath says that he knows personally George W.Walton, formerly of Wilkes County Georgia, now of Fulton County. Georgia, and that said George W.Walton, was to his personal knowledge a confederate soldier, and belonged at the time of the surrender in April. 1865 to Company "K" First Regiment Georgia Militia, and that said George W. Walton served as a member of said company more than Six Months, and that he came back to his home in Wilkes County Georgia with said George W.Walton after the said surrender in 1865.

Sworn and subscribed to before me this the 10th day of May. 1920.

W R Willis (L.S.)

R O Barksdale
Notary Public Wilkes Co. Ga.

Wm.R.Willis was himself a Confererate Soldier and his record as such is on the Pension Roll of the State of Georgia, where said record can be found.

Co. C. 1st Reg. Ga Militia

W. N. ALBEA
General Merchandise

LINCOLNTON, GA., July 5th, 1920

To whome it may Concerne

I Here by Certifye that Georg W Walton formaly from Wilks County Ga. but who now reside in Fulton County Georgia was a comrade of mine in the war 1861-5 he was a member of Co. K. First Georgia Regement which was Comanded most the time by Lieut Col Alfongier Walton of Columbia Co Ga Columbia in August after Lee surrender.

Dr E. H. Parks,
Leweritt Georgia

Signed in the presence of
W M Cartledge c.s.C.S.A.

Wilkes County, Georgia.

TO WHOME IT MAY CONCERN,

I hereby certify that George W. Walton, formaly from Wilkes County Georgia, but who now reside in Fulton County Georgia was a comrade of mine in the War 1861-5. He was a menber of Company K. First Georgia Regiment which was commanded most of the time by Lieut. Co., Alfugier Walton, of Columbia County Ga, which was disbanded in August after Lee's surrender.

J A Hardy

Signed in the presence of,
W M Cartledge c.s.C.S.A.

Wilhelm Conrad Röntgen Oct 22 95.

Ordinary's Certificate

STATE OF GEORGIA,
_____ COUNTY.

I, _____ Ordinary of said County, certify that I know the applicant _____ for pension is the person he represents himself to be and resides in said county. That I also know _____ the witness swearing to the service; 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 _____ day of _____ 19____

_____ Ordinary
of _____ County.
(SEAL)

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

Wansley, G. L. (Mrs)
DeKalb, County

No. 4

Confederate Soldier's Application

Under Act 1919—As Amended by Act of 1919.

County DeKalb

Name G. L. Wansley

Company _____

Regiment 15th Ga. Cav.

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

1/26-1926

STATE OF GEORGIA,

_____ COUNTY.

I, _____ Ordinary of said County, certify that I know the applicant _____ for pension is the person he represents himself to be and resides in said county. That I also know _____ the witness swearing to the service; 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 _____ day of _____ 19____

_____ Ordinary

of _____ County.

(SEAL)

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

Wansley, G. L. (Mrs)
DeKalb, County

No. 4

Confederate Soldier's Application

Under Act 1910 As Amended by Act of 1919.

County DeKalb

Name G. L. Wansley

Company

Regiment 1st Ga. Cavalry

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9/26-1920

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,

_____ COUNTY.

G L Wansley 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) G L Wansley Clarkston Ga

2. How long and since when have you been a continuous resident citizen of this State? all my life

3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865?

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) July 1 1864 Co D. 1st State Troops

5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) July 1864 Feby 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service? May 1865 Abbeville Meckenburg Co

7. Were you actually present with your command when it was surrendered or discharged? Yes

8. If you were not actually present, state specifically and clearly where you were Hospital at Danville Va

a. Where was your command when you left it?

b. When did you leave the command? Feb 65

c. For what cause did you leave?

d. By whose authority did you leave?

e. For how long was your leave granted? In what way?

f. Why did you not return to your command after leave expired?

g. In what way were you prevented?

h. What effort did you make to return?

i Were you captured during the war?

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

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

10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the 27 day of Sept 1920

James R George Ordinary

of DeKalb County.

(SEAL)

G L Wansley

STATE OF GEORGIA,

Tattnall COUNTY.

W J Brellsford of said State and County is hereby presented as a witness in support of the application of G L Wansley for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? W J Brellsford Tattnall Co Ga

2. How long and since when have you known G L Wansley the applicant? 45 or 50 yrs

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? Claxton Ga

4. When, where and in what Company and Regiment did G L Wansley enlist during war from 1861 to 1865? (Give date and place.) July 1864 Tattnall County Co D 32nd Regt

5. How did you obtain your information of this Service? I was same Company

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) July 1864 to Spring 1865 about 7 mo

7. When and where was his command surrendered or discharged (give date and place) May 1865 Discharged at Macon Ga

8. Were you personally present at the surrender? Yes

9. If not, where were you and how came you there? None

10. Was the applicant personally present with his command at surrender? No

11. If not where was he and how came him there? We left him in Hospital in Spring 1865

12. When did he leave his command? Where was his command when he left it? Camp Lawton Ga For what cause did he leave? Sickness By whose authority did he leave Officers Charge and how long was he granted leave? X How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically I left him in Macon

13. In what way was he prevented from returning to his command? X How do you know? X

14. What effort did he make to return to his command and how do you know? X

15. Was applicant captured as a prisoner No If so, when and where? X In what prison was he held? X and when released X

Sworn to and subscribed before me, this the 23 day of Sept 1920

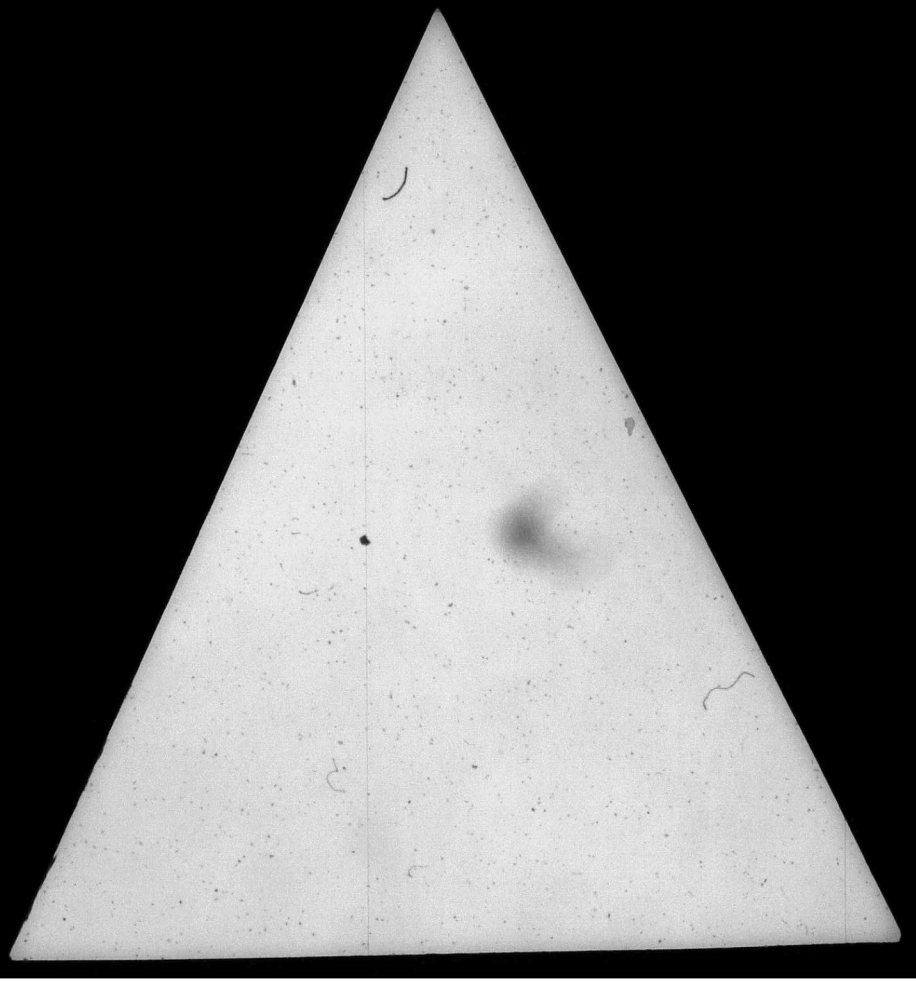
W J Brellsford Jr

L C Edwards Ordinary of Tattnall County.

(SEAL)

of _____ County.

(SEAL)



Warner, Mrs. E. [illegible]
DeKalb Co

O.K. Jan 1911

[illegible]

Widow's Pension

UNDER ACT 1910.

County DeKalb

Name Mrs M E Warner

Widow of J H Warner

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

15/2010

STATE OF GEORGIA,
DeKalb County.

Personally before me comes Mrs M E Warner of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of ....1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? Mrs M E Warner DeKalb Co Ga
2. How long and since when have you been a continuing resident in the State of Georgia? 66 years April 8th 1846
3. When, where and to whom were you married? March 12th 1868 Troup County Ga
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) September 1861 Lagrange Ga Company B-60 Ga Regiment Confederate Army
5. When and where did the Commands of your husband surrender or discharge from the army? April 1865 Appomattox C H Va
6. Was your husband personally present at the time of the surrender or discharge of this Command? I understand not
7. If he was not present state clearly where he was? In Prison Point Look Out
8. Where was his Command when he left? Petors Burge Va
   a. For what cause did he leave his command? Captured & Prisoner
   b. By whose authority did he leave his Command? Prisoner
   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? Prisoner
   g. In what way was he prevented from going back to Command? In Prison
   h. Was he captured by the enemy at any time? He was
   i. If so, when and where captured and where held as a prisoner, and when and for what cause released? I understand March 25th 1865 Petors Burge Va
   j. When and where did your husband die? June 2nd 1909 DeKalb county Ga
   k. Were you residing together when he died? We was
   l. If not, how long had you resided apart? —— ——
9. What property of any description did you own, hold or control for your use and its cash value Nov. 4, 1908. (State same by items.) I have no Property
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) had none to Sell
11. What property of any description of any value have you now? Nothing Give list and cash value? ——
12. What are your annual earnings or income and their value? have no income
13. Have you heretofore been paid a pension by the State? have not If so, when and for what cause were you struck from the Roll? ——

Sworn to and subscribed before me this the 12 day of Oct 1910

James R George Ordinary
DeKalb County.

Mrs M E Warner

Warner, Mrs M E (Mrs)
DeKalb Co Ga

O.K. for 1911
[illegible]

Widow's Pension

UNDER ACT 1910.

County DeKalb

Name Mrs M E Warner

Widow of J H Warner

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

Georgia, Troup County.

Personally before me comes W le Cox 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 le Cox. Mountville. Troup Co Ga
2. How long and since when have you known Mrs M E Warner applicant? 40 years
3. How long and since when has she continuously resided in this State? (Give date.) Since I first knew her
4. When and to whom was she married? Jas H Warner How do you know? by the records in Ordinary Office
5. How long and since when did you know James H Warner her husband? 44 Years. Since 1864
6. When and where did James H Warner the husband of Applicant die? DeKalb County Ga
7. Where the Aplicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? Were they divorced?
9. When, where and in what Company and Regiment did Jas H Warner enlist? I do not know when he enlisted as he was with the Company when I joined it in Jan 1864. Co 'B' 60th Ga Reg. Infantry
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? Until he and I were captured at Petersburg on Mch 25th 1865.
12. When, and where did his Command surrender, and was discharged? April 9th 1865. At Appomattox Va
13. Were you personally present when it was surrendered? No If not where were you in prison at Point Lookout and how came you there? I was Captured at Petersburg on Mch 25th 1865
14. Was the husband of applicant personally present at surrender? No If not where was he? in prison at Pt Lookout when, where and for what cause did he leave Command? (Give date. Mch 25th 1865 At Petersburg. Captured by the enemy By whose authority did he leave his Command? Captured by the enemy and how long was he granted leave? How do you know all this? By personal knowledge Jas H Warner and I were captured at the same time at Petersburg on Mch 25th 1865 and were in prison together at Or Lookout.
15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? Captured and in prison at time of surrender
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? He coned make no effort to return he was a prisoner

Sworn to and subscribed before me this the 8th day of Oct 1910

H H Woodyard Ordinary,

of Troup County.

W. C. Cox

Georgia, DeKalb County.

Personally before me comes B F Burgess & A Morris who on oath says that they are freeholders of said County and that they know Mrs M E Warner of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows

Schedule (A).

Personal property Nothing $ —

Notes and accounts due $

Total $

Schedule (B).

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

Personal property Nothing $

Money, Notes and accounts $

Schedule (C).

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

Acres of land worth $

Horses and Mules $

Cows and Hogs Nothing $

Other property $

income and earnings $

Total Value of all property and effects $

Sworn and subscribed before me this the 18 day of Oct 1910

James R George Ordinary,

of DeKalb County.

B F Burgess & A Morris

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, DeKalb County.

I James R George Ordinary of said County do certify that, I know Mrs M E Warner the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov,. 1908.

That I also know the witness who swears to the service of husband, and B F Burgess & A Morris who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns Nothing Returned for Tax is for 1908 $ None for 1910 $ None

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

SEAL.

James R George Ordinary,

DeKalb County

(SEAL.)

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

day of Oct 1910

H. T. Woodyard Ordinary,

of Troup 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.
4. All affidavits must be made before the Ordinary.
3 Only widows who married prior to first January 1870, are entitled.
5 Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

O/C Warner, Mary (Mrs.) DeKalb Co.

1923

~~1922~~

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

James R. George Ordinary

For Mary E. Warner

of DeKalb County

Old ~~soldier~~ Class?

Died January 4th 1923

Amount $ 225-00

Approved and ordered paid.

July 31 1923

[illegible] Commissioner [illegible]

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

Index Printing Co., Atlanta, Ga.

ATLANTA, GA., April 25 1923.

For funeral expenses of Mrs. Mary Warner.

M

TO HARRY G. POOLE, DR.
"FUNERAL HOME"
96 S. PRYOR STREET

PHONES { MAIN 780 / MAIN 2255 } PRIVATE AMBULANCE

Jan. 5 1923

Casket	$ 170.00
Embalming & Services.	00.00
Vault.	45.00
Hearse.	10.00
	$ 225.00

Personally appeared before me Harry G.Poole who after being sworn says the above account is just true due and unpaid. And was for the burial of Mrs. Mary Warner.

Harry G. Poole

A. S. Kinnear
Notary Public Fulton Co. Ga
April 25 1923

State of Georgia, Troup County.

ORDINARY'S OFFICE—SS.

I, H. D. Woodyard Ordinary and ex officio Clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of Marriage license of James H. Warner and M. E. Sims

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 hand and affixed the seal of the Court of Ordinary, this the 24th day of Sept 1910.

H. D. Woodyard

Ordinary and ex officio C. C. O.

THE LAGRANGE GRAPHIC JOB PRINT

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Troup County.

I H. D. Woodyard Ordinary of said County do certify that I know ~~the applicant for pension.~~ She is ~~the person she represents herself to be and she is a bonafide continuing resident citizen of said County and was in the 4th Nov., 1908~~

That I ~~do~~ know M. E. Wilcox the witness who swears to the service of husband, ~~and who are freeholders.~~ That ~~they are~~ now residents of said County and were duly sworn by me before signing the foregoing affidavits and that ~~they are~~ truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns ~~Returned for Tax is~~ for 1908 ~~&~~ for ~~1910 $~~

Sworn under my hand and official seal of office this 8th day of Oct. 1910

SEAL. H. D. Woodyard Ordinary.

Troup County

(SEAL.)

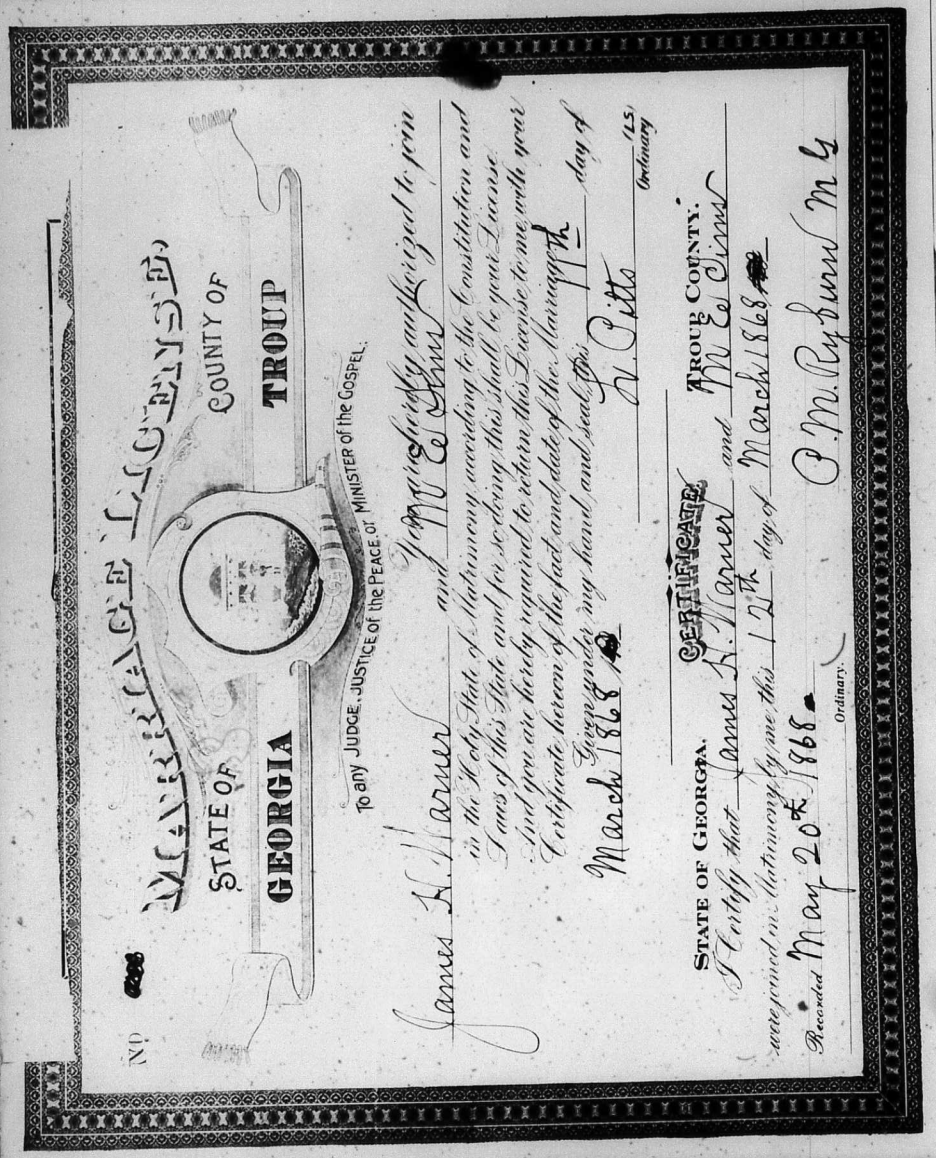
NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God.?"

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

4 All affidavits must be made before the Ordinary.

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

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



No. [illegible]

MARRIAGE LICENSE

STATE OF GEORGIA

COUNTY OF TROUP

To any JUDGE, JUSTICE of the PEACE or MINISTER of the GOSPEL.

You are hereby authorized to join
in the Holy State of Matrimony according to the Constitution and
Laws of this State and for so doing this shall be your License.
And you are hereby required to return this License to me with your
Certificate hereon of the fact and date of the Marriage.
Given under my hand and seal this 17th day of
March 1868.

A. Pitts (LS)
Ordinary

James L. Warner and Mrs E Ann Vinson

CERTIFICATE.

STATE OF GEORGIA, TROUP COUNTY:

I Certify that James L. Warner and Mrs E Ann Vinson
were joined in Matrimony by me this 17th day of March 1868

Recorded May 20th 1868.

P. M. Rylund M G
Ordinary.

(Under the Act of August 18, 1902)

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

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes _____

Mrs H H Freeman of said County, who, after being sworn, on oath says that she knew Mrs. Mary E Warner of said County, and that said pensioner was on the old Pension Roll of DeKalb County at the time of death, which occurred in DeKalb County, in this State, on the 4 day of January 1923, and that a Pension of One Hundred ($100.00) Dollars was due pensioner and unpaid at the time of pensioner's death. That she left no ~~widow or~~ dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $_____, per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me

this 28 day of July 1923 Mrs H H Freeman

James R George Ordinary.

DeKalb County.

AFFIDAVIT OF ORDINARY

GEORGIA, DeKalb County.

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

I also knew Mrs Mary E Warner while in life and that this was the same person whose name appears on the old Pension Roll of DeKalb County, and was paid a Pension of One Hundred ($100.00) Dollars in said County for 192__, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 28 day of July, 1923

(SEAL)

James R George Ordinary.

DeKalb County.

INSTRUCTIONS:

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

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

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

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

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

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

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

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

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

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

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

11th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

Pensioner's children, or children-in-law, shall not change the Bank for [illegible] mand of them.

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

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

11th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

Know all Men by these Presents, That I, E. J. Warnock of De Kalb County, in said State, do hereby appoint W. R. Warnock of De Kalb my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11th day of April 1891.

E. J. Warnock. [L. S.]
her
mark

Executed in the presence of us:

W. M. Ball

W. M. Ragsdale

DIRECTIONS.

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

Warnock E. J.
DeKalb County

A 38 1891.

No. 1149

Widows' Pension

PAID TO

Mrs. E. J. Warnock

OF

DeKalb COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

Know all Men by these Presents, That I, E. J. Warnock of De Kalb County, in said State, do hereby appoint W. R. Warnock of De Kalb my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11th day of April 1891.

E. J. X Warnock. [L. S.]
her mark

Executed in the presence of us:

W. M. Ball
W. M. Mogsdale,

Witness.

DIRECTIONS.

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

.....

Warnock & E. J. Dekalb County

1891.

No. 1149

Widows' Pension

PAID TO

Mrs. E. J. Warnock

OF

Dekalb COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

Jno. W. Harrison, State Printer, Atlanta.

Form No. 1.

Affidavit to be Made by the Widow.

STATE OF GEORGIA,
County of De Kalb

In person came before me, the undersigned Ordinary in and for the County of De Kalb Mrs. E. J. Warnock, who being sworn according to law, says under oath that she is the widow of Patrick Warnock, who was a soldier in the service of the Confederate States, and served as a member of Company A, of the 38th Regiment of Georgia Volunteers; that he enlisted in said service on or about the day of Aug 1863, and was in the Confederate Army up to June 1864 That while in the Army, he was on the day of 186, (See Note No 1)

He had chronic diarrhoea while in service in Virginia Had a furlough home on account of ill health. He had gotten to Pike County Georgia near Zebulon, where he died the seconds day after his arrival of the disease on the 4th day of August 1864.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 12 th day of Sept 1839, and that she has resided in Georgia continuously since the day of Dec 1838; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this the 11 day of April 1891.

her
E. J. X Warnock.
mark

W. M. Mogsdale,
Ordinary.

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

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,
County of De Kalb } In person came before me, the undersigned Ordinary in and for said County, witnesses

J. W. Ball, J. J. Carpenter and Robert Eidson (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. E. J. Warnock, of the County of De Kalb, State of Georgia, is the widow of Patrick Warnock, who was a soldier in Company A of the 38th Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of Aug 1863 That while in said service, or by reason of said service in the Army, he lost his life as follows:

that he had Chronic Diarrhoea while in service in the army in Virginia. He was carried to hospital afterwards furloued and died of the disease while on his way home in Aug 1864.

We further swear that Mrs. E. J. Warnock was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in De Kalb County of the State of Georgia.

Sworn to and subscribed before me, this, the 11 day of April 1891.
W. M. Rogdale
Ordinary.

J. W. Ball
J. J. Carpenter
Robert Eidson

Form No. 3.

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

STATE OF GEORGIA,
County of De Kalb } I, W. M. Rogdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. E. J. Warnock, the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 11th day of April 1891.

SEAL

W. M. Rogdale
Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

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

By order of the Governor.

W. H. HARRISON,
Sec. Ex. Department.

STATE OF GEORGIA, County of De Kalb

I, W. M. McRogedale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. E. J. Warnock. the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Patrick Warnock 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 3rd day of Feb 1894.

SEAL

W. M. McRogedale Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd day of Feb 1894.

her
E. J. Warnock. [L. S.]
mark

Executed in the presence of us:

W. A. Gardner
W. M. McRogedale
Ordinary

DIRECTIONS.

Send amount by to me at , and oblige

Warnock, E. J. Dec'd
De Kalb County
FOR THOSE HERETOFORE PAID.

1894.

No. 1058

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. E. J. Warnock

—OF—

De Kalb County.

WARRANT ISSUED

1894,

AND HANDED TO

GEO. W. HARRISON, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. E. J. Warnock.

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since 1839. That she is the Widow of Patrick Warnock who was a Soldier in Company A of the 66" Regiment of Ga Volunteers, that he enlisted in said Regiment on or about the month of Aug 1863 and served in the Army up to Aug 1864. That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Had chronic dysentoe while in service and died on his way home on sick furlough at Gebulon Ga. on the 4th of Aug 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 1839; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this 3rd day of Feb 1894.
W. M. Rogers Ordinary.

her
E. J. X Warnock
mark

Post-office

STATE OF GEORGIA, County of De Kalb

I, W.M. Rogsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. E.J. Warnock the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Patrick Warnock deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 1st day of Feb 1893.

SEAL W.M. Rogsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of Feb 1893. E.J. Warnock [L. S.]

Executed in the presence of us:

W.M. Rogsdale

Witness.

DIRECTIONS.

Send amount by ____ to me at ____, and oblige

____

Warnock, E.J. De Kalb County FOR THOSE HERETOFORE PAID

1893.

No. 10442

Widows' Pension,

for year ending February 15th, 1893.

PAID TO—

Mrs. E.J. Warnock

—OF—

De Kalb County.

Warrant Issued

1st day of Feb 1893

AND HANDED TO

W.R. Warnock

(Jno. W. Harrison, State Printer, Atlanta.)

STATE OF GEORGIA, County of De Kalb

I, W.M. Rogsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. E.J. Warnock the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Patrick Warnock deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 5th day of Feb 1895.

SEAL W.M. Rogsdale, Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th day of Feb 1895. E.J. Warnock [L. S.]

Executed in the presence of us:

W.R. Buchanan

W.M. Rogsdale

Witness.

DIRECTIONS.

Send amount by ____ to me at ____, and oblige

____

Warnock, E.J. De Kalb County FOR THOSE HERETOFORE PAID.

1895.

No. 999

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO—

Mrs. E.J. Warnock

—OF—

De Kalb County,

widow of Patrick Warnock.

WARRANT ISSUED

28 day of Feb 1895.

AND HANDED TO

Atty.

(Jno. W. Harrison, State Printer.)

Warnock, E.J. De Kalb

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally comes Mrs. E. J. Warnock.

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Dec 1838. That she is the Widow of Patrick Warnock who was a Soldier in Company A of the 38th Regiment of Ga Volunteers, that he enlisted in said Regiment on or about the month of Aug 1863 and served in the Army up to Aug 1864 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (He had chronic diarrhoea was on his way home on sick furlough but died on the way of the disease in Pike county Ga on the 11th of Aug 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 1838; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this 1st day of Feb 1893. W. M. Rosdale Ordinary. } her E. J. X Warnock mark Post-office Dunwoody Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. E. J. Warnock

who being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has *resided* in said State continuously ever since 1838 That she is the Widow of Patrick Warnock who was a Soldier in Company A of the 38' Regiment of Ga Volunteers, that he enlisted in said Regiment on or about the month of Aug 1863 and served in the Army up to Aug 1864 That he lost his life on the 11" day of Aug 1864. (*State here full particulars of the husband's death, when, where and from what cause.*) (He contracted chronic diarrhoea and had started home on a furlough and died of the disease in Pike Co Ga.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1839, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 5th day of Feb 1895. W. M. Rosdale Ordinary. } her E. J. X Warnock mark Post-office Dunwoody Ga.

STATE OF GEORGIA, County of DeKalb

I, W.M. Ragsdale, Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. E.J. Warnock the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Patrick Warnock deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

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

{SEAL} W.M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb County.

I, E.J. Warnock hereby authorize W.R. Warnock of DeKalb Co to receive and receipt for the pension paid hereon and request that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this 21st day of Jan 1896.

E. J. X Warnock [L.S.]
her mark

Executed in the presence of
A. J. Corey
W.M. Ragsdale,
Ordinary.

Warnock, E. J.
DeKalb, County

FOR THOSE HERETOFORE PAID.

1896.

No. 3298

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Mrs. E.J. Warnock

OF

DeKalb County.

widow of Patrick Warnock,

WARRANT ISSUED

21 1896.

AND HANDED TO

Geo. W. Harrison, State Printer.

STATE OF GEORGIA, County of DeKalb

I, W.M. Ragsdale, Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. E.J. Warnock the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Patrick Warnock deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 9th day of Feb 1897.

{SEAL} W.M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb County.

I, E.J. Warnock hereby authorize W.R. Warnock of DeKalb to receive and receipt for the pension paid hereon and request that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this 9th day of February 1897.

E J X Warnock [L.S.]
mark

Executed in the presence of
J. F. Warnock
W.S. Power jp

FOR THOSE HERETOFORE PAID.

1897.

No. 3673

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs. E.J. Warnock

OF

DeKalb County.

widow of Patrick Warnock

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/16 1897,

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. E J Warnock

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 18 That she is the Widow of Patrick Warnock who was a Soldier in Company 4 of the 38th Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of Aug 1863 and served in the Army up to Aug 1864 That he lost his life on the 4th day of Aug 1864 (State here full particulars of the husband's death, when, where and from what cause.) (had chronic Dyarrhoea while in service and was on his way home when he died of the disease in Pike Co Ga.)

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1839, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this 21st day of Jan 1896. W M Kay Ordinary.

her E J X Warnock mark

Post-office Lithonia Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. E J Warnock

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1822 That she is the Widow of Patrick Warnock who was a Soldier in Company A of the 38th Regiment of Ga Volunteers, that enlisted in said regiment on or about the month of Aug 1863 and served in the Army up to Aug 1864 That he lost his life on the 4th day of Aug 1864 (State here full particulars of the husband's death, when, where and from what cause.) had chronic Dyarrhoea while in service and died of the disease while on his way home in Pike County.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1839, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 9th day of Feby 1897. W. S. Power J.P. ~~Ordinary~~.

her E J X Warnock mark

Post-office Lithonia Ga Rt 2

POWER OF ATTORNEY.

State of Georgia, DeKalb County.

I, E. J. Warnock hereby authorize M. R. Warnock of DeKalb to receive and receipt for the pension paid hereon and request that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this 20th day of Jan 1898.

E. J. X her Warnock [L. S.]
mark

Executed in the presence of
A. J. Corey
W. W. Ragsdale
Ord. Mun.

Warnock E. J. Mrs
DeKalb Co. Ga

For Those Heretofore Paid.

1898.

No. 2594

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO Mrs. E. J. Warnock

OF DeKalb County,

Widow of Patrick Warnock.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED 2/1 1898.

AND HANDED TO M. R. Warnock

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia, DeKalb County.

I, E. J. Warnock hereby authorize M. R. Warnock of DeKalb to receive and receipt for the pension paid hereon and request that he remit same to at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16 day of Jan 1899.

E. J. her X Warnock [L. S.]
mark

Executed in presence of
M. B. Donahoo
W. W. Ragsdale
Ordinary.

Warnock, E. J. Mrs
DeKalb Co

For Those Heretofore Paid.

1899.

No. 32225

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO Mrs. E. J. Warnock

OF DeKalb County

Widow of Patrick Warnock

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED 2/7 1899.

AND HANDED TO M. R. Warnock

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. E J. Warnock

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since 1838 That she is the Widow of Patrick Warnock who was a Soldier in Company A of the 38 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Aug 1863 and served in the Army up to Aug 1864 That he lost his life on the 4th day of Aug 1864 (State here full particulars of the husband's death, when, where and from what cause.)

Had chronic Diarrhoea on his way home died of the disease in Pike Co Ga

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1834.

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

Sworn to and subscribed before me, this 20 day of Jan 1898. W M Ragsdale Ordinary.

her E J X Warnock mark Post-Office Dunwoody Ga,

State of Georgia, DeKalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. E J. Warnock who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the ____ day of ____ 18__.

Given under my official signature and seal this the 20 day of Jan 1898.

W M Ragsdale

Official Seal.

Ordinary of DeKalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. E J. Warnock

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since 1839 That she is the Widow of Patrick Warnock who was a soldier in Company A of the 38th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Aug 1863 and served in the Army up to Aug 1864 That he lost his life on the 4th day of Aug 1864 (State here full particulars of the husband's death, when, where and from what cause.)

Had chronic Diarrhoea and died of the disease while in service in Pike Co Ga.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859.

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

Sworn to and subscribed before me, this 16 day of Jan 1899. W M Ragsdale Ordinary.

her E J X Warnock mark Post-Office Dunwoody Ga,

State of Georgia, DeKalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. E J. Warnock who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the ____ day of ____ 1839.

Given under my official signature and seal this the 16 day of Jan 1899.

W M Ragsdale

Official Seal.

Ordinary of DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, E. J. Warnock hereby authorize W. R. Warnock of De Kalb County to receive and receipt for the pension paid hereon and request that he remit same to at

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

E. J. his X Warnock [L. S.]
mark

Executed in presence of
A. L. Yancey
W. M. Rogdace
Ordinary

Warnock E. J. Mrs.
De Kalb County

To Those Heretofore Paid.

1900.

No. 1004

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO Mrs. E. J. Warnock
OF De Kalb County,
Widow of Patrick Warnock

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED Feb 17 1900,
AND HANDED TO W R Warnock

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, Mrs E. J. Warnock hereby authorize W R Warnock of De Kalb to receive and receipt for the pension paid hereon and request that he remit same to at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4 day of Jan 1901.

E. J. her X Warnock [L. S.]
mark

Executed in presence of
Sophie Elliott
W. M. Rogdace
Ordinary

Warnock E. J. Mrs.
De Kalb Co

To Those Heretofore Paid.

1901.

No. 337

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO Mrs. E. J. Warnock
OF De Kalb County.
Widow of Patrick Warnock,

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED Jan 31 1901,
AND HANDED TO W R Warnock

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. E. J. Marnoch

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1839. That she is the Widow of Patrick Marnoch who was a soldier in Company A of the 38th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Aug 1863 and served in the Army up to Aug 1864. That he lost his life on the 4th day of Aug 1864. (*State here particulars of the husband's death, when, where and from what cause*) had chronic Dysentery and died of the disease in Pike County Ga.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1839.

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

Sworn to and subscribed before me, this 18 day of Jan 1900. W. M. Rogdale Ordinary.

E. J. Marnoch

Post Office Dunwoody

State of Georgia, De Kalb County. } I W. M. Rogdale Ordinary of said County, certify that I am well acquainted with Mrs. E. J. Marnoch, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1839.

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

Official Seal.

W. M. Rogdale

Ordinary of De Kalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. E. J. Marnoch

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1839. That she is the Widow of Patrick Marnoch who was a soldier in Company A of the 38 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Aug 1863 and served in the Army up to Aug 1864. That he lost his life on the 4th day of Aug 1864 (*State here particulars of the husband's death, when, where and from what cause*). Had chronic Dysentery died in Pike County

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1839.

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

Sworn to and subscribed before me, this 4th day of Jan 1901. W. M. Rogdale Ordinary.

E. J. Marnoch

Post Office Dunwoody Ga

State of Georgia, De Kalb County. } I W. M. Rogdale Ordinary of said County, certify that I am well acquainted with Mrs. E. J. Marnoch, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1839.

Given under my official signature and seal, this the 4 day of Jan 1901.

Official Seal.

W. M. Rogdale

Ordinary of De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, Mrs E J Warnock, hereby authorize
W R Warnock of DeKalb
to receive and receipt for the pension paid hereon, and request that he remit same to
at

In Witness Whereof, I have hereunto set my hand and seal, this 15th
day of Jan 1902. her
E J X Warnock [L. S.]
mark

Executed in presence of
Wm Ragsdale
Ordinary.

Warnock, Mrs. E. J.
DeKalb County

To Those Heretofore Paid.

1902.

No. 245

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. E J Warnock
OF
DeKalb County,
Widow of Patrick Warnock
Co. A Regiment 38th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
17 1902
AND HANDED TO
W R Warnock

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

STATE OF GEORGIA,
De Kalb County.

I, E J Warnock, hereby authorize
Mrs E Warnock of DeKalb
to receive and receipt for the pension paid hereon, and request that he remit same to
at

In Witness Whereof, I have hereunto set my hand and seal, this 8th
day of Jan 1903. her
E J X Warnock [L. S.]
mark

Executed in presence of
W F Wallace
Wm Ragsdale
Ordinary

Warnock E J Mrs.
De Kalb County

To Those Heretofore Paid.

1903.

No. 243

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs E J Warnock
OF
De Kalb County,
Widow of Patrick Warnock
Co. A Regiment 38th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1903.
AND HANDED TO
W R Warnock

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb | PERSONALLY COMES MRS. E. J. Warnock

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1839. That she is the Widow of Patrick Warnock who was a soldier in Company A of the 38" Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Aug 1863, and served in the Army up to Aug 1864. That he lost his life on the 4th day of Aug 1864. (State here particulars of the husband's death, when, where and from what cause.) had Chronic Dyarrhoea, while in service and died of same

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859.

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

Sworn to and subscribed before me, this 15 day of Jan 1902. W M Rogsdale, Ordinary. | her E. J. X Warnock mark, Post-Office

State of Georgia, De Kalb County. | I, W. M. Rogsdale Ordinary of said County, certify that I am well acquainted with Mrs. E. J. Warnock, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1839.

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

(Official Seal.) W M Rogsdale Ordinary of De Kalb County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb | PERSONALLY COMES MRS. E. J. Warnock

who being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1839. That she is the Widow of Patrick Warnock who was a soldier in Company A of the 38th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Aug 1863, and served in the Army up to Aug 1864. That he lost his life on the 4th day of Aug 1864. (State here particulars of the husband's death, when, where and from what cause.) Chronic Dyarrhoea while in service and died of the disease

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1854.

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

Sworn to and subscribed before me, this 8 day of Jan 1903. W M Rogsdale, Ordinary. | E. J. Warnock, Post-Office Dawsonville

State of Georgia, De Kalb County. | I, W M Rogsdale Ordinary of said County, certify that I am well acquainted with Mrs. E. J. Warnock, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1839.

Given under my official signature and seal, this the 8 day of Jan 1903.

(Official Seal.) W M Rogsdale Ordinary of De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, E. J. Wornack hereby authorize
W. R. Wornack of DeKalb county
to receive and receipt for the pension paid hereon, and request that he remit same to
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14
day of January 1904.

E. J. Wornack [L. S.]

Executed in presence of
James R George
Ordinary

TO THOSE HERETOFORE PAID.

1904.

No. 128

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904.

PAID TO
Mrs. E. J. Wornack
Widow of R. Estell Wornack County,
Co. G Regiment 38

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
25 — 1904.

AND HANDED TO
E. J. Wornack

Geo. W. Harrison, State Printer, Atlanta.

Wornack E. J. (Mrs)
DeKalb County

STATE OF GEORGIA,
DeKalb COUNTY.

I, Mrs E. J. Wornack, hereby authorize
W. R. Wornack of Decatur
to receive and receipt for the pension paid hereon, and request that he remit same to
E J Wornock at Decatur

In Witness Whereof, I have hereunto set my hand and seal, this 12
day of January 1905.

E. J. Wornock [L. S.]

Executed in presence of
James R George
Ordinary

Wornock E. J. (Mrs)
DeKalb County

To Those Heretofore Paid.

1905.

No. ~~218~~ 183

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. E. J. Wornock
Widow of Patriot Veteran
Co. G Regiment 38

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
125 1905.

AND HANDED TO
E. J. Wornock

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA.
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER.

Form No. 1.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of DeKalb } Personally comes Mrs. E. J. Warnock

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since 1839. That she is the Widow of Patrick Warnock who was a soldier in Company A of the 38 Ga Regiment of Volunteers, that he enlisted in said regiment on or about the month of Aug 1863, and served in the Army up to Aug 1864. That he lost his life on the 4 day of Aug 1864 (*State here particulars of the husband's death, when, where and from what cause.*)

Chronic Dysentery Pike Co

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859

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

Sworn to and subscribed before me, this 14 day of Jany 1904. James R George Ordinary. } E. J. Warnock mark Post Office Dunwoody Ga

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. E. J. Warnock, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 7 day of December 1839

Given under my official signature and seal, this the 14 day of Jany 1904.

James R George
Ordinary of DeKalb County.

{ Official Seal }

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally comes Mrs. E. J. Warnock

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since . That she is the Widow of Patrick Warnock who was a soldier in Company A of the 38 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Aug 1863, and served in the Army up to 186 . That he lost his life on the day of 18 (*State here particulars of the husband's death, when, where and from what cause.*)

Died Aug 4, 1864 Disease

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

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

Sworn to and subscribed before me, this 16 day of Jany 1905. James R George Ordinary. } E. J. Warnock mark Post Office Dunwoody Ga

State of Georgia, DeKalb County. } I, James R. George Ordinary of said County, certify that I am well acquainted with Mrs. E. J. Warnock, Who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal, this the 16 day of Jany 1905.

James R George
Ordinary of DeKalb County.

{ Official Seal. }

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

STATE OF GEORGIA,
DeKalb COUNTY.

I, E J Warnock, hereby authorize
W R Warnock of Dunwoody Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
E J Warnock at Dunwoody Ga

In Witness Whereof, I have hereunto set my hand and seal, this 10
day of February 1906.

E J Warnock [L. S.]

Executed in presence of
James P George
Ordinary

Warnock, E. J. (Mrs.)
De Kalb County

1906.

To Those Heretofore Paid.

No. 142

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs. E J Warnock
OF
De Kalb County,
Widow of P Warnock
Co. G Regiment 38 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/22 1906,

AND HANDED TO
R W Hutcheson

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB COUNTY.

I, E. J Warnock hereby authorize
W.R. Warnock
to receive and receipt for the pension paid hereon, and request that he remit same to
E.J. Warnock at

In Witness Whereof, I have hereunto set my hand and seal, this 15th
day of January 1907.

E J Warnock [L. S.]

Executed in presence of
James P George
Ordinary

Warnock, E. J. (Mrs.)
De Kalb County

1907.

To Those Heretofore Paid.

No. 103

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO
Mrs. E J Warnock
OF
DeKALB County,
Widow of Patrick Warnock
Co. A Regiment 38th Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Jan 15, 1907,

AND HANDED TO
R W Hutcheson

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally comes Mrs. E J Wanock

who, being sworn, says on oath that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1839. That she is the Widow of Patrick Wanock who was a soldier in Company A of the 3d Georgia Regiment of Volunteers, that he enlisted in said regiment on or about the month of August 1863, and served in the Army up to August 186 4. That he lost his life on the 4th day of August 1864. (*State here particulars of the husband's death, when, where and from what cause.*) Died of disease

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

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

Sworn to and subscribed before me this 15 day of Janry 1906. James R Georgs Ordinary.

E J Wanock

Post Office

State of Georgia, De Kalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. E J Wanock, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

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

Official Seal

James R Georgs

Ordinary of De Kalb County.

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

STATE OF GEORGIA, County of DeKALB. } Personally comes Mrs. E J Wanock

who, being sworn says on oath, that she is a bona fide resident of said County of DeKALB. State of Georgia, and that she has RESIDED in said State continuously ever since That she is the Widow of Patrick Wanock who was a soldier in Company A of the 38th Ga Regiment of Volounteers, that he enlisted in said regiment on or about the month of Aug 1863, and served in the Army up to 186 That he lost his life on the day of 18 (*State here particulars of the husband's death, when, where and from what cause.*) Died August 4th 1864. Disease

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

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

Sworn to and subscribed before me this 15 day of Janry 1907. James R Georgs, Ordinary.

E J Wanock

Post Office

State of Georgia, DeKALB. County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. E J Wanock, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal, this the 15 day of Janry 1907.

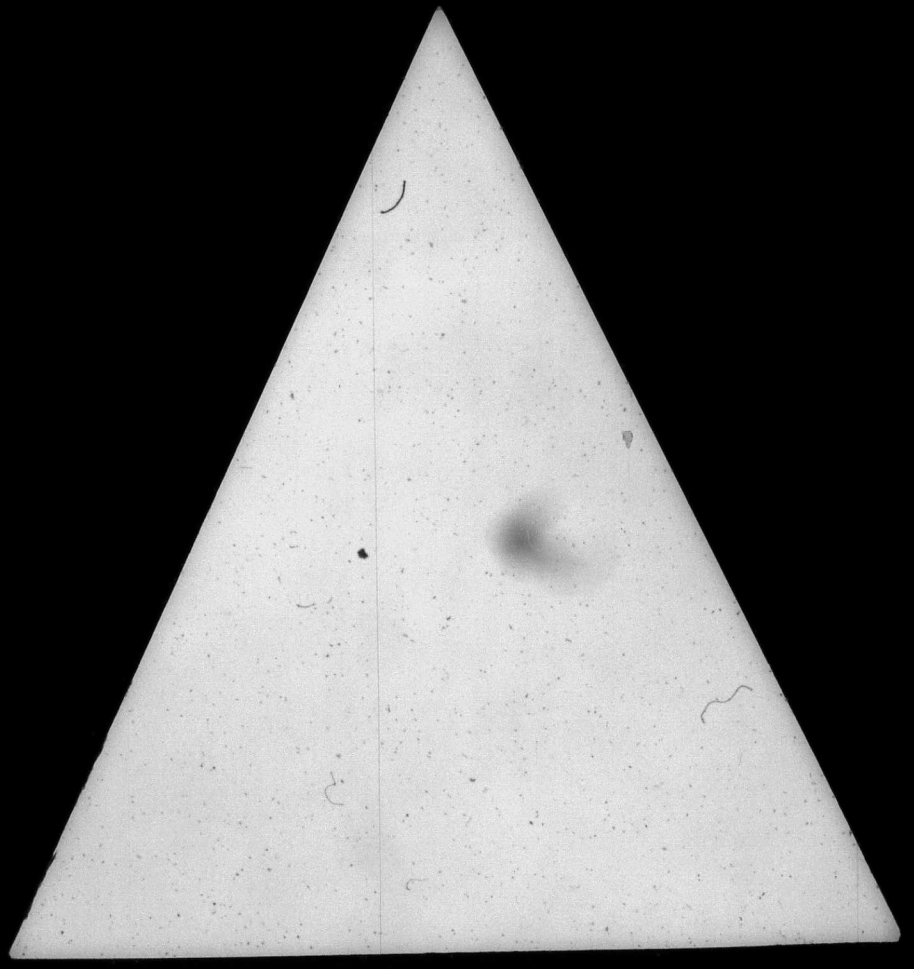
Official Seal

James R Georgs

Ordinary of DeKALB. County.

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

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



Warnock, Martha
DeKalb Co
~~Pay~~ O.K. for 1911
No.

Widow's Application

To Be Put on Roll in Her Own Right, when Husband Was on Roll at Death.

County DeKalb

Name Mrs Martha A. Warnock

Widow of W. R. Warnock

Approved

J. W. LINDSEY,
Commissioner of Pensions

Chas. P. Byrd, State Printer, Atlanta.

1/30

Pension Office, 12-8-1910.

Husband was on Disable roll and his testimony in application does not show a six months actual military service as the new Act requires. Make out claim on pale blue blank proving term of service as other widows do without reference to husband ever having been on the pension roll.

J. W. Lindsey, Com'r. of Pensions.

STATE OF GEORGIA,

DeKalb County.

Personally before me comes J.P. Adams & A.J. Morris who after being sworn on oath says, that they are freeholders of said County, and that they know Martha A.R. Warnock of said County and knew her said husband W R Warnock at his death on the 10 day of oct 1908 that she and he were in the use, possession and control of the following property at his death to wit: W R Warnock owned 90 acres of Land of the value of $1200.00 That she is now in the use, possession and control of the following property to wit: She has a life time interest in 90 acres of Land willed to her by husband W R Warnock of the value of $1200.00 one Horse $50 & Household Goods 25.00

Sworn to and subscribed before me, this the 10 day of Sept 1910

James R George Ordinary. J.P. Adams A.J. Morris 1275.00

of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb County.

I, James R George Ordinary of said County, do certify, that I know Mrs. Martha A. Warnock the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 1st day of Oct 1907

That I also know J.P. Adams witness as to marriage and I also know J.P. Adams & A.J. Morris who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of DeKalb County shows that Mrs Warnock returned property to the amount of for 1908 $ — for 1909 $1170.00 for 1910 $1170.00

Sworn under my hand and official seal of office this 10 day of Sept 1910

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

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

STATE OF GEORGIA,

DeKalb County. Minde

Personally before me comes Mrs Martha A Warnock of said County, who, after being duly sworn, on oath says, that she is the widow of W.R. Warnock to whom in the County of DeKalb State of Georgia she was married on the 10 day of oct 1867 and that she remained his wife, and resided with him to the date of his death in Dec 16 1908 and that she has not since his death remarried. At the time of his death he was a resident of DeKalb County, in said State of Georgia, and he was on the Invalid Pension Roll of the State and paid a pension of $ 25.00 in DeKalb County for 1908 per annum, on account of being a soldier in Company A 38 Ga Regiment Ga (Volunteers of State Militia.)

At the death of W R Warnock he was in the use and possession of the following property 90 acres of Land House Hold Goods 75.00 of the cash value of $1200.00

What property of any kind and of any value have you in your use, control and possession now, and the cash value (State fully.)

90 Acres land a Life Interest $1200.00

1 Horses and Mules $ 50

Hogs, Cows, etc $

Total Cash value of all property $1250.00

That she is now a bonafide resident citizen of said County of DeKalb and she has so continuously resided since Dec 25 day of 1892

Sworn to and subscribed before me, this the 10 day of Sept 1910

James R George Ordinary. Martha A R Warnock Mark

of DeKalb County.

Affidavit of Witnesses to Prove Marriage and to Whom--Date of Death of Husband.

STATE OF GEORGIA,

DeKalb County.

Personally before me come John D. Adams known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs Martha A Warnock who made the foregoing affidavit, is the lawful widow of W R Warnock who died in DeKalb County in said State of Georgia on 25 day of Dec 1908 and that she has not since remarried. That she became the wife of W R Warnock on the 10 day of 1867 and that she and he had resided together as man and wife continuously since 10 day of oct 1867 and that W R Warnock was the same man who was on the pension roll of said State from DeKalb County when he died.

Sworn to and subscribed before me, this the 10 day of Sept 1910

James R George Ordinary. J.T. Adams

of DeKalb County.

Cannot obtain a copy of Marriage License

Old Man $50.00

Warnock, Martha E. (Mrs.)
DeKalb Co

1921

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

James R George Ordinary

For Martha E Warnock

of DeKalb County

Old ~~New~~ Class ?

Died June 2nd 1921

Amount $135.00

Approved and ordered paid. 135.

Pay out of 1921 Fund

Sept 9 1921.

J. W. LINDSEY,
Commissioner of Pensions.

J W Lindsey

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

Index Printing Co., Atlanta, Ga.

Warnock, Martha
Co DeKalb Jan 1911
No.

Widow's Application

To Be Put on Roll in Her Own Right, when Husband Was on Roll at Death.

County DeKalb

Name Mrs Martha E. Warnock

Widow of W. R. Warnock

Approved

J. W. LINDSEY,
Commissioner of Pensions

Chas. P. Byrd, State Printer, Atlanta.

Pension Office, 12-8-1910.

Husband was on Disable roll and his testimony in application does not show a six months actual military service as the new Act requires. Make out claim on pale blue blank proving Term of service as other widows do without reference to husband ever having been on the pension roll.

J. W. Lindsey, Com'r. of Pensions.

(Under the Act of August 15, 1904)

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

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes W. E. Warnock of said County, who, after being sworn, on oath says that he knew Mrs Martha E. Warnock of said County, and that said pensioner was on the old Pension Roll of DeKalb County at the time of death, which occurred in DeKalb County, in this State, on the 2nd day of June (1/25-00) 1921, and that a Pension of One Hundred & Twenty five Dollars was due pensioner and unpaid at the time of pensioner's death. That She left no ~~widow or dependent~~ children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $135.00 per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me this 29 day of Dec 1921. James R George Ordinary, DeKalb County.

W E Warnock

AFFIDAVIT OF ORDINARY

GEORGIA, DeKalb County.

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

I also knew Mrs Martha E Warnock while in life and that this was the same person whose name appears on the old Pension Roll of DeKalb County, and was paid a Pension of One Hundred & Twenty five (1/25-00) Dollars in said County for 1921, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 29 day of Dec, 1921.

(SEAL) James R George Ordinary. DeKalb County.

INSTRUCTIONS:

1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without owning sufficient property to pay such expenses. The widow of a soldier, if she is living, has prior claim over these expenses, and must make application on yellow blank.
2nd. Require those claiming accounts for expenses of last illness, and expenses of funeral, to make out their account in fully itemized form, giving each item and the value of it, and each date.
3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.
4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.)
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of ..... who died without owning sufficient property to pay this bill."
5th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
6th. The completed voucher, this blank and the bills, must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
7th. The Ordinary signs pay-roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
8th. Accept no bills for nursing until you write the Pension Office, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
9th. Return this application, and attached bills, with your final settlement to the Pension Office.
10th. Ordinary should see that the back of this blank, when folded, is filled out.
11th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

ORDINARY DeKALB COUNTY

DECATUR, GA.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, John T. Adams, and being by me duly sworn, deposes and says on oath, that Miss Minda A. Adams and W. R. Warnock were married on the 10th day of October, 1867, that he was present and saw the marriage ceremony performed, and that they lived together as man and wife until the death of said W. R. Warnock on the 25th day of December, 1908.

Sworn to and subscribed before me, this the 1st, day of November, 1910. James R George Ordinary, DeKalb County, Georgia.

J. T. Adams

O. W. SETTLE
FUNERAL DIRECTOR AND EMBALMER

NORCROSS, GA. June 2, 1921

Sold To

Mrs Martha A. Warnock, deceased.

June 2,	Casket	$125.00	
	Robe	10.00	$135.00

Personally appeared before me the under sign, O. W. Settle, who on oath swears above is just, true and unpaid.

O W Settle

Sworn to and subscribed before me this 6th, day of June 1921.

C. R. Howell N P

for Applicant.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes Mrs Martha A Warnock of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of ....1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? Martha A. Warnock DeKalb Co
2. How long and since when have you been a continuing resident in the State of Georgia? 68 - Dec 25 - 1842
3. When, where and to whom were you married? Oct 10 1867 to W R Warnock
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) August 1861 DeKalb County. Company A - 38 Ga Regt
5. When and where did the Commands of your husband surrender or discharge from the army? 1865 - Appomatox C H
6. Was your husband personally present at the time of the surrender or discharge of this Command? He was not
7. If he was not present state clearly where he was? He was a Prisoner
8. Where was his Command when he left? Gettysburg Va
   a. For what cause did he leave his command? Division
   b. By whose authority did he leave his Command? Prisnor
   c. For how long was he granted leave of absence? ——
   e. What was his physical condition when he left his Command? ——
   f. What effort did he make to return to his command? ——
   g. In what way was he prevented from going back to Command? ——
   h. Was he captured by the enemy at any time? He was
   i. If so, when and where captured and where held as a prisoner, and when and for what cause released? July 1863 Gettysburge Va Davids Island N Y Harbor Wounded & Captured & Paroled W R Warnock
   j. When and where did your husband die? Dec 16th 1908
   k. Were you residing together when he died? We was
   l. If not, how long had you resided apart? ——
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.)
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.)
11. What property of any description of any value have you now? Give list and cash value?
12. What are your annual earnings or income and their value?
13. Have you heretofore been paid a pension by the State? If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the 19th day of May 1911

Martha A (her mark) Warnock

James R Yeatge Ordinary.
of DeKalb County.

over

No.....

Widow's Pension

UNDER ACT 1910.

County DeKalb

Name Martha A Warnock

Widow of W R Warnock

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

STATE OF GEORGIA,

Dekalb County.

Personally before me comes W M Ball 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 M Ball all her life
2. How long and since when have you known Martha A Womack applicant?
3. How long and since when has she continuously resided in this State? (Give date.) 68 years. Dec 25-1843
4. When and to whom was she married? 1865 to W R Womack How do you know? By my own Knowledge
5. How long and since when did you know W R Womack her husband? all his life
6. When and where did W R Womack the husband of Applicant die? Dec 16th 1908 Dekalb Co
7. Where the Applicant and her husband living together as husband and wife at the date of his death? they was
8. If not, how long did they live apart before his death? —

Were they divorced? —

9. When, where and in what Company and Regiment did W R Womack enlist? August 1861 Dekalb Co Company A 38 Ga
10. Were you a member of the same Company? I was
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from Augt 1861 to July 1863 Two years until wounded was captured at Gettysburg Pa
12. When, and where did his Command surrender, and was discharged? 1865 Appomatox C H
13. Were you personally present when it was surrendered? was not If not where were you wounded & Discharged and how came you there? wounded we both was wounded at Gettysburg & captured carried to Davids Island afterwards paroled
14. Was the husband of applicant personally present at surrender? was not If not where was he? wounded & Discharged when, where and for what cause did he leave Command? (Give date) Discharged By whose authority did he leave his Command? Discharged and how long was he granted leave? Discharged How do you know all this? I was present I know it of my own Knowledge we both came home together
15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? wounded & Discharged
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Made none was Discharged

Sworn to and subscribed before me this the 19th day of May 1911

his
W M Ball
Mark

James R George Ordinary,

of Dekalb County.

Never was able to return to Command

STATE OF GEORGIA,

County.

Personally before me comes who on oath says that they are freeholders of said County and that they know of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows

Personal property $

Notes and accounts due $

Total $

Schedule (B).

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

Personal property $

Money, Notes and accounts $

Schedule (C).

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

Acres of land worth $

Horses and Mules $

Cows and Hogs $

Other property $

income and earnings $

Total Value of all property and effects $

Sworn and subscribed before me this the day of 19

Ordinary,

of County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I Ordinary of said County do certify that, I know the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov,. 1908.

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

That the Tax Returns Returned for Tax is for 1908 $ for 1910 $

Sworn under my hand and official seal of office this day of 191

SEAL. Ordinary,

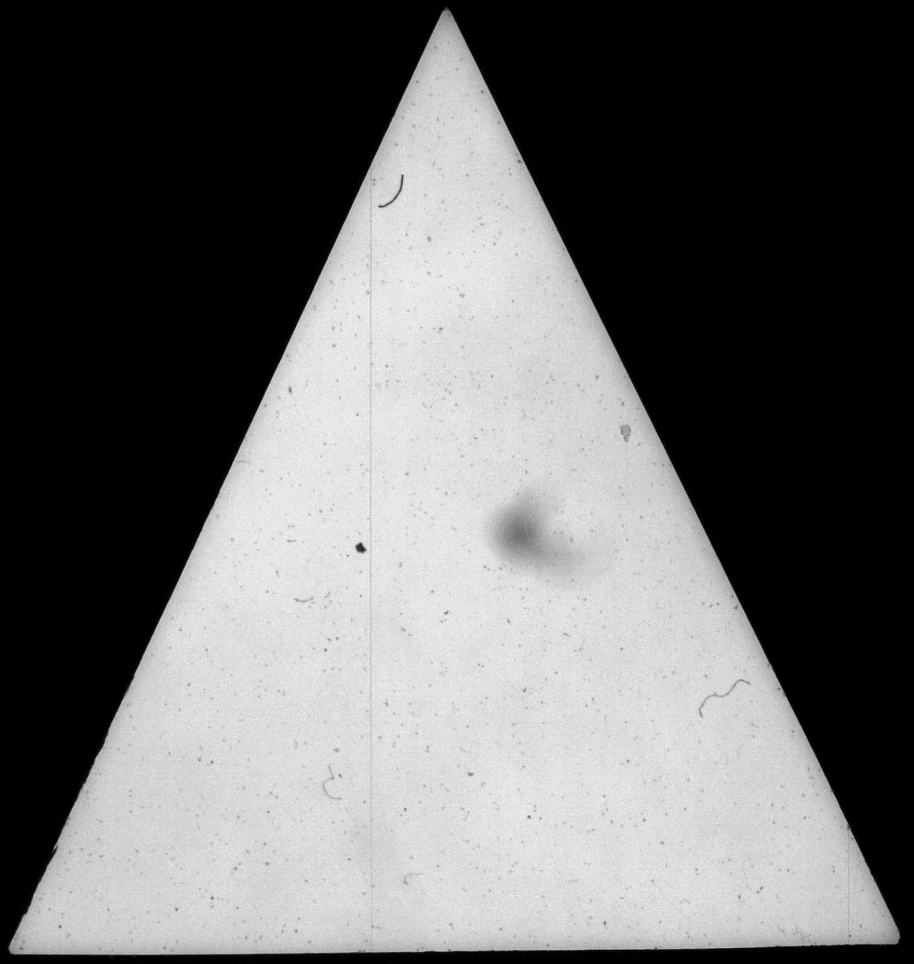
County

(SEAL.)

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

of ..... DeKalb ..... County.

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



NOTES.

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

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

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

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

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

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

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

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

Warrant issued
Not called for
Under amended
Act Feb 26
1891

No.

APPLICATION FOR ALLOWANCE

FOR

Applicant, Wm P Warren

County

Amount

Date of Warrant

Entered on record

188

SECRETARY EXECUTIVE DEPARTMENT.

E. Ward
Milledgeville Ga
May 19 1891

Sir please inform me
what sufficient
clear that the injury
received at Atlanta,
by substantially and
essentially useless,
to entitle him
to pension. He does
not, neither have
received what that
the entire leg is
substantially useless.
Does all the frac-
ture of applicant
constitute the leg
leg. When a leg
substantially useless,

Yours truly
W P Warren
Clerk

RULES.

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.

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

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

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

Wounds sworn to
Motion to amend
under amended
Prof. Peters
W. R. Warnock

No. _____

APPLICATION FOR ALLOWANGE

FOR

Applicant, W. R. Warnock

County _____

Amount _____

Date of Warrant _____

Entered on record _____ 188_

SECRETARY EXECUTIVE DEPARTMENT.

Ga. DeKalb County
Sworn to this 14th day of May 1889
before me
J. E. Elliott N. P. Ex. Off.

The physicians do not think sufficient clear that the injury received is substantially and essentially useless. Give all the facts. Does not appear Continuously by leg is useless. Substantially useless.

W. H. Harrison
Clerk

For use of Applicants who have not received Warrants.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appears W^m R Warnock of said 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 _____ 1850; 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 Sargent in Company A, of 38th Regiment of Georgia Volunteers Gordon's Brigade; that whilst engaged in such military service, at the battle of Gettysburg in the State of Pennsylvania on the 1st day of July 1863, he was wounded as follows: By a gunshot wound through the left ankle destroying the external malleolus, or ankle bone, and destroying part of the heel bone and muscles attached, making the ankle, and foot being drawn out of their natural shape. The wound practically renders the deponent from ordinary avocations of life. It often rides, which makes me use crutches. injure the whole leg below the knee. useless.

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

Sworn to and subscribed before me, this the 13 day of May 1889

W R Warnock

J E Elliott N P Ex Off

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY came before me John Butler of the county of DeKalb State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of 38th Regiment of Georgia Volunteers, and that deponent knows W R Warnock, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said W R Warnock as stated by him in said affidavit. Deponent further states that said W R Warnock is a *bona fide* citizen of this State and resides in DeKalb county.

This 13th May 1889
J E Elliott N P Ex Off

John Butler

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

STATE OF GEORGIA,
County.

PERSONALLY came

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

Sworn to and subscribed before me, this
day of 188

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

STATE OF GEORGIA,
County.

PERSONALLY comes before me Ordinary of said county, and , both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined and after such examination say that the applicant has been injured as follows:

Amended by adding the words lower fraction of H
Sworn to in my presence Feb 20th 1889.
Wm Rogsdale
Ordinary.

Sworn to and subscribed before me, this
day of 188

Wm Rogsdale.
DeKalb Co ORDINARY.

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

STATE OF GEORGIA,
DeKalb County.

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

I further certify that J. E. Elliot before whom the foregoing affidavits were made and power of attorney was signed, is a N. P. & Ex Off. J. C. of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 19th day of Feb. 1889.

Wm Rogsdale.
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

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

(L. S.)

Executed in the presence of us:

RULES.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless.
4. If the papers are returned for correction and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.
5. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.
6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.
7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Dept.

1890.

De Kalb Co.

W. R. Warnock

No. 2715

APPLICATION FOR ALLOWANCE

FOR

Foot Disabled

Applicant, W. R. Warnock

County, DeKalb

Amount, $

Date of Warrant, April 9.

Entered on record April 1890

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

W. M. Campbell

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

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears W. R. Warnock of De Kalb county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been continuously since the 1st day of April 1840; 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 Sargent in Company D, of 38 th Regiment of Georgia Volunteers Gordons Brigade; that whilst engaged in such military service at the battle of Gettesburg in the State of Pa, on the 1st day of July 1863, he was wounded as follows: Shot with a running ball in the left ankle, fracturing the joint causing the ankle to remain permanently stiff, and the muscles of the leg to shrink and toes to draw. at times it breaks out and discharges matter, being at these times very painful. necessitating the use of a crutch or stick. From which injury the limb has been rendered Substantially and Essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26, 1890.

Sworn to and subscribed before me this 3rd day of April 1890. W. R. Warnock

W. M. Sagebee, Ordinary.
De Kalb Co, Ga.

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY came before me John Baxter of the county of De Kalb State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company D, of 38th Regiment of Georgia Volunteers, and that deponent knows W. R. Warnock, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said W. R. Warnock as stated by him in said affidavit. Deponent further states that said W. R. Warnock, is a *bona fide* citizen of this State and resides in W. R. Warnock county.

Sworn to and subscribed before me this 3rd day of April 1890. John Baxter
Lieut Co D 38th Ga

W. M. Sagebee, Ordinary.
De Kalb Co.

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

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 own knowledge precisely how he is *disabled*, and what disables him.
NOTE 2.—The attesting officer must see that each witness reads, or has *read to him the affidavit he signs.*

STATE OF GEORGIA,
DeKalb County.

PERSONALLY comes before me W. M. Rogsdale Ordinary of said county, C. S. Mayer and J. H. Green, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined W. R. Warnock and after such examination say that the applicant has been injured as follows: By a minie ball passing through the left ankle joint fracturing the lower end of the small leg bone and several of the bones of the foot causing same to be exfoliated and hazzed up causing Stiffness of Ankle joint at that place there is a discharge now of pus from same disabling power in the foot. The muscles of said Leg are lacerated considerably and rendered the leg substancially and essentially useless

Sworn to and subscribed before me, this 3rd day of April 1890

W. M. Rogsdale, Ordinary.

C. S. Mayer M.D.
J. H. Green M.D.

NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.
NOTE 2.—If claim is for disability resulting from disease, state *how* the disease is *known* to result from the service as a soldier. Also state how long physicians have known and treated applicant.

DeKalb County.

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

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

Given under my official signature and seal, this 3rd day of April 1890.

W. M. Rogsdale,
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

Know all Men by these Presents, That I, W. R. Warnock of DeKalb county, in said State, do hereby appoint W. M. Rogsdale, of DeKalb County my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd day of April 1890.

W. R. Warnock [L. S.]

Executed in the presence of us:

J. A. Crumby
V. A. Beal

DIRECTION.

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

STATE OF GEORGIA,

De Kalb County.

I, W. M. Rogsdale Ordinary of said County, do certify that I am well acquainted with W. R. Warnock 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 22" day of Feb 1891.

W. M. Rogsdale

Ordinary De Kalb County.

1891.

De Kalb

No. 1844

Application for Allowance

FOR THE YEAR ENDING OCTOBER 26, 1891.

For

Applicant. W. R. Warnock

County. De Kalb

Amount. $ 96

Date of Warrant, Feb 26 189

Entered on record

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT ISSUED TO

W. M. Rogsdale

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

De Kalb Co
Warnock, W. R.
No. 1844

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name W. R. Warnock

County De Kalb

Disability Total Dis.

Amount, $ 96

Entered on record Mch 10 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.

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

STATE OF GEORGIA,

De Kalb County.

I, W. M. Rogsdale Ordinary of said county, do certify that I am well acquainted with W. R. Warnock 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 10th day of March 1892.

W. M. Rogsdale

Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears W. R. Warnock of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ____ day of ____ 1840; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company A, of 54 th Regiment of Ga Volunteers Gordon 's Brigade; that whilst engaged in such military service at the battle of Gettysburg in the State of Pa, on the 1st day of July 1863, he was wounded as follows: Shot with minnie ball in left ankle, fracturing bones causing Recd at To Work Court wound permanently injuring said Ankle. Lit being in running or skirmishing, reported at the present time rotten & renders the same substantially and [illegible] useless.

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

Sworn to and subscribed before me, this, the 24th day of Oct 1891.
W. R. Warnock
W. M. Ragsdale, Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
____ County.

Know all Men by these Presents, That I, W. R. Warnock of De Kalb County, State of Georgia, do hereby appoint W. M. Ragsdale of De Kalb my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th day of Oct 1891.

W. R. Warnock [L. S.]

Executed in the presence of us:
Robert McBrayer Jr
John B Stewart

DIRECTION.

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

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears W. R. Warnock of ____ County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the 4th day of Oct 1840; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Drummer in Company A, of 36 th Regiment of Ga Volunteers Gordon 's Brigade; that whilst engaged in such military service at the battle of Gettysburg in the State of Ga, on the 1st day of July 1863, he was wounded as follows: Shot with minnie ball in left ankle fracturing bones causing lameness, & rendering the leg substantially and essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of Seventy five Dollars for Disability

Sworn to and subscribed before me this the 10th day of March 1892.
W. R. Warnock
W. M. Ragsdale, Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
____ County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ____ day of ____ 1892. [L. S.]

Executed in the presence of us:

DIRECTION.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, }
.....County. }

Know all Men by these Presents, That I.....

of.....County, State of Georgia, do hereby appoint

.....

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

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

.....day of.....1893.

.....[L. S.]

Executed in the presence of us: }
.....
.....

DIRECTION.

Send money to me as follows, by.....

.....to.....P. O.

.....County, Georgia.

De Kalb Co
Warrant, 2,02.
1893.

No. 337

Application for Allowance

For the Year Ending October 26, 1893.

FOR

W. L. Flint

Applicant, W. L. Flint Barnett

County, DeKalb

Amount, $25

Date of Warrant,

Entered on record, 1893.

C. N. H.

Secretary Executive Department.

WARRANT HANDED TO

Applicant

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

STATE OF GEORGIA

For Applicant's Attorney's Allowed Expenses

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears W. R. Warnock of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 9th day of Oct 1840; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company A, of 38th Regiment of Ga Volunteers Gordon's Brigade; that whilst engaged in such military service at the battle of Gettysburg in the State of Pa, on the 1st day of July 1863, he was wounded as follows: Shot with a minnie ball in the left ankle fracturing the bones, severing the foot entirely off and dismembering same.

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

Sworn to and subscribed before me, this, the 9th day of Aug 1893. } W. R. Warnock

W. W. Ragsdale Ordinary

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

STATE OF GEORGIA, }
De Kalb County. }

I, W. W. Ragsdale Ordinary of said County, do certify that I am well acquainted with W. R. Warnock 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 9th day of March 1893.

W. W. Ragsdale

Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY. }

Know all Men by these Presents, That I, ... of .....

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

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

..... [L. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by .....

to ..... P. O.

..... County, Georgia.

(For Those Already Enrolled.)

No. 891

Soldier's Pension.

1894.

Name Warnock, W. R.

County DeKalb,

Disability Wound in foot

Amount, $ 25.00

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Warnock, W. R.
DeKalb Co

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

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

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

[L. S.]

Executed in presence of us

DIRECTIONS.

Send money to me as follows, by .....

to ..... P. O.

..... County, Georgia.

(For Those Already Enrolled.)

No. 271

SOLDIER'S PENSION.

1895.

Name W. R. Warnock

County De Kalb

Disability Gun Wound

Amount, $ 25.00

3/4

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears W R Warnock of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Oct 1840; 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 Sargt in Company A, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service at the battle of Gettesburg in the State of Pa on the 1st day of July 1863, he was wounded as follows: Shot with a minnie ball in the left ankle fracturing the bones and rendering the foot substantially and essentially useless

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

Sworn to and subscribed before me, this the 8th day of March 1894. } W R Warnock

W M Ragsdale, Ordinary.

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

STATE OF GEORGIA, }
De Kalb County. }

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

Given under my official signature and seal, this 8th day of March 1894.

Affix your seal here.

W M Ragsdale

Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears W R Warnock of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Oct 1840; 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 Sargt in Company A, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service at the battle of Gettesburg in the State of Pa on the 1st day of July 1863, he was wounded as follows: Shot with minnie ball through the left ankle fracturing bone and rendering the foot substantially and essentially useless

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

Sworn to and subscribed before me, this the 7th day of March 1895. } W R Warnock

W M Ragsdale, Ordinary.

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

STATE OF GEORGIA, }
De Kalb County. }

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

Given under my official signature and seal, this 7th day of March 1895.

Affix your seal here

W M Ragsdale

Ordinary Ordinary County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
..... County. }

I, ... hereby authorize .....

..... of .....

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

..... by .....

at .....

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

day of ..... 1896.

..... [L. S.]

Executed in presence of us)
.....)
.....)

ACT OF 26 OCT., 1897.

(For Those Already Enrolled.)

No. 2006

SOLDIER'S PENSION.

1896.

Name W. R. Warnock

County DeKalb

Disability Leg Wound

Amount, $ 3/2 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Agent

Geo. W. Harrison, State Printer, Atlanta.

No data

DeKalb Co
Warnock, W. R.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
..... County. }

I, ... hereby authorize .....

..... of .....

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

..... by .....

at .....

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

day of ..... 1897.

..... [L. S.]

Executed in presence of)
.....)

ACT OF 26 OCT., 1897.

(For Those Already Enrolled.)

No. 302

INVALID
SOLDIER'S PENSION.

1897.

Name W. R. Warnock

County DeKalb

Disability Leg Wound

Amount, $ 2/6 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Agent

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

W. R. Warnock

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears W R Warnock of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 9th day of Oct 1840; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company A, of 38th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Pa, on the 1st day of July 1863, he was wounded, injured or diseased as follows:

Shot with a minnie ball in the left ankle fracturing the bone and rendering leg substantially and essentially useless.

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

Sworn to and subscribed before me, this, the 10th day of Feb 1896.

W R Warnock

M M Rogsdale

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 10th day of Feb 1896.

Affix your seal here.

M M Rogsdale.

Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears W R Warnock of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Oct 1840; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company A, of 38th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Pa, on the 1st day of July 1863, he was wounded, injured or diseased of follows:

Was wounded at the battle of Gettysburg Pa, in the left leg fracturing bone rendering same substantially and essentially useless.

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

Sworn to and subscribed before me, this, the 9th day of Feb 1897.

W R Warnock
POST OFFICE Dunwoody Ga.

M M Rogsdale Ordinary.

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 9th day of Feb 1897.

Affix your seal here.

M M Rogsdale.

Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County. }

I, _____ hereby authorize _____

of _____

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

_____ by _____

at _____

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

day of _____ 1898. _____ [L. S.]

Executed in presence of

_____

_____

ACT OF 24 OCT., 1887.

(For Those Already Enrolled.)

No. 3140

INVALID SOLDIER'S PENSION.

1898.

Name W.R. Warnock.

County Decatur

Disability Leg

Amount, $ 25.00

3/1 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Mack

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County. }

I, _____ hereby authorize _____

of _____

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

_____ by _____

at _____

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

day of _____ 1899. _____ [L. S.]

Executed in presence of

_____

_____

Thomasville, Ga.

Mitchell Co.

CODE SECTION 1250.

(For Those Already Enrolled.)

No. 1607

INVALID SOLDIER'S PENSION.

1899.

Name W.R. Warnock

County Decatur

Disability Foot

Amount, $ 25.

4/7 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Mack

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb **County.**

Personally appears W R Warnock of De Kalb
County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 9th day of Oct 1840; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Sargt in Company A, of 38th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Pa, on the 1 day of July 1863, he was wounded, injured or diseased as follows:
Was wounded at the battle of Gettysburg Pa in the left ankle ball passing joint and disabling foot,

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 29th, 1898. I have heretofore under said law as a resident of De Kalb county been allowed an invalid pension of Twenty four Dollars, for the year 1897.

Sworn to and subscribed before me, this the 22d day of Oct 1898. W R Warnock POST-OFFICE

W M Ragsdale Ordinary.

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

STATE OF GEORGIA,
De Kalb **County.**

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

Given under my official signature and seal, this 22d day of Oct 1898.

Affix your seal here.

W M Ragsdale
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb **County.**

Personally appears W R Warnock of De Kalb
County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 9 day of Oct 1840; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Sargt in Company A, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Pa, on the 1 day of July 1863, he was wounded, injured or diseased as follows:
Was wounded in the left ankle at battle of Gettesburg rendering the foot substantially and essentially useless

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

Sworn to and subscribed before me, this the 31 day of Jan 1899. W R Warnock POST OFFICE Decatur Ga.

W M Ragsdale, Ordinary.

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

STATE OF GEORGIA,
De Kalb **County.**

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

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

Affix your seal here.

W M Ragsdale
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ County. }

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1900.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 1250.
(For Those Already Enrolled.)
No. 3976

INVALID
SOLDIER'S PENSION.
1900.

Name W.R. Warnock
County DeKalb
Disability Ankle
Amount, $ 25.
Warrant issued Mch 13 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Warnock W.R.
DeKalb Co.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ County. }

I _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1901.

_____ [L. S.]

Executed in presence of

_____

DeKalb Co.
Warnock, W.R.

CODE SECTION 1250.
(For Those Already Enrolled.)
No. 338

DISABLED
SOLDIER'S PENSION.
1901.

Name W.R. Warnock
County DeKalb
Disability Ankle
Amount, $ 25.
Jany 31 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb **County.**

Personally appears W. R. Warnock of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the 1 day of Oct 1840; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company A, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Pa, on the 1 day of July 1863, he was wounded, injured or diseased as follows:

1st Battle of Gettesburg was shot in left ankle joint rendering same Substantially and essentially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of DeKalb County been allowed an invalid pension of Twenty five Dollars, for the year 189 .

Sworn to and subscribed before me, this the 18th day of Jan 1900. W. R. Warnock POST OFFICE Dunwoody

W M Ragsdale Ordinary

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

STATE OF GEORGIA,
DeKalb **County.**

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

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

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb **County.**

Personally appears W. R. Warnock of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 1 day of Oct 1840; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company A, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Pa, on the 1 day of July 1863, he was wounded, injured or diseased as follows:

1st Battle of Gettesburg, was wounded in left ankle joint rendering same Substantially and essentially useless,

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

Sworn to and subscribed before me, this the 4 day of Jan 1901. W. R. Warnock Postoffice Dunwoody

W M Ragsdale Ordinary

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

STATE OF GEORGIA,
De Kalb **County.**

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

Given under my official signature and seal, this 4 day of Jan 1901.

Affix your seal here

W M Ragsdale
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ County. }

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of 1902.

[L. S.]

Executed in presence of

_____

Warnock, W. R.
Dis Pvt G

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 569

DISABLED
SOLDIER'S PENSION
1902.

Name Warnock W.R.
County DeKalb
Co. A Regiment 38
Disability Ankle
Amount, $ 25.
1902.

JOHN W. LINDSEY,
Comptroller of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ County. }

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1903.

_____ [L. S.]

Executed in presence of

_____

Warnock W. P.
4 DeKalb Co

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 313

DISABLED
SOLDIER'S PENSION
1903.

Name Warnock W.R.
County DeKalb
Co. A Regiment 38"
Disability Ankle
Amount, $ 25;
1903.

JOHN W. LINDSEY,
Comptroller of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta

No date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

DeKalb County.

Personally appears Warnock W R of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 9 day of Oct 1840; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Sergt in Company A, of 38th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Pa, on the 1 day of July 1863, he was wounded, injured or diseased as follows: Wounded in left ankle at battle of Gettesburg Pa rendering same substantially and essentially useless

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

Sworn to and subscribed before me, this the 15 day of Jan 1902. Post-office Dunwoody.

W M Ragsdale, Ordinary.

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

STATE OF GEORGIA,

DeKalb County.

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

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

W M Ragsdale

Ordinary DeKalb County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

DeKalb County.

Personally appears W R Warnock of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 9 day of Oct 1840; 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 Sargt in Company A, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Pa, on the 1 day of July 1863, he was wounded, injured or diseased as follows: Wounded in left ankle at battle of Gettesburg Pa rendering same substantially and essentially useless.

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

Sworn to and subscribed before me, this the 8 day of Jan 1903. Post-office Dunwoody Ga

W R Warnock

W M Ragsdale Ordinary

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

STATE OF GEORGIA,

DeKalb County.

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

Given under my official signature and seal, this 8th day of Jan 1903.

W M Ragsdale

Ordinary DeKalb County.

Affix your seal here

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1904.

_____ [L. S.]

Executed in presence of

_____

Warnock, W. R.
DeKalb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 330

DISABLED

SOLDIER'S PENSION
1904.

Name W. R. Warnock
County DeKalb
Co. A Regiment 38
Disability Gunshot Wound
Amount, $ 25.00
1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Self

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1905.

_____ [L. S.]

Executed in the presence of

_____

Warnock, W. R
DeKalb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 242

DISABLED

SOLDIER'S PENSION
1905.

Name W. R. Warnock
County DeKalb
Co. A Regiment 38 Ga
Disability
Amount, $ 25.00
January 1/25 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Self

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA
GEO. W. HARRISON, MANAGER, (FOR STATE PRINTER)

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears W.R. Warnock of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 9 day of Oct 1840; 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 Sargt in Company 9, of 38th Regiment of Ga. Vols Volunteers Gordons 's Brigade; that whilst engaged in such military service in the State of Gettysburg Pa, on the 1 day of July 1863, he was wounded, injured or diseased as follows:
wounded in left ankle joint

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

Sworn to and subscribed before me, this the 14 day of January 1904.
James R George Ordinary

W.R. Warnock
Post-office Dunwoody Ga

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 14 day of January 1904.

James R. George
Ordinary DeKalb County.

Affix your Seal here.

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

STATE OF GEORGIA,
DeKalb COUNTY.

Personally appears W.R. Warnock of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18 ; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a in Company A, of 38th Regiment of Ga-Vols Volunteers 's Brigade; that whilst engaged in such military service in the State of , on the day of 186, he was wounded, injured or diseased as follows:
Rifle shot disabled Gettysburg Pa-July 1-1863

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

Sworn to and subscribed before me, this the 17th day of January 1905.
James R George Ordinary

W.R. Warnock
Post-office Dunwoody

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

STATE OF GEORGIA,
DeKalb COUNTY.

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

Given under my official signature and seal, this 17th day of January 1905.

James R George
Ordinary DeKalb County.

Affix your Seal here.

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

Mrs. M. R. Morris
Box 1st Ga.

(Code Section 1250.
FOR THOSE ALREADY ENROLLED.)

No. 203

DISABLED SOLDIER'S PENSION 1906.

Name Mrs. M. R. Morris
County De Kalb
Co. A Regiment 38th Ga.
Disability Left Ankle
Amount, $ 2.50
1/23 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Morris & Weir
Bolton Ga.

(Code Section 1250.
FOR THOSE ALREADY ENROLLED)

No. 479

DISABLED SOLDIER'S PENSION 1907.

Name M. R. Morris
County DeKALB
Co. A Regiment 38th Ga.
Disability Left Ankle
Amount, $ 2.50
1/23 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ COUNTY. }

I, _____, hereby authorize

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1906. _____ [L. S.]

Executed in the presence of

_____

_____

POWER OF ATTORNEY.

STATE OF GEORGIA, }
DeKALB COUNTY. }

I, _____, hereby authorize

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1907. _____ [L. S.]

Executed in presence of

_____

_____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb **County.**

Personally appears W R Warnock of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 9 day of Oct 1840; 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 Sargt in Company A, of 38th Regiment of Georgia Volunteers Gordon's Brigade; that whilst engaged in such military service in the State of Penn, on the 1 day of July 186 3, he was wounded, injured or diseased as follows:

Wounded in left ankle joint

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

Sworn to and subscribed before me, this the 15 day of January 1906.
James R George Ordinary

W R Warnock
Post-Office Dunwoody

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

State of Georgia,
De Kalb **County.**

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

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

James R George
Ordinary De Kalb County.

Affix your seal here

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

State of Georgia,
DeKALB. **County.**

Personally appears W R Warnock of DeK 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 9 day of Oct 1840; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Soldier in Company A, of 35 th Regiment of Georgia Volunteers Gordon's Brigade; that whilst engaged in such military service in the State of _____, on the 1st day of July 186_, he was wounded, injured or diseased as follows:

Left foot disabled Gettysburg, Pa.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of DeKA County, been allowed an invalid pension of Twenty Five 25 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 15 day of January 1907.
James R George Ordinary

W R Warnock
Postoffice Dunwoody Ga

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

State of Georgia,
DeKALB. **County.**

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

Given under my official signature and seal this 15th day of January 1907.

James R George
Ordinary DeKA County.

Affix your seal here

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

NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

Audited 18

COMPTROLLER-GENERAL.

DeKalb

Maimed Soldiers.

Voucher No. 2745

Amount $ 25 00

Paid to W R Warnock

For Foot disabled

Apl. 9 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

W M Ragsdale

Audited ..... 1891.

COMPTROLLER-GENERAL.

Warnock, W. R.

Lafayette

1891.

Maimed Soldiers.

Voucher No. 1848

Amount $ 25 00

Paid to W R Warnock

For Foot disabled

July 26 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W M Ragsdale

No. 2715

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., April 9 1890.

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

He is entitled to receive the sum of Twenty Five 00/ Dollars for such disability, the same being the allowance due for the year ending October 24, 1890.

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

GEO. T. GORDON
GOVERNOR.

By the Governor,
W. A. Harrison
CLERK EXECUTIVE DEPARTMENT.

$ 25 00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Twenty Five 00/ Dollars,

per above voucher, this 9 of April 1890

W. R. Warnock.
Per W. M. Rogsdale

1891.

No. 1848

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Febry 26 1891.

Mr. W R Warnock of the County of DeKalb having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for Foot dis'd

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

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

W. J. Northen
GOVERNOR.

By the Governor,
W. A. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

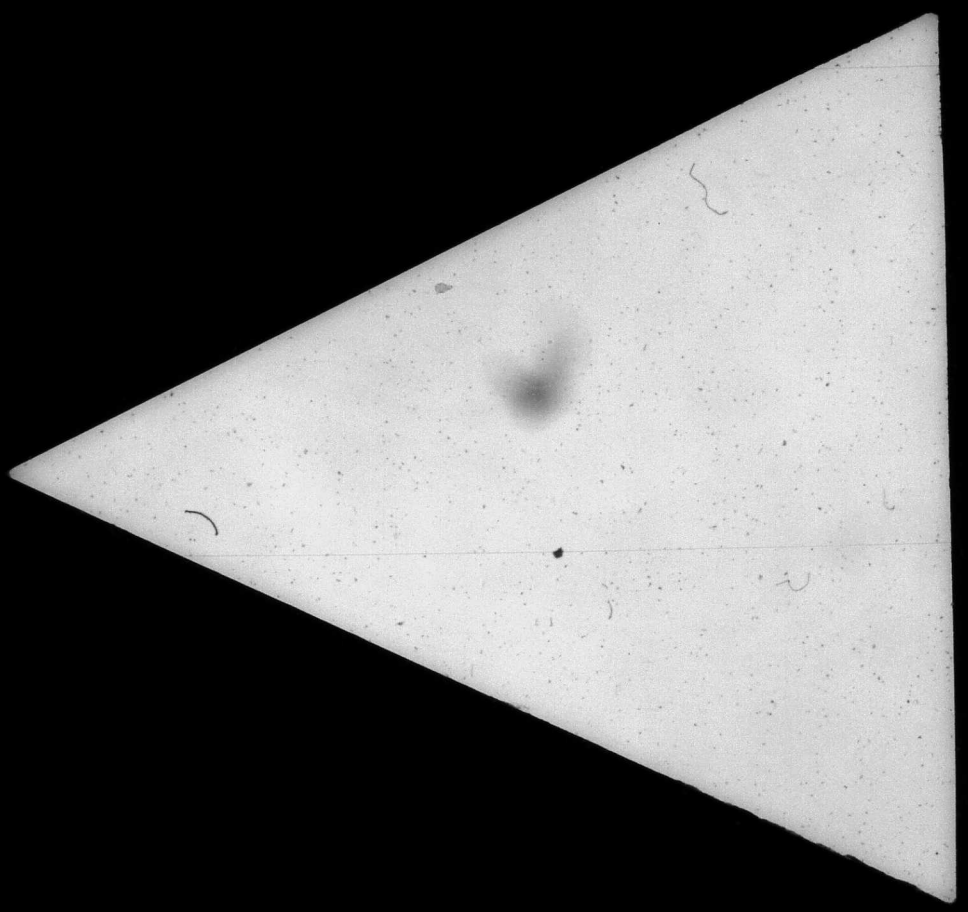
$ 25

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

Twenty Five Dollars,

per above voucher, this 26 of Feby 1891.

W R Warnock
Per W M Rogsdale



Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

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

Sworn under my hand and official seal of office this 4 day of Sept 1919

(SEAL) James L. George Ordinary,

DeKalb County.

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

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

3. Only widows who married prior to January 1st, 1881, are entitled.

4. ~~All affidavits must be sworn before the Ordinary of the residence of the party~~ to be sworn and certified by such Ordinary.

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

Warren Annie H.
DeKalb

No.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County DeKalb

Name Mrs. Fannie H. Warren

Widow of [illegible]

Company [illegible]

Regiment [illegible] Legion

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

WHEN PRESSED FOR BAD COPY

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George, Ordinary of said County, do certify that I know Mrs Annie H Warren 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 1907 that I also know [illegible] the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 4 day of Sept 1919

(SEAL) James R George Ordinary,
DeKalb County.

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

No.

Widow's Pension
Under Act 1910—as Amended by Act of 1919.

County DeKalb

Name Mrs Annie H Warren

Widow of Geo W Warren

Company D Phillips Legion

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,
DeKalb COUNTY.

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

1. What is your name, and where do you reside? Annie H Warren DeKalb Co Lithonia Ga
2. How long and since when have you been a continuing resident of the State of Georgia? 75 years all my life
3. When, where and to whom were you married? Nov 15th 1866 Newton County Ga Geo W Warren
   a. Have you married since the death of first and soldier husband? I have not
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) June 1861 Company D Phillips Legion
5. When and where did the commands of your husband surrender or discharge from the army? April 1865 Greensboro NC
6. Was your husband personally present at the time of the surrender or discharge of this command? I understand he was
7. If he was not present state clearly where he was? I understand with his Command
8. Where was his command when he left?
   a. For what cause did he leave his command?
   b. By whose authority did he leave his command?
   c. For how long was he granted leave of absence?
   e. What was his physical condition when he left his command?
   f. What effort did he make to return to his command?
   g. In what way was he prevented from going back to Command
   h. Was he captured by the enemy at any time?
   i. If so, when and where captured and where held as a prisoner, and when and for what cause released?
   j. When and where did your first husband die? Sept 26th 1915 Covington Ga
   k. Were you residing together when he died? We was
   l. If not, how long had you resided apart?
   m. Are you now a widow? I am
9. Have you or your husband heretofore been paid a pension by the State? I have not

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

Sworn to and subscribed before me this the 28 day of August 1919

Mrs Annie H Warren

James R George Ordinary
of DeKalb County.

(SEAL)

STATE OF GEORGIA,

Rockdale COUNTY.

Personally before me comes A F Sims Sr 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? A F Sims Sr Rockdale County PO Lithonia Ga

2. How long and since when have you known Mrs Annie N Warren applicant? all her Life 70 60 Years or more

3. How long and since when has she continuously resided in this State? (Give date.) all her Life 60 Years or more

4. When and to whom was she married? 1866 G W Warren How do you know? Lived in Settlement

5. How long and since when did you know G W Warren her husband? Since before the war in 1861 To 1865

6. When and where did G W Warren the husband of applicant, die? DeKalb Co Ga Sept 1915

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

8. If not, how long did they live apart before his death? Together Were they divorced? ~~For a time for the Purpose of Comm~~

9. When, where and in what Company and Regiment did G W Warren enlist? Phillips Legion June 1861 Newton Co Ga Co F Phillips Legion

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? 2 or 3 Years he then was Transfd to Comissary depart ment

12. When and where did his Command surrender, and was discharged? Greensboro N C Appril 26 1865

13. Were you personally present when it was surrendered? Yes If not, where were you Present and how came you there? with my Command

14. Was the husband of applicant personally present at surrender? ~~Not with us~~ If not where was he? ~~He had been transfd from Command~~ When, where and for what cause did he leave Command? (Give date.) Transfd Greensboro N C By whose authority did he leave his Command? Transfed And how long was he granted leave? He was Transfed How do you know all this? He was in my Command he Lost his Horse then Transfd to Comissary department Phillips Legion

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? I do not Know had been Transfd to Comissary dept

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? I do not Know

Sworn to and subscribed before me this the 12 day of August 1919

his
A F + Sims Sr
mark

6 F Cook Ordinary

of Rockdale County.

(SEAL)

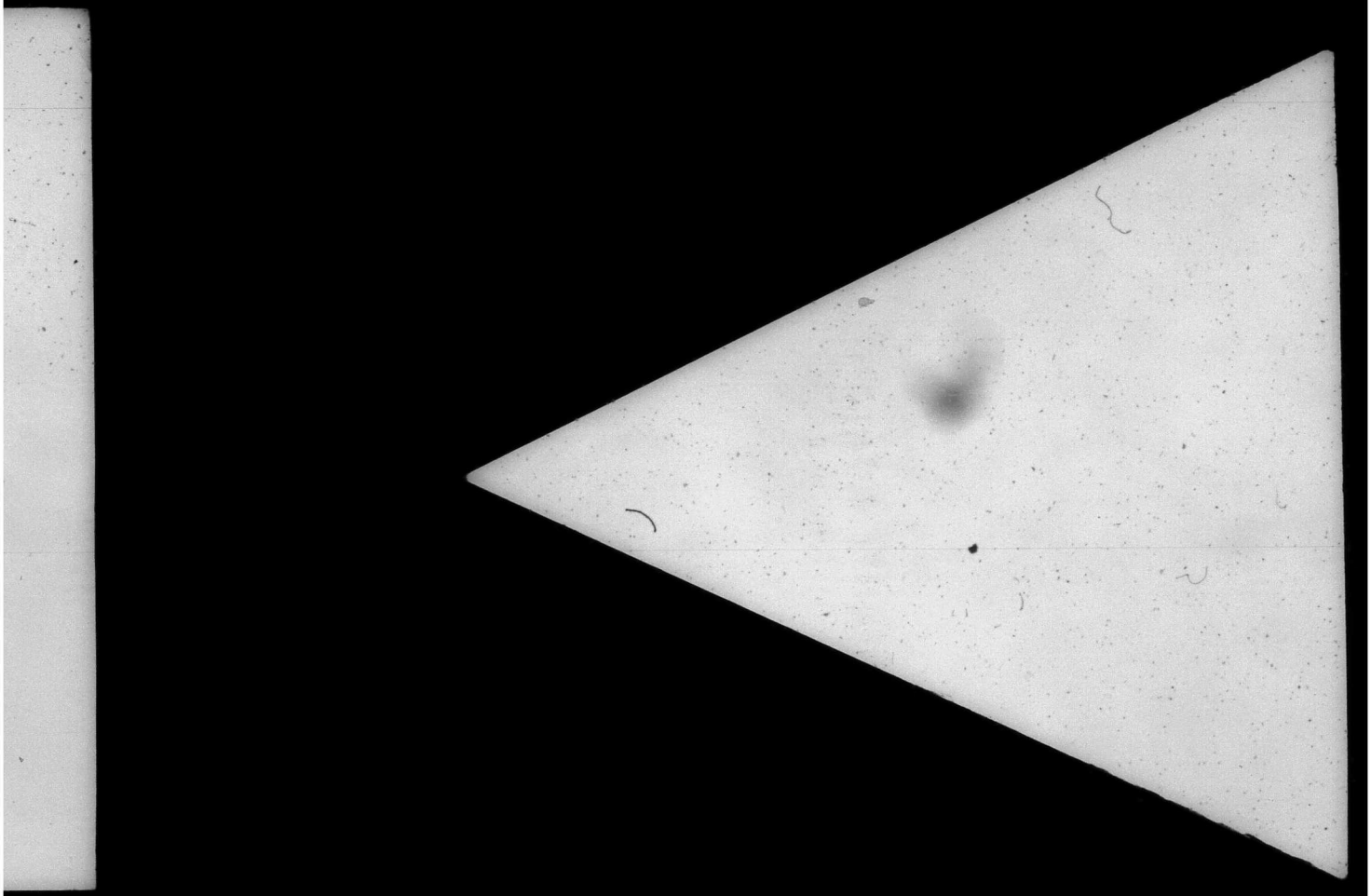
Georgia, DeKalb County.

Personally appeared before me, the undersigned, J. M. Warren, who being first duly sworn, says on oath: That he is personally acquainted with Mrs. Annie H. Warren, widow of G. W. Warren, and knows that said G. W. Warren and Mrs. Annie H. Warren lived together as man and wife since 1866 to the time of the death of said G. W. Warren, Deponent makes this affidavit of his own knowledge, as well as from general reputation in the neighborhood.

Sworn to and subscribed before me,)
this the 28th day of August, 1919)

J. M. his Warren
Mark

James P. George



Ordinary's Certificate

STATE OF GEORGIA, DeKalb COUNTY.

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

Sworn under my hand and official seal of office this 4 day of Sept 1919

James R George Ordinary
of DeKalb County.

(SEAL)

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

Warren J. M.
DeKalb Co.

No. 241,718

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County DeKalb WARREN
Name J. M. Warren
Company H
Regiment 5 Roswell Battalion
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

7/16-1919
7/17-1920

Pension Office,
March- 2, 1920.

J.M. Warren,
DeKalb Co.

Applicant must amend and state date of his furlough and for how long and for what cause. If sick with what sick and in what way sickness affected him and kept him away from duty. To say "Cut off" is no excuse for not returning to command. Must state where he was, where the enemy was and where his command was that cut him off and what effort he made to return. Then prove all his statements made in amendments to be true.

J.W. Lindsey,
Com. of Pensions.

STATE OF GEORGIA,
DeKalb COUNTY.

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

Sworn under my hand and official seal of office this 4 day of Sept 1919

James R George Ordinary
of DeKalb County.
(SEAL)

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

No.

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County DeKalb
Name J. M. Warren
Company A
Regiment 3 Roswell Battalion
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

7/17-1920

Pension Office,
March- 2, 1920.

J.M. Warren,
DeKalb Co.

Applicant must amend and state date of his furlough and for how long and for what cause. If sick with what sick and in what way sickness affected him and kept him away from duty. To say "Cut off" is no excuse for not returning to command. Must state where he was, where the enemy was and where his command was that cut him off and what effort he made to return. Then prove all his statements made in amendments to be true.

J.W. Lindsey,
Com. of Pensions.

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,
DeKalb COUNTY.

J. M. Warren 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) J. M. Warren DeKalb County: East Atlanta
2. How long and since when have you been a continuous resident citizen of this State? 74 all my life
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865?
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) July 1864 Conyers Ga Company A-3 Roswell Battalion
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) about 9 Months until Surrender
6. When and where was your Company and Regiment surrendered or discharged from the Service? April 1865 - Near Griffin Ga
7. Were you actually present with your command when it was surrendered or discharged? was not
8. If you were not actually present, state specifically and clearly where you were at Home on Sick Furlough
   a. Where was your command when you left it? near McDonough Ga
   b. When did you leave the command? March 1865
   c. For what cause did you leave? Sick Furlough
   d. By whose authority did you leave? Officers in Company & Doctors
   e. For how long was your leave granted? In what way? 30 days Sick
   f. Why did you not return to your command after leave expired? Still Sick
   g. In what way were you prevented? Cut off from command Still Sick
   h. What effort did you make to return?
   i Were you captured during the war? no
   j If so, when, and where? In what prison were you held and when were you released?
9. Are you drawing a pension of any amount from this State or the United States? no
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? I have not

Sworn to and subscribed before me, this the 29 day of August 1919

J. M. Warren
his Mark X

James R George Ordinary
of DeKalb County.
(SEAL)

Fulton COUNTY.

H H Stowers of said State and County is hereby presented as a witness in support of the application of J M Warren for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? H H Stowers Buckhead Atlanta Ga

2. How long and since when have you known J M Warren the applicant? 79 years all My life

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

4. When, where and in what Company and Regiment did J M Warren enlist during war from 1861 to 1865? (Give date and place.) July 1864 Conyers Ga A Company 3 Regiment Cavalry

5. How did you obtain your information of this Service? Member of same Company

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) July 1864 to close of War

7. When and where was his command surrendered or discharged (give date and place) Near Griffin Ga

8. Were you personally present at the surrender? was not wounded

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

10. Was the applicant personally present with his command at surrender? was Not

11. If not where was he and how came him there? at Home on Sick Furlough

12. When did he leave his command? March 1865 Where was his command when he left it? McDonough Ga For what cause did he leave? Sick

By whose authority did he leave Officers & Doctors in command and how long was he granted leave? I think 30 days How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically I was present & his Lieutenant Live in Same Neighborhood and Know he was at Home Sick

13. In what way was he prevented from returning to his command? he was not able to go Back How do you know? I Know it of my own Personal Knowledge

14. What effort did he make to return to his command and how do you know? was cut off from his Command Not able to go Back

15. Was applicant captured as a prisoner No If so, when and where?

In what prison was he held? and when released

H. H. Stowers

Sworn to and subscribed before me, this the 16 day of Sept 1919

Ordinary of Fulton County.

(SEAL)

(SEAL)

WARREN, J.M.
DeKALb Co.

For DeKalb County

1929

Application for Pension Due Deceased Pensioner

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

U. D. Morgan Ordinary

For J M Warren

Date of Death Jan 4. 1929

Amount $100.00

Approved and ordered paid OK

John W. Clark
18 Feby 29 JOHN W. CLARK, Commissioner of Pensions.

Received of U. D. Morgan and One Hundred and No/Dollars Funeral Expenses June 1929
Harry G. Poole
By [illegible]

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

M. Funeral expenses for Mr. James M. Warren (Deceased)

IN ACCOUNT WITH
HARRY G. POOLE.
FUNERAL DIRECTOR
96 S. PRYOR STREET
ATLANTA, GA.
WALNUT { 6358 6359

1896 1927

Jan. 24th, 1929

Jan. 4th, 1929

To,

Casket	$ 275.00
Embalming and services	25.00
Suit	40.00
Funeral Notices	8.10
Express Box to Cemetery	2.11
Pallbearer Gloves	1.50
Hearse	20.00
	$ 371.71

Georgia, Fulton County;-
Personally appeared before me Harry G. Poole, who says that the above and foregoing account is rendered for funeral expenses of Mr. James M. Warren, who died without owning sufficient property to pay this bill.

Harry G. Poole

J. R. Bannell
Notary Public Fulton County.

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

GEORGIA, ~~Fulton~~ DeKalb County.

Personally before me, the Ordinary of said County, comes Harvey G. Poole
~~Fulton~~ of said County, who, after being sworn, on oath says that he knew James M Warren of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in ~~Fulton~~ County, in this State, on the 24 day of January 192 9, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $371.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,
V. D. Morgan, Ordinary
DeKalb County
(Seal of Ordinary)

x Harvey G. Poole

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. D. Morgan, Ordinary of said County, do certify that I personally know Harvey Poole, who is a resident citizen of ~~Fulton~~ said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew J. M Warren while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Two Hundred ($200.00) Dollars in said County for 1928, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed In making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 25 day of Jan., 1929.
(Seal of Ordinary)
V. D. Morgan, Ordinary
DeKalb County

INSTRUCTIONS:

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)

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

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

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

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

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

Georgia, Fulton County.

Personally appeared before me, the undersigned officer, H. H. Stowers who being duly sworn, says on oath: That he knows the applicant, J. M. Warren, that he was a member of the same Company and Regiment. That said J. M. Warren was granted a furlough on or about the 10th day of March, 1865, and said furlough was granted for 30 days, that said J. M. Warren was afflicted with rheumatism and the furlough was granted for that reason. Said J. M. Warren was at home and the Rheumatism was so bad that said Warren could not return to his command, which was near McDonough when he was furloughed. That Sherman's Army was between the home of said J. M. Warren and McDonough and if the applicant had attempted to return to his command it would have been impossible for him to reach it.

The said H. H. Stowers further swears that he knows all these facts by reason of being in the same command and also being a near neighbor of said Warren and he knows them all to be true.

H H Stowers

Sworn to and subscribed before me,
this the 8th day of July, 1920.
Arthur R Wearbut
C.C. Ordinary

Georgia, DeKalb County.

Personally appeared before me, the undersigned, J. M. Warren, who being duly sworn, says on oath: That I was furloughed on or about the 10th day of March, 1865, while my command was at or near McDonough, Georgia, and that said furlough was granted to me for 30 days on account of my having rheumatism.

That I went home on said furlough and while at home Sherman's forces occupied the territory between my home in DeKalb County and the place where I left my command at McDonough. That the rheumatism got worse instead of better, and for that reason and the further fact that the enemy was between me and my command prevented my return to my said command.

Sworn to and subscribed before me,) J. M. his X mark Warren
this 8th day of July, 1920.)

James R. Gerrard
Ordinary DeKalb County, Ga.

DISAPPROVED.

NAME Warren, James M. YEAR 1910 COUNTY DeKalb

WHEN AND WHERE BORN? January 20, 1845, Georgia.

ENLISTED WHEN AND WHERE? Aug. 2, 1864, Conyers, Georgia.

RANK.

COMPANY AND REGIMENT? Zackery's /Co. B, 3d Ga. Battalion State Militia

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Command surrendered March 1865, near Macon, Ga.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? at Home on furlough

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. C. W. Powell,-Same Command--No data.

m.t.

NAME Warren, J. M. YEAR 1920 COUNTY Dekalb

WHEN AND WHERE BORN? A resident of Georgia since birth, 1845.

ENLISTED WHEN AND WHERE? July 1864, Conyers, Ga.

RANK.

COMPANY AND REGIMENT? Co. A. 3rd Roswell Battalion. Ga. Reserves

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Command, April 1865, Griffin, Ga.

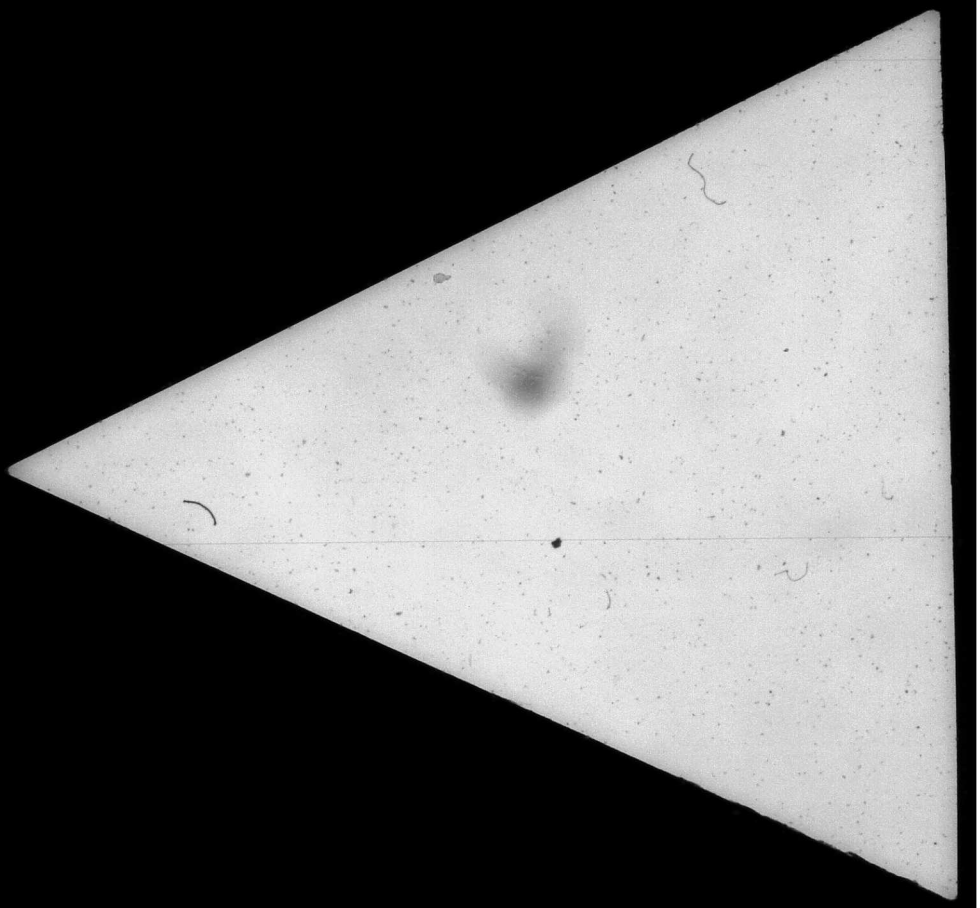
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Home, on sick furlough. Left command March 1865, McDonough, Ga. with rheumatism. Had been given 30 days furlough, but was unable to rejoin his command at the expiration of furlough.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. H. H. Stowers - Same command - No data.

ih



Form No. 2.

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

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Rebecca Warren the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Edmond P. Warren deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 23rd day of Jan 1894.

SEAL

W. M. Ragsdale Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

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

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

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to me at , and oblige

Warren, Rebecca
De Kalb County

FOR THOSE HERETOFORE PAID.

1894.

No. 1109

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. Rebecca Warren

—OF—

De Kalb County.

WARRANT ISSUED

1894.

AND HANDED TO

GEO. W. HARRISON, State Printer, Atlanta.

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Rebecca Warren the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Edmond P. Warren deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 23rd day of Jan 1894.

[SEAL] W. M. Ragsdale Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

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

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

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to me at , and oblige

Warren Rebecca
Ky Dekalb County

FOR THOSE HERETOFORE PAID.

1894.

No. 11891

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. Rebecca Warren

—OF—

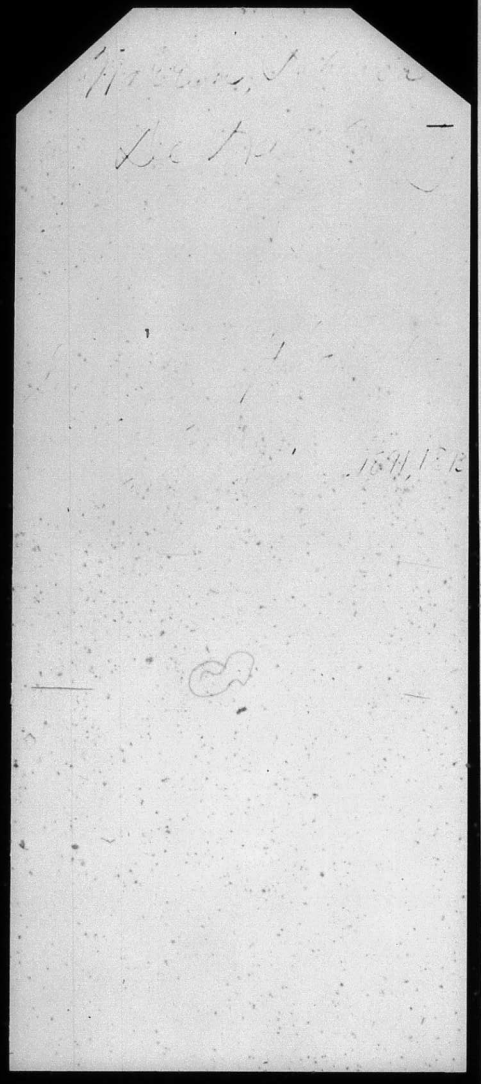
De Kalb County.

WARRANT ISSUED

1894,

AND HANDED TO

GEO. W. HARRISON, State Printer, Atlanta.



For Widows heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Rebecca Warren,

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since 1819. That she is the Widow of Edmond P. Warren who was a Soldier in Company E of the 66th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of 1862 and served in the Army up to Dec 1864. That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (Had congestive chills and died while in camp at Dalton Ga. on the 15th of Feb 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 1850; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this 23rd day of Jan 1894.
W M Ragsdale Ordinary.

her
Rebecca X Warren
mark
Post-office Clarkston Ga.

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

STATE OF GEORGIA, County of De Kalb

I, W.M. Ragsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Rebecca Warren the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890 and has not lived out of the State since that date. That she is the widow of E.P. Warren deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 24th day of Jan 1895.

{SEAL} W.M. Ragsdale, Ordinary.

Form No. 3

POWER QF ATTORNEY.

STATE OF GEORGIA, County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1895. [L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to me at , and oblige

FOR THOSE HERETOFORE PAID.

1895.

No. 998

WIDOW'S PENSION,

for year ending Febuary 15th, 1895.

PAID TO

Mrs. Rebecca Warren

—OF—

widow of E.P. Warren County.

WARRANT ISSUED Jan 28 1895

AND HANDED TO

Geo. W. Harrison, State Printer.

Warren, Rebecca
De Kalb County

STATE OF GEORGIA, County of De Kalb

I, W.M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Rebecca Warren the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of E.P. Warren deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

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

{SEAL} W.M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

I, Rebecca Warren hereby authorize W.H. Warren of De Kalb Co to receive and receipt for the pension paid hereon and request that he remit same to — — — at —

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 27th day of Jan 1896.

Rebecca X Warren [L.S.]
her mark

Executed in the presence of
W.D. Candler
W.M. Ragsdale,
Ordinary.

FOR THOSE HERETOFORE PAID.

1896.

No. 1703

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Mrs. Rebecca Warren

OF

De Kalb County.

widow of E.P. Warren,

WARRANT ISSUED 27 1896.

AND HANDED TO

Geo. W. Harrison, State Printer.

Form 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb

Personally Comes Mrs. Rebecca Warren,

who being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has *resided* in said State continuously ever since 18[illegible] That she is the Widow of E. P. Warren who was a Soldier in Company E of the 66th Regiment of Geo Volunteers, that he enlisted in said Regiment on or about the month of July 1863 and served in the Army up to Oct 1864 That he lost his life on the 15th day of Feb 1864, (*State here full particulars of the husband's death, when, where and from what cause.*) (Had congestive chills while in service and died at Dalton, Geo. on date given above.)

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1835, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 25th day of Jan 1895. [illegible] Ordinary.

her Rebecca X Warren mark

Post-office Charleston Ga

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb

Personally Comes Mrs. Rebecca Warren,

who being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since all her life 18 That she is the Widow of E. P. Warren who was a Soldier in Company E of the 66th Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of July 1863 and served in the Army up to 1864 That he lost his life on the 15th day of February 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) (Had congestive chills while in service and died of the disease at Dalton Georgia on date given above

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1844, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of DeKalb County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this 27th day of Jan 1896. [illegible] Ordinary.

her Rebecca X Warren mark

Post-office Charleston Ga

STATE OF GEORGIA, County of DeKalb

I, T. M. Ragsdale, Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Rebecca Warren the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Edward P. Warren deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 22d day of Jan 1897.

SEAL

T. M. Ragsdale, Ordinary.

Form No. 8.

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb County.

I, Rebecca Warren hereby authorize W. H. Warren of DeKalb to receive and receipt for the pension paid hereon and request that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this 22d day of Jan 1897.

her
Rebecca x Warren [L. S.]
mark

Executed in the presence of

R. F. Rangeer
T. M. Ragsdale,
Ordinary.

Warren Rebecca
DeKalb County

FOR THOSE HERETOFORE PAID.

1897.

No. 2200

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO Mrs. Rebecca Warren

OF DeKalb County.

widow of Edward P. Warren

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED 2/2 1897,

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

State of Georgia, DeKalb County.

I, Rebecca Warren hereby authorize W. H. Warren of DeKalb to receive and receipt for the pension paid hereon and request that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this 12th day of Jan 1898.

her
Rebecca x Warren [L. S.]
mark

Executed in the presence of

T. J. Goza
T. M. Ragsdale,
Ordinary.

Warren Rebecca
DeKalb County

For Those Heretofore Paid.

1898.

No. 2566

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO Mrs. Rebecca Warren

OF DeKalb County,

Widow of E. P. Warren

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED 2/1 1898.

AND HANDED TO W. H. Warren

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. R Warren

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Dec 18 19 That she is the Widow of Edward P Warren who was a Soldier in Company E of the 66th Regiment of Ga Volunteers, that enlisted in said regiment on or about the month of Oct 1863, and served in the Army up to Oct 1864 That he lost his life on the 15th day of Feb 1864 (State here full particulars of the husband's death, when, where and from what cause.)

Had a congestive chill while in service and died at Dalton Ga on the 15th

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 1841, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 23d day of Jan 1897. W M Ragsdale, Ordinary.

her
Rebecca X Warren
mark
Post-office Clarkston, Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. Rebecca C Warren

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Dec 10th 1819 That she is the Widow of E. P. Warren who was a Soldier in Company E of the 66th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of July 1863 and served in the Army up to Feb 1864 That he lost his life on the 15th day of Feb 1864 (State here full particulars of the husband's death, when, where and from what cause.)

Had congestive Chill and died at Dalton Ga while in service

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1841.

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

Sworn to and subscribed before me, this 13th day of Jan 1898. W M Ragsdale, Ordinary.

her
Rebecca X Warren
mark
Post-Office Clarkston

State of Georgia, De Kalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca Warren who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the ____ day of ____ 18__

Given under my official signature and seal this the 13 day of Jan 1898.

W M Ragsdale.

Official Seal.

Ordinary of De Kalb County.

POWER OF ATTORNEY.

State of Georgia,
De Kalb County.

I, Rebecca Warren hereby authorize W J Warren
of De Kalb
to receive and receipt for the pension paid hereon and request that he remit same to
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13
day of Jan 1899.

her
Rebecca X Warren [L. S.]
mark

Executed in presence of
1 Irwin L Trd
W. W. Ragsdale
Ordinary.

Warren, Rebecca
De Kalb Co

For Those Heretofore Paid.

1899.

NO. 2275

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. Rebecca Warren

OF
DeKalb County
Widow of Edward Warren

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
2/15 1899.
AND HANDED TO
W J Warren

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, Rebecca Warren hereby authorize W J Warren
of De Kalb
to receive and receipt for the pension paid hereon and request that he remit same to
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16
day of Jan 1900.

her
Rebecca X Warren [L. S.]
mark

Executed in presence of
J H Jackson
W. W. Ragsdale,
Ordinary.

Warren, Rebecca
De Kalb County

To Those Heretofore Paid.

1900.

NO. 607

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. Rebecca Warren

OF
De Kalb County,
Widow of Ed C Warren

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feb 13 1900,
AND HANDED TO
W J Warren

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. Rebecca Warren

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Dec 10 1819 That she is the Widow of Edward Warren who was a soldier in Company E of the 66 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Aug 186 3 and served in the Army up to 186 That he lost his life on the 15 day of Feb 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) Had a congestive chill and died while in service at Dalton Ga

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1856.

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

Sworn to and subscribed before me, this 13 day of Jan 1899. W M Ragsdale Ordinary.

her Rebecca X Warren mark
Post-Office

State of Georgia, DeKalb County. } I W. M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca Warren who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 10 day of Dec 1819

Given under my official signature and seal this the 13 day of Jan 1899.

W M Ragsdale
Ordinary of DeKalb County.

Official Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. Rebecca Warren

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Dec 10th 1819. That she is the Widow of E. P. Warren who was a soldier in Company E of the 66th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of July 1863 and served in the Army up to 1864 That he lost his life on the 15th day of Feb 1864 (*State here particulars of the husband's death, when, where and from what cause*) Had congestive Chill and died at Dalton

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1841.

I have been allowed a pension as a resident of DeKalb County for the year ending February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 16 day of Jan 1900. W M Ragsdale Ordinary.

her Rebecca X Warren mark
Post Office

State of Georgia, DeKalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca Warren, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 10 day of Dec 1814

Given under my official signature and seal, this the 16th day of Jan 1900.

W M Ragsdale
Ordinary of DeKalb County.

Official Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, Mrs Rebecca Warren hereby authorize
W. M. Ragsdale of De Kalb Co
to receive and receipt for the pension paid hereon and request that he remit same to
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th
day of Jan 1901.

her
Mrs Rebecca X Warren [L. S.]
mark

Executed in presence of
J E Thompson
W E Suggle

To Those Heretofore Paid.

1901.

No. 348

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. Rebecca Warren

OF
De Kalb County.
Widow of E. P. Warren

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Jan 21 1901,
AND HANDED TO

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

Regular

Warren, Rebecca
De Kalb Co Ga

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, Rebecca Warren, hereby authorize
W. M. Ragsdale of De Kalb County
to receive and receipt for the pension paid hereon, and request that he remit same to
at

In Witness Whereof, I have hereunto set my hand and seal, this 17
day of Jan 1902.

her
Rebecca X Warren [L. S.]
mark

Executed in presence of
J M Thompson

Warren, Rebecca
De Kalb County

To Those Heretofore Paid.

1902.

No. 629

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs Warren Rebecca

OF
De Kalb County,
Widow of E P Warren

Co. E Regiment 66

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
6/2/ 1902
AND HANDED TO
Daly

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb | Personally Comes Mrs. Rebecca Warren

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since. Dec 10th 1819. That she is the Widow of E. P. Warren who was a soldier in Company E of the 66th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of July 1863 and served in the Army up to. Feb 1864. That he lost his life on the 15th day of Feb 1864. (*State here particulars of the husband's death, when, where and from what cause*) died. consumption Chattanooga, While in service died died at Dalton Ga.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1841

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

Sworn to and subscribed before me, this 9th day of Jan 1901. W M Ragsdale Ordinary. | her Rebecca X Warren mark Post Office Clarkston Ga

State of Georgia, De Kalb County. | I, W. M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca Warren, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 10 day of Dec 1819.

Given under my official signature and seal, this the 9th day of Jan 1901.

W M Ragsdale

Official Seal.

Ordinary of De Kalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb | Personally comes Mrs. Rebecca Warren

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Dec 10th 1819. That she is the Widow of E. P. Warren who was a soldier in Company E of the 66 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of July 1863 and served in the Army up to Feb 1864. That he lost his life on the 15 day of Feb 1864 (*State here particulars of the husband's death, when, where and from what cause*) died of consumption at Dalton Ga. died died of same

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1841.

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

Sworn to and subscribed before me, this 15 day of Jan 1902. W M Ragsdale, Ordinary. | her Rebecca X Warren mark Post-Office

State of Georgia, De Kalb County. | I, W. M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca Warren, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the 10 day of Dec 1819.

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

W M Ragsdale

Official Seal.

Ordinary of De Kalb County.

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

STATE OF GEORGIA,
DeKalb COUNTY.

I, Rebeca Warren, hereby authorize
Wm Rogsdale of DeKalb co
to receive and receipt for the pension paid hereon, and request that he remit same to
him at Lecain

In Witness Whereof, I have hereunto set my hand and seal, this 5
day of June 1903.

her
Rebeca X Warren [L. S.]
mark

Executed in presence of
A M Nash
W C Bruce

Warren, Rebeca,
DeKalb County.

To Those Heretofore Paid.

1903.

No. 277

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. Rebeca Warren

DeKalb County,
Widow of E P Warren
Co. E Regiment 66 4

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
12-3 1903.
AND HANDED TO
Addy

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

STATE OF GEORGIA,
DeKalb COUNTY.

I, Rebecca Warren, hereby authorize
James R Jones of DeKalb County
to receive and receipt for the pension paid hereon, and request that he remit same to
at Decatur Ga

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

her
Rebecca X Warren [L. S.]
mark

Executed in presence of

Warren, Rebecca
DeKalb County.

TO THOSE HERETOFORE PAID.

1904.

No. 287

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904.

PAID TO
Mrs. Rebeca Warren

of
R E Walk County,
Widow of E P Warren
Co. E Regiment 66

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1 Dec 1904,
AND HANDED TO
Addy

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally comes Mrs. Rebecca Warren

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Dec 10th 1819. That she is the Widow of E. P. Warren who was a soldier in Company E of the 66 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of July 186 3, and served in the Army up to Feb 186 4. That he lost his life on the 15th day of Feb 1864 (State here particulars of the husband's death, when, where and from what cause.) Had Conjestion Chill while in service and died at Dalton Ga

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1841

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

Sworn to and subscribed before me, this 9 day of Jan 1903. W M Ragsdale Ordinary. } her Rebecca x Warren mark. Post-Office Clarkston

State of Georgia, De Kalb County. } I, W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca Warren, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 10 day of Dec 1819

Given under my official signature and seal, this the 9 day of Jan 1903.

(Official Seal.) W M Ragsdale Ordinary of De Kalb County.

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of DeKalb } Personally comes Mrs. Rebecca Warren.

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Dec 10, 1819. That she is the Widow of E. P. Warren who was a soldier in Company E of the 66 Regiment of July Volunteers, that he enlisted in said regiment on or about the month of July 186 3, and served in the Army up to July 186 3. That he lost his life on the 13 day of July 1864 (State here particulars of the husband's death, when, where and from what cause.) Had conjestion Chill at Dalton ga

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1841

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

Sworn to and subscribed before me, this 19 day of Jany 1904. James R George Ordinary. } her Rebecca x Warren mark. Post Office.

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Rebecca Warren who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 10 day of Dec 1819

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

(Official Seal.) James R George Ordinary of DeKalb County.

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

Dr. P. L. Collingsworth

To Attending Mrs. Rebecca Warren
In her last illness
On January 7th 1905 - $3.00
" " " " One Coffin 45.00
$45.00

Georgia
Dekalb County } Personally came
before me W. N. Warren a son
of Mrs Rebecca Warren Deceased
who on Oath says the above
account is just and true
Sworn to and subscribed
before me August 4th 1905 -
James R George } W. N. Warren
Ordinary

Georgia, _____ **County.**

I hereby authorize and constitute _____

of _____ County, my lawful attorney, to collect and receipt for me in my name, the Pension due to _____ for 190 now deceased, who was on the _____ Pension Roll from said County at his death.

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

ATTEST BY

_____

Note 1.- Use this Blank only when the Pension is wanted to pay funeral expenses.

WARREN, REBECCA
#26 DEKALB CO

Application for Pension Due
Deceased Pensioner,
Under Act 1904.

Jas R George Ordinary,
For Rebecca Warren
of DeKalb County,
Of Co. _____ Regiment.

Approved and Ordered Paid
Aug 4 1905
J. W. LINDSEY,
Commissioner of Pensions.

Warren, Rebecca
De Kalb County

Application for Pension Due to a Deceased Pensioner,

Under the Act of August 15, 1904, to be paid to the Ordinary for Funeral Expenses and Expenses of Last Illness.

Georgia, Dekalb **County.**

Personally before me, the Ordinary of said County, comes _____ of said County, who, after being sworn on oath, says that he knew Mrs Rebecca Warren of said County, and that she was on the widows Pension Roll County at the time of his death, which occurred in Dekalb County, in this State, on the 7th day of Jany 1905, and that a Pension of Sixty $60.00 Dollars was due and unpaid at the time of his death. That he left no widow or dependent children surviving him, and no estate of any value sufficient to pay his funeral expenses, which amounted to the sum of Forty Eight Dollars, as per a sworn statement, itemized, hereto attached.

Sworn to and subscribed before me, this _____ day of _____ 190_

_____ Ordinary,

_____ County.

James R. George
Ordinary

Georgia, Dekalb **County.**

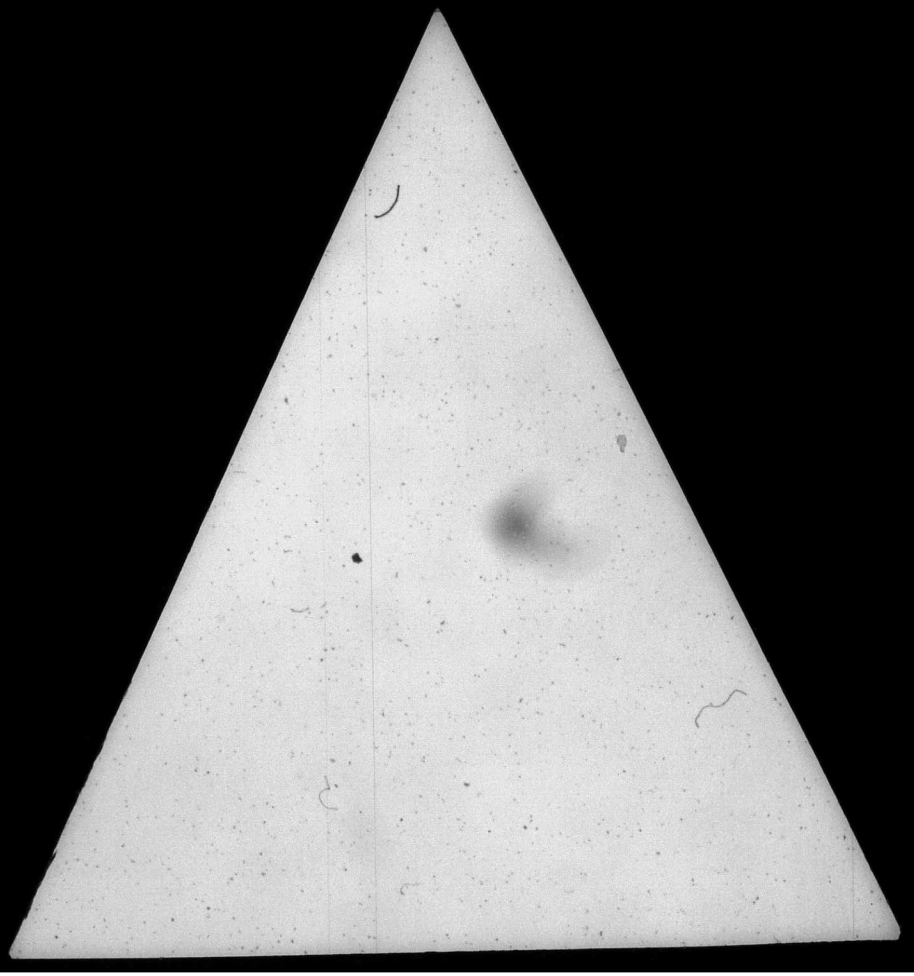
I, James R. George, Ordinary of said County, do certify that I personally know W. A. Warren, who is a resident citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Mrs. Rebecca Warren while in life; that he was the same person whose name appears on the Widows Pension Roll of Dekalb County, and was paid a Pension of Sixty Dollars in said County for 190 4 and I now believe him to be dead.

Given under my hand and official seal, this 9 day of March 1905

James R George Ordinary,
Dekalb County.

Duluth County.



Warren W. H.
De Kalb County

OK for 1911

No. .....

Confederate
Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name W H Warren

Company K 2nd Ga Reserves

Regiment .....

Approved .....

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

Warren W. A.
Dekalb County
Ga
Oct 7 1911
No. 1

Confederate Soldier's Application.

UNDER ACT 1910.

County Dekalb

Name W A Warren

Company F 1st Ga Rangers

Regiment

Approved

J. W. LINDSEY.
Commissioner of Pensions

(MAIN P. BYRD, State Printer, Atlanta.)

Rangers 2 Ga

Questions for Applicants to Answer.

STATE OF GEORGIA,
[redacted] County.

W. A. Warren 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) W A Warren - Dekalb Co Stone Mountain Ga
2. How long and since when have you been a continuous resident citizen of this State? 63 years Nov 27th 1847
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Georgia Rangers
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) May 1864 - Stone Mountain Ga Company H - 2 Ga
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) one year
6. When and where was your Company and Regiment surrendered or discharged from the Service? April 1865 - Albany Ga
7. Were you actually present with your Command when it was surrendered or discharged? I was
8. If you were not actually present, state specifically and clearly where you were. present

   a. Where was your Command when you left it? did not leave
   b. When did you leave the Command? At Surrender
   c. For what cause did you leave? war closed
   d. By whose authority did you leave? ~~~
   e. For how long was your leave granted? In what way? ~~~
   f. Why did you not return to your Command after leave expired? ~~~
   g. In what way were you prevented? ~~~
   h. What effort did you make to return? ~~~
   i. Were you captured during the war? I was not
   j. If so, when, and where? In what prison were you held and when were you released? ~~~

9. What property of every discription was owned, in the use, possession and control of yourself [redacted] and its cash value on the 4. Nov. 1908? (Make list by items and value.) none
10. What property of any kind have you or [redacted] disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? I have no Property
11. What property of any discription of any kind, and of any value now owned and in the use, possession and control of yourself [redacted] and its cash value? (Make itemized list). Had non to dispose of
12. What annual or monthly income or earnings of yourself and [redacted] and the source derived have you? $3 per Month
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? I have Not

Sworn to and subscribed before me, this the 27 day of August 1910

W. A. his X Mark Warren

James R. Geary Ordinary
of Dekalb County.

STATE OF GEORGIA,

DeKalb County.

E A. Branchamp of said State and County is hereby presented as a witness in support of the application of ..... for the pension provided by the Act of 1910, 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? E A Branchamp Stone Mountain Ga
2. How long and since when have you known W Hawarren the applicant? 50 years since I was a Boy
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? Stone Mountain Ga DeKalb Co 63 years all his life
4. When, where and in what Company and Regiment did Warren enlist during war from 1861 to 1865? (Give date and place). May 1864 Stone Mountain Ga Co H 2 Ga Cavalry
5. How did you obtain your information of this Service? I was in same Company & Regiment Know it of My own Knowledge
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) one year from May 1864 to April 1865
7. When and where was his Command surrendered or discharged (give date and place) April 1865 Albany Ga
8. Were you personally present at the Surrender? I was Present
9. If not, where were you and how came you there? .....
10. Was the applicant personally present with his Command at surrender? He was
11. If not where was he and how came him there? Present till Surrender
12. When did he leave his Command? did not leave Where was his Command when he left it? ..... for what cause did he leave? was elected
By whose authority did he leave Surrender and how long was he granted leave? ..... How do you know all that you have stated to be true? If of your own Knowledge (Tell clearly and specifically) I was Present Know it of My own Knowledge
13. In what way was he prevented from returning to his Command? did not leave How do you know? I was Present
14. What effort did he make to return to his Command and how do you know? did not leave Command
15. Was applicant captured as a prisoner NO If so, when and where? .....
In what prison was he held? ..... and when released? .....

Sworn to and subscribed before me, this the 27 day of August 1910

E. A. Branchamp

James R George Ordinary of DeKalb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

..... County.

Personally before me come Applicant Has No Property who on oath says that they are free holders residing in said County and we know James R George Ordy the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov.
2. When and to whom was it sold or given to? .....
3. What was the price paid or stated to be paid? .....
4. What relation is the party to applicant? .....
5. What disposition was made of the proceeds of the sale? .....
6. Was the disposition of this property made in good faith and full values? .....

or was it made to obtain a pension? .....

Sworn to and subscribed before me, this the .....

..... day of ..... 191... .....

..... Ordinary.

of ..... County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb County.

I, James R George Ordinary of said County, certify that I know the applicant W Hawarren for Pension is the person he represents himself to be and resides in said County. That I also know E A Branchamp the witness swearing to the service and No Property who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of DeKalb shows that W H Warren and wife value for tax is in 1908 $ none for 1909 $ none for 1910 $ none

Sworn under my hand and official seal of office this ..... day of ..... 191...

James R George Ordinary of DeKalb County.

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

NAME Warren, W. H. YEAR 1911 COUNTY De Kalb.

WHEN AND WHERE BORN? Resident of Georgia since November 27th 1847. 63 years.

ENLISTED WHEN AND WHERE? May1864, Stone Mountain , Georgia.

RANK

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

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 1865 Albany, Georgia.

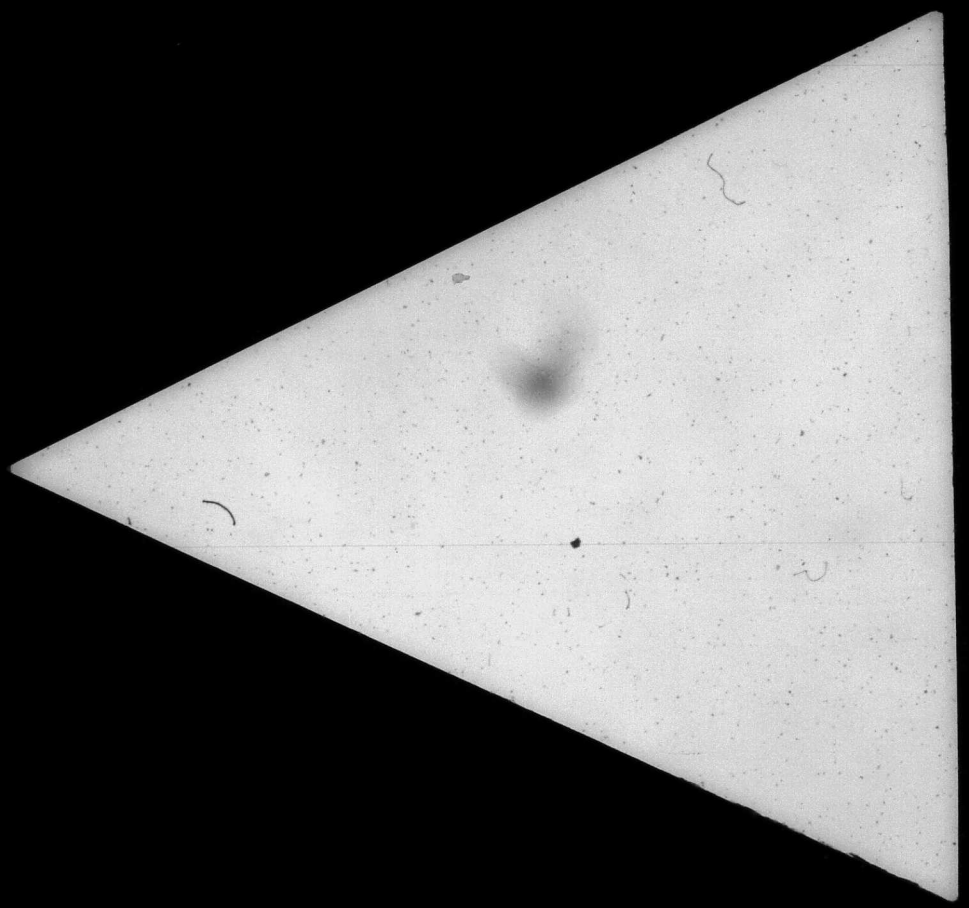
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. E. A. Beauchamp- Same command- No data.

CB



Warwick, Ga

DeKalb G.,

Mc Smith — Coon dist.

Code Section 1250.

Span Co

Not

Cancel 1906

INVALID

Soldier's Pension

1902.

1906

Name E A Warwick

County DeKalb Scar.

Co. G. Cobbs Legion Regt.

Disability Arm

Amount, $ 12

_____ _____ 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

8/16-1902

1/18/04

1/15/05

Pension Office —[illegible]

The fact of a [illegible]
[illegible] stricken off [illegible]
[illegible] entitled [illegible]
[illegible] and [illegible]
[illegible] all purposes [illegible] willing to [illegible]
[illegible] bled pension.

J.W.Lindsey,
Com. of Pensions.

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, Edwin A Warwick, hereby authorize W M Ragsdale of DeKalb Co. to receive and receipt for the pension allowed and request that he remit same to me by Mail Care Mrs Sarah Lee at Atlanta Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of August 1902.

Edwin A Warwick [L.S.]

Executed in the presence of
W M Ragsdale

STATE OF GEORGIA,
DeKalb County.

I, Edwin a Warnick hereby authorize W m Ragsdale of DeKalb Co. to receive and receipt for the pension allowed and request that he remit same to me by Will Callaway at Decatur Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of August 1902.

Edwin a Warnick [L.S.]

Executed in the presence of
W. E. Burgess

Pension Office -8-18-1902
The fact of a total disability
Partial disability of other than
Permanently disabled
Totally and permanently
All pensioned
Old pensioned

J. W. Lindsey.
Com. of Pensions.

Warnick, Ed
DeKalb Co.
Will Lindsay - Cor. with
Code Section 1250.
Span. War
Not
Wid. Mar. 12 1902

INVALID
Soldier's Pension
1902.
1 qtr

Name E A Warnick
County DeKalb
Co. G, 4th Ga. Regiment
Disability
Amount, $ 6
1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

8-19-1902
11-5-1902
11-18-04

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

STATE OF GEORGIA,
DeKalb County.

Personally appears Edwin a Warnick of said DeKalb County, State of Georgia, who being duly sworn, says on oath that he was born on the 26th day of October 1844, that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the 26th day of October 1844, that he enlisted in the military service of the Confederate States (or the State of Confederate State) on the 15th day of April 1862 during the war between the States, and served in Company "G" of Cobb Ga Legion Cavalry Volunteers 4th Regiment of Gil C M B Jones Brigade, and was honorably discharged on the 26th day of April 1865; that whilst engaged in such military service, and in line of duty in the State of South Carolina on the 26th day of February 1865 he was disabled or wounded as follows: Was disabled by a Gun Shot Wound in the left Elbow Joint Smashing the bone in the Joint and causing him to be permanently disabled the Elbow bearing Stiff and no use to him - In a Cavalry fight Near Flat Rock Lancaster Co South Carolina - between the Confederate Cavalry under Gil Wade Hampton and the Federal Cavalry under Gil Sherman

Where was command Surrendered? Greensboro NC Surrender

Was applicant present? Was not present - If not, where was he? Hospital Charlotte NC How come there? Sent there for Treatment

And by whose authority? State fully: By Dr Bradley Ass Brigade Surgeon - he sent one man with Warnick to take him to the Hospital Charlotte N C

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, 1902.

Sworn to and subscribed before me, this the 19 day of July 1902.

W M Ragsdale
Ordinary.

Edwin A Warnick

Post Office Blankston Ga

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

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County J N Langston
W J M Daniel & J C Huff and
personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say,
under oath, that they are personally and well acquainted with Edwin A Warwick
whose application is herewith presented for a pension, that he has resided in this State continuously since the
day of 18, that he served in Company Cobbs of the
Legion Regiment of Ga Cav Brigade, and from our personal knowledge, he
while in line of duty, was injured by the service as follows: (*give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.*)

He was shot in a Cavalry fight between
Hamptons Cavalry and Sheridan Cavalry near
Flatrock Lancaster County South Carolina
the latter part of January 1865. He belonged
to the same Company Fulton Dragoons
known as Co G Cobbs Georgia Legion Cavalry
General Hamptons Corps.
Mr. Warwick served in Cobbs Legion
Georgia Calvary from April 1862 up to the
time he was disabled by wound in the
left Elbow permantly disabling him
He was personally known to me same of us
having served with him three years was a
good and faithful Soldier (Con)

Where was applicant's command surrendered? Greensboro North Carlina

Was he with it? No Were all of you present? None us present

If not, where was he? Wounded in Hospitle at Charlott N C

Where were you all? J. J. H. Langston was Wounded in Hospitle at the time of Surrender. I & J C Huff with Command

How do you know the facts you state to be true? Was present he Was Wounded

We personally know above stated facts. We were with him in the Army and have known him ever since. He was honorably discharged or retired from the service on 26 day of April 1865. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1865. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 5th day of August 1902.
John R Wilkinson
Ordinary.

J. J. Langston
W J M Daniel
J. C. Huff

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

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY comes before me W M Ragsdale Ordinary of said County,
P. D. Collinsworth and E. S. Branyon, both known to
me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully
examined E A Warwick and after such personal examination, say that the present
condition of applicant is as follows: Partial Paralysis of the
left elbow joint from a gun shot wound
Ball passed entirely through the joint
severing the tendons of the extensor muscles
and otherwise damaging the joint rendering
the arm substantially and essentially useless which makes
the left arm totally disabled for labor
and that such condition is permanent. Said condition arises from the following facts: as stated above

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

Sworn to and subscribed before me, this 1st day of Aug 1902.
W M Ragsdale
Ordinary.

P. D. Collinsworth M.D.
E. S. Branyon M.D.

NOTE 1.—*State fully the physical condition and especially the extent of disability. If disability results from wound or*

Form 4.

STATE OF GEORGIA,
Fulton County.

I, John R Wilkinson, 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 he is disabled, as he claims,* and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the day of 18
I also certify that the witnesses, to-wit: J N Langston W J M Daniel
and J C Huff are persons of respectability, that their statements are worthy of full credit and belief, *and that the full text of the affidavit was read to and understood by them before they signed the same.*

Given under my official signature and seal, this 5th day of August 1902.
John R Wilkinson
Ordinary Fulton County.

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

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, }
Fulton County. }

PERSONALLY appears before me, the undersigned Ordinary in and for said County J N Langston
W J M Daniels & J C Huff and
personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under oath, that they are personally and well acquainted with Edwin A Warwick whose application is herewith presented for a pension, that he has resided in this State continuously since the day of 18, that he served in Company Cobbs of the Lagon Regiment of 7 Ga Brigade, and from our personal knowledge, he while in line of duty, was injured by the service as follows: (*give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.*)

He was shot in a cavalry fight between Hamton cavalry and Sherman Cavalry near Flatrock Lancaster County South Carolina the latter part of February 1865. He belonged to the same Company Partain Dragoons known as Co G Cobbs Georgia Legon Calvary General Humptons Corps.
Mr. Warwick served in Cobbs Legon Georgia Calvary from April 1862 up to the time he was disabled by wound in the left Elbow permantly disabling him he was personally known to me same of us having served with him three years was a good and faithful Soldier (Con)

Where was applicant's command surrendered? Yorksboro North Carlina

Was he with it? No Were all of you present? Some up present

If not, where was he? Wounded in Hospitle at Charlott N C

Where were you all? J. J. N. Langston was Wounded in Hospitle at the time of Surrender. I & Huff was with Command

How do you know the facts you state to be true? Was present he was Wounded

We personally know above stated facts. We were with him in the Army and have known him ever since. He was honorably discharged or retired from the service on 26 day of April 1865. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1865. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 5th day of August 1902.
John R Wilkinson
Ordinary.

J. N. Langston
W J M Daniels
J. C. Huff

NOTE 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.
2—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
3.—All blank spaces *must* be filled when signed.
4.—Three witnesses are required.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY comes before me W M. Rogsdale Ordinary of said County, C. D. Collinsworth and C. S. Brannon, both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined E A Warwick and after such personal examination, say that the present condition of applicant is as follows:

Partial Ankylosis of the left elbow joint from a gun shot wound ball passing [illegible]

Name,
County,
Co. Regt.
Disability
Amount, $
1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

INVALID
Soldier's Pension,
1902.

Cinde Se

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

Form 41

STATE OF GEORGIA, }
De Kalb County. }

I, W M Rogsdale, Ordinary of said County, do certify that I am well acquainted with E A Warwick the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and he is disabled, as he claims*, and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the 26 day of Oct 1844.

I also certify that the witnesses, to-wit:

and are persons of respectability, that their statements are worthy of full credit and belief, *and that the full text of the affidavit was read to and understood by them before they signed the same.*

Given under my official signature and seal, this 15" day of Aug 1902.

W M Rogsdale
Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1906.

_____ [L. S.]

Executed in the presence of

_____

Warwick E. Ga. Dec Kobb Co.

Code Section 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 236

DISABLED
SOLDIER'S PENSION
1906.

Name E. A. Warwick
County Dekalb Co.
Co. D Regiment 4th Ga. Regt.
Disability Loss of Arm
Amount, $ 50.00 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. County.

I, _____, hereby authorize

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1907.

_____ [L. S.]

Executed in presence of

_____

Warwick E. A. Ga. Dekalb Co.

Code Section 1250.
(FOR THOSE ALREADY ENROLLED)

No. 302

DISABLED
SOLDIER'S PENSION
1907.

Name E. A. Warwick
County DeKALB
Co. D Regiment 4th Ga. Regt. Army
Disability Wounded Arm
Amount, $ 1/2 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb **County.**

Personally appears E A Warwick of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 18__; that he enlisted in the military service of the Confederate States, (or of the State of _____) during the war between the States, and served as a Private in Company G, 60th Legion of Ga Cav. Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186__, he was wounded, injured or diseased as follows:

Wounded in arm

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

Sworn to and subscribed before me, this the 19 day of January 1906.
James R George Ordinary

E A Warwick
Post-Office Clarkston

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

State of Georgia,
De Kalb **County.**

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

Given under my official signature and seal, this 19th day of January 1906.

James R George
Ordinary De Kalb County.

Affix your seal here

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

State of Georgia,
DeKALB **County.**

Personally appears E. A Warwick of DeKALB County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 18__; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Soldier in Company G, of 60th Legion of Ga Cav Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186__, he was wounded, injured or diseased as follows:

Wound in arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of DeKALB County, been allowed an invalid pension of Fifty 50 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 19 day of January 1907.
James R George Ordinary

E A Warwick
Postoffice Clarkston Ga

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

State of Georgia,
DeKALB **County.**

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

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

James R George
Ordinary DeKALB County.

Affix your seal here

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

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

Ordinary ____ County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1908.

Affix seal here

STATE OF GEORGIA, _____ County

I, _____, Ordinary of said County, do certify that I personally know _____, the applicant, and that she is the lawful widow of _____, and was on the _____ Pension Roll of said _____ County, and was paid a Pension from _____ County for 19____, and at the time of his death on the _____ day of _____ 192____, there was due to him and unpaid his Pension of _____ Dollars from the State of Georgia, and I know _____, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this _____ of _____, 1922.

(SEAL.) _____ Ordinary

_____ County.

1922

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid his Widow or Dependent Children)

Warwick, E. A.
DeKalb Co.
1203

Mrs. Gertrude Warwick
Widow of E. A. Warwick
of DeKalb County
Old or Incapacitated Invalid
Date of Death _____ 192____

Approved and ordered paid _____ 1922.

J. W. LINDSEY,
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval before you pay out the money, and then return it with your pay-rolls for permanent filing in the Pension Office.

GEORGIA, _____ County.

I hereby authorize and constitute _____, of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 192____, through my deceased husband, _____, who was on _____ Pension Roll and paid from _____ County for 19____.

Witness my hand this _____ day of _____, 192____.

Attested before me:

_____

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, DeKalb County

Personally before me comes Mrs. Gertrude Warwick of said County, who after being duly sworn, on oath says that she is the widow of E A Warwick who was duly enrolled as a Invalid Pensioner from the County of DeKalb and was paid a Pension of one hundred Forty $140.00 Dollars from DeKalb County for 1922 and that the said E A Warwick died in DeKalb County on the 30 day of Nov, 1922 and at the time of his death a Pension of $ 115.00 was due him from DeKalb County and unpaid for 1923

Applicant further swears that she married the said E A Warwick on the 9 day of Sept 1907 in DeKalb County and State of Ga, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 8 day of August, 1923

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

Mrs Gertrude Warwick (L. S.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, DeKalb County

Personally before me comes J F McLendon, who on oath says that he knew E A warwick while in life and that he knows Mrs. Gertrude Warwick, the above applicant; that he knows that the said E A warwick and Mrs Gertrude Warwick were in due form of law married in the County of DeKalb in the State of Georgia on the 9 day of Sept 1907, and that they were residing together as husband and wife at the time of his death on the 30 day of Nov, 1922 and I know that she is his dependent widow.

Sworn to and subscribed before me this 8 day of August, 1923

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

J F McLendon

INSTRUCTIONS:

1st. This form can be used by guardian, or minor children, where there is no widow.
2nd. The Ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by witness.
3rd. Avoid the use of the enormously large form of marriage certificate in common vogue throughout this State, suitable only for framing. Such a certificate is entirely too bulky for use in any sort of pension paper.
4th. This form is for widows of disabled soldiers who died after October 26th, and for widows and dependent children of Service soldiers who died after November 1st.
5th. The Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and that the back, when folded, is filled out.
6th. Pay out no money on this application until it is approved in the Pension Office, and returned to you as your authority to make the payment.
7th. Return this application with your final settlement to the Pension Office.
8th. The widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.
9th. The pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If widow of a "new" pensioner, who was due 1920 and 1921 pensions, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

We here certify that we have
Examined E A Warwick
& find he has an hypsis of elbow
joint from a gun shot wound
ball passing through joint &
rendering the arm substantialy &
Essentialy useless

P L Culkinsmith, M D
W J Houston M D

Sworn to and
Subscribed before
Me Dec. 8th 1904
James R George
Ordinary

NAME Warwick, Edwin A. YEAR 1906 COUNTY DeKalb

WHEN AND WHERE BORN? Oct. 26th, 1844

ENLISTED WHEN AND WHERE? April 15, 1862,

RANK.

COMPANY AND REGIMENT? Co. G. Cobbs, Ga. Legion Cav., Young's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Feb. 26, 1865, in S.C. Disabled by a gun shot wound in the left elbow joint, smashing the bone in the joint, causing elbow to be permamently disabled, stiff and useless- In a Cavalry fight near Flat Rock, S.C., between the Confederate Cav., under Gen.
CAPTURED, WHEN AND WHERE? Wade Hampton and the Federal Cavalry under Gen. Sherman.

RELEASED.

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

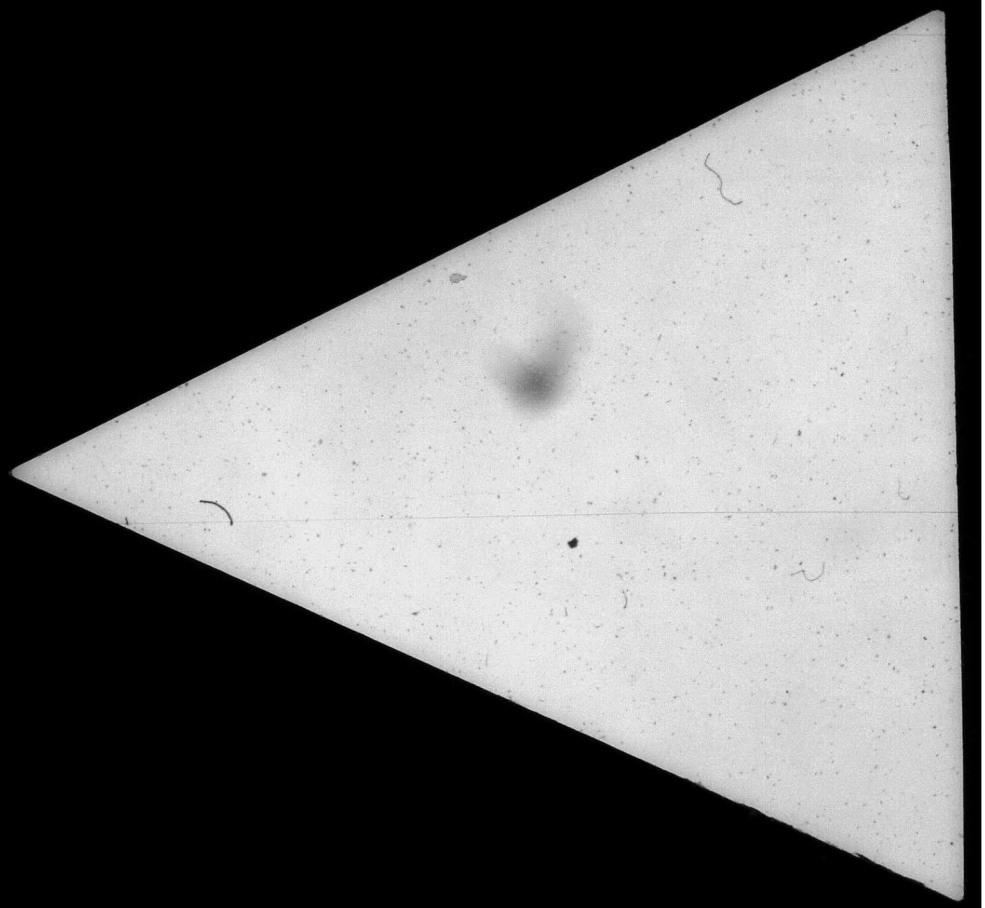
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Hospital, Charlotte, N.C. Sent to hospital by Dr. Bradley, Brigade Surgeon.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. J.M. Langston, W.J.M. Daniels, J.C. Huff, - Same Command- No data

mh.



Watkins B. L.
Dekalb Co.
No. OR for 1906

INDIGENT PENSION.

1906

Name B. L. Watkins

County Dekalb

Co. G Ga Regt.

Approved 6/6 1906

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

C R O 1938

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

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

9/21/05

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

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

_____ [L. S.]

Executed in presence of

_____

Watkins B. L.
DeKalb Co.
No. OR for 1906

INDIGENT PENSION.

1906

Name B. L. Watkins
County DeKalb
Co. G 2 Ga Regt.
Approved 6/6 1906

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
C R O 1938

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

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

9/29/05

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

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

[L. S.]

Executed in presence of

_____

STATE OF GEORGIA,

.....COUNTY.

I, ...hereby authorize

.....of.....

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

.....at.....by.....

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

.....[L. S.]

Executed in presence of

.....

Watkins B. L.
Dec Feb 6 1906
No. 6 Apr 1906

INDIGENT PENSION.

1906

Name B. L. Watkins

County Dekalb

Co. G 2 Ga Regt.

Approved 190 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,

Dekalb COUNTY.

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

1. What is your name and where do you reside? (Give State County and post-office).
B L Watkins Dekalb Co Chamblee Ga
2. How long and since when have you been a resident of this State?
62 years May 10th 1843
3. When and where were you born? May 10th 1843 Hayst County Ga
4. When and where and in what company and regiment did you enlist or serve?
Feby 1863 Cowgers Ga Company G-2=Ga Regiment State Troops
5. How long did you remain in such company and regiment? about 2 years & 2 months or til Close of war
6. When and where was your company and regiment surrendered and discharged?
April 1865 Columbus Ga
7. Were you present with your company and regiment when it was surrendered? I was not
8. If not present, state specifically and clearly where you were when you left your command, for what cause and by whose authority? Augusta Ga. I drawed a furlow and went home by Officers in Command
9. How much can you earn (gross) per annum by your own exertions or labor? $200
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Age & Poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I have Rheumatism. I also was wounded during the war in the Shoulder
13. What property, real and personal, or income, do you possess, and its gross value? nothing
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? Nothing Mad no disposition had nothing
15. In what County did you reside during those years, and what property did you then return for taxation?
Dekalb Co nothing
16. How were you supported during the years 1899, 1900, 1901 and 1902? by what I could do and help of my children
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? $100.00 about $25.00
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
Farming nothing for pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? Have a wife and one Daughter wife 67 years Daughter 42 years My wife has a small farm 40 acres
20. Are you receiving any pension? If so, what amount and for what disability? no
21. Have you ever made an application for pension before? no
22. How many applications have you ever made and under what class? Made none

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 25 day of July 1906

B. L. his Watkins Mark Applicant.

James R Lyons Ordinary, of Dekalb County.

STATE OF GEORGIA,
Dekalb COUNTY.

N. J. Jackson of said State and County, having been presented as a witness in support of the application of B. L. Watkins for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? N. J. Jackson In Dekalb County
2. Are you acquainted with B. L. Watkins, the applicant; if so, how long have you known him? I am 40 years
3. Where does he reside, and how long and since when has he been a resident of this State? Dekalb Co all his life
4. When, where and in what company and regiment did he enlist, and how do you know? Feby 1863 Conyers Ga Company G. - 2 Ga Regiment State Troops
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? About 2 years
7. When and where was his command surrendered? Columbus Ga
8. Were you present when it surrendered? I was
9. Was applicant present? he was not
10. If he was not present, where was he? On furlow at home When did he leave his command? March 1865 For what cause? he drew a furlow By what authority he left? Officer in Command How do you know all of this? I was present and know it of my own knowledge
11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition? I found he has Rheumatism
15. Is the applicant unable to support himself by labor of any sort; if so, why? I think he is on account of age and Infirmity
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
19. Who composes family? What property have they? Children's age and their earning capacity?
20. What interest have you in the recovery of a pension by this applicant? I have none

Sworn to and subscribed before me, this the 25 day of July 1905

N J Jackson Witness.

James R George Ordinary.

STATE OF GEORGIA,
Dekalb COUNTY.

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

Chronic Rheumatism and Chronic Nephritis Old age which under him unable to earn a living in any manner.

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

J H Goss, M. D.
W. J. Hanson. M D

Sworn to and subscribed before me, this the 28 day of Aug 1905

James R George Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Dekalb COUNTY.

I, James R George Ordinary, in and for said County, hereby certify that the applicant B L Watkins resides in said County, and has been a bona fide resident of this State since the all his life 189 and that the witnesses, viz.: N J Jackson are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Dekalb County shows that applicant returned for taxation in his name in 1899 Dollars of property, and in 1900 Dollars of property; in 1901 Dollars of property; in 1902 Dollars of property.

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

Witness my hand and seal of office, this 28 day of Aug 1905

James R George Ordinary,
of Dekalb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

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

_____ [L. S.]

Executed in the presence of

_____

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 578

INDIGENT SOLDIER'S PENSION 1906.

Name W. C. Matthews

County DeKalb

Co. G Regiment 2 Ga

WARRANT ISSUED 1-2-1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

THE FOLDER PRINTING AND BINDING CO., GEO. W. HARRISON, MGR.

E P O 1938

Matthews, W. C.
Co. G, 2nd Ga. Inf.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DEKALB COUNTY.

I, _____, hereby authorize

_____ of _____

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

_____ at _____

by _____

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

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 768

INDIGENT SOLDIER'S PENSION 1907.

Name B E Watkins

County DeKalb

Co. A Regiment 2nd Ga

WARRANT ISSUED 1-24 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

THE FOLDER PRINTING AND BINDING CO., GEO. W. HARRISON, MGR. ATLANTA.

State of Georgia,
DeKalb County.

Personally appears B E Watkins of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the [illegible] day of [illegible] 18[illegible]; that he is [illegible] years old and by occupation a [illegible], 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 G, of 2 th Regiment of Georgia State Troops; that his physical condition is as follows: Age & poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 15 day of January 1906. B E Watkins

James R George Ordinary.

State of Georgia,
DeKalb County.

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

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

James R George
Ordinary DeKalb County.

Affix your seal here

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
[illegible] County.

Personally appears B E Watkins of [illegible] 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 1847; that he is years old and by occupation a , that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company G, of 2nd th Regiment of State Troops; that his physical condition is as follows: Age & poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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 15 day of Jany 1907. B. E. Watkins

James R George Ordinary.

State of Georgia,
County.

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

Given under my official signature and seal this 15th day of [illegible] 1907.

James R George
Ordinary County.

Affix your seal here

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

Affix your seal here

Ordinary [illegible] County.

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

Affix your seal here

Ordinary _____ County.

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

Georgia
Gwinnett County
Sept 25th 1905

This is to Certify that I have been practicing in B. L. Watkins family for the past twelve or fourteen years and I have treated him more & less during that time. and for the last five or six years he has been gradually growing worse. and at this time he is unable to make a support for himself and family by manual labour. Caused by Kidney trouble and rheumatism, which is permanent I think from the fact that he gradually grows worse year by year.

C. J. Woodall, M. D.

NAME Watkins, B.L. YEAR 1906 COUNTY DeKalb

WHEN AND WHERE BORN? May 10, 1843, Fayette County, Georgia

ENLISTED WHEN AND WHERE? Feb. 1863, Conyers, Georgia

RANK.

COMPANY AND REGIMENT? Co. G. 2nd. Ga. Regt. State Troops.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? During the war in the shoulder. Chronic rheumatism also chronic nephritis.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Command surrendered April 1865, Columbus, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Augusta, Ga. Home on furlough, by authority of Officer in Command.

DIED, WHEN AND WHERE?

BURIED,

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

mh.

ORDINARY DEKALB COUNTY.

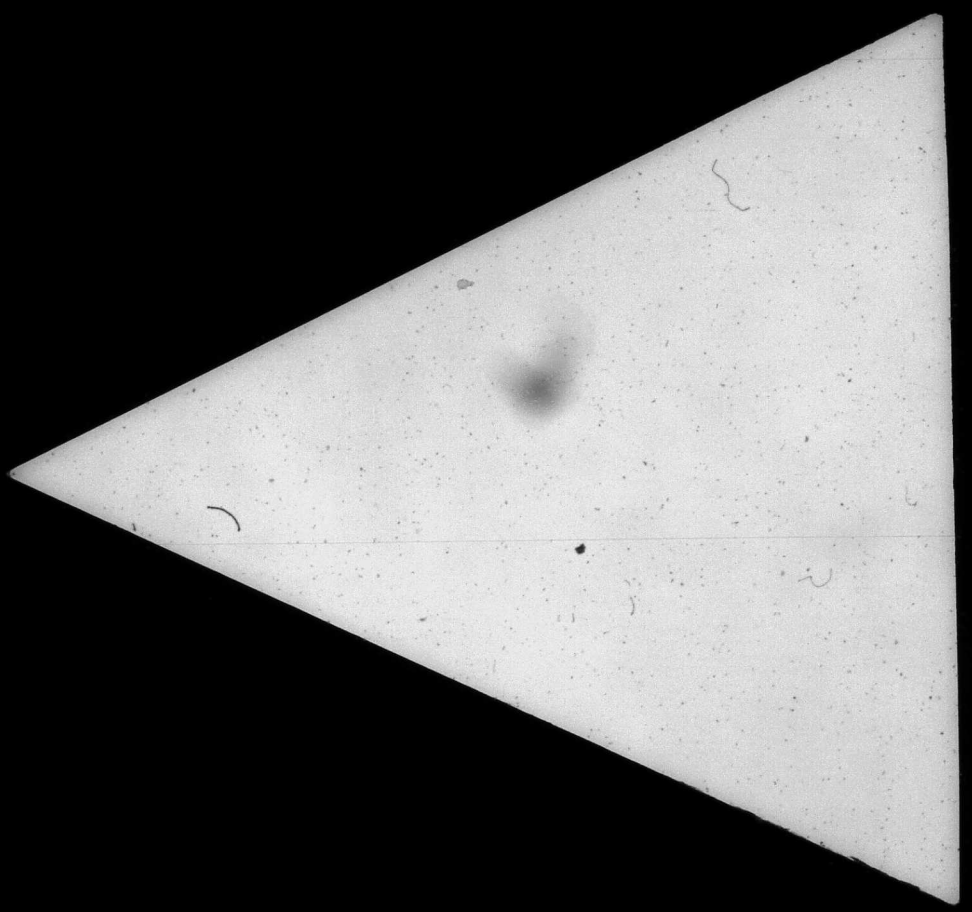
DECATUR, GA., 190

Georgia
DeKalb County } Personal Came before J.J. Adams who on Oath Says That he is well acquainted With B.L. Watkins and Knows that he has no Property and no income. I am his Neighbor and Know it of my own Knowledge he has not Conveyed any of his Property had none to convey I think he is unable to support himself by his own labor. he has for the last five years been Supported by his wife & Children About $25.00 was derived by his own Labor his Physical Condition is very poor and feable he has a Wife She is 64 years old also one Daughter

J.J. Adams

Sworn to and Subscribed before me August 18th 1905

James R George Ordinary



POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

De Kalb County.

Know all Men by these Presents, That I, Lucinda R Watson of De Kalb County, in said State, do hereby appoint M. F. Watson of De Kalb my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28th day of April 1891

Lucinda R Watson [L. s.]
mark

Executed in the presence of us:

John B Stewart

W M Rosedale, Ordinary.

DIRECTIONS.

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

.....

Watson Lucinda R.
De Kalb County

1891.

No. 2231

Widows' Pension

PAID TO

Mrs. L. R. Watson

OF

De Kalb COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

.....

Geo. W. Harrison, State Printer, Atlanta.

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

Know all Men by these Presents, That I, Lucinda R Watson of De Kalb County, in said State, do hereby appoint W. F. Watson of De Kalb my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28th day of April 1891.

Lucinda R Watson [L. S.]
her mark

Executed in the presence of us:
John B Steward
W M Rogsdale.

DIRECTIONS.

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

.....

Western Lucinda R.
De Kalb County

1891.

No. 2334

Widows' Pension
PAID TO
Mrs. L. R. Watson
OF
De Kalb COUNTY.

$100.00.

Warrant Issued
1891
AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,
County of De Kalb

In person came before me, the undersigned Ordinary in and for the County of De Kalb Mrs. Lucinda R Watson, who being sworn according to law, says under oath that she is the widow of Robert F Watson, who was a soldier in the service of the Confederate States, and served as a member of Company C, of the Cobb Regiment of Legion Volunteers; that he enlisted in said service on or about the 27th day of March 1862, and was in the Confederate Army up to May 1862 That while in the Army, he was on the ..... day of ..... 186..., (See Note No. 1)

He had measles while in service in Virginia was carried to a Hospital in Richmond he Relapsed and died of the same on the 16th day of May 1862

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 30th day of Sept 1855, and that she has resided in Georgia continuously since the ..... day of ..... 1846; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the 28th day of April 1891.

her
Lucinda R Watson
mark

W M Rogsdale
Ordinary.

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

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,
County of De Kalb

In person came before me, the undersigned Ordinary in and for said County, witnesses

Lt. T. W. Young and J. C. Beauchamp (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Lucinda R. Watson, of the County of De Kalb, State of Georgia, is the widow of Roper T. F. Watson, who was a soldier in Company C of the Cobb's Legion Regiment of Ga Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 27th day of March 1862. That while in said service, or by reason of said service in the Army, he lost his life as follows:

He had measles in May 1862. and relapsed and died in a hospital in Richmond Virginia Lynchburg about the first of June 1862.

We further swear that Mrs. Lucinda R. Watson was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in De Kalb County of the State of Georgia.

Sworn to and subscribed before me, this, the 6th day of May 1891.

W. M. Rogsdale
Ordinary.

J. L. Argo
Thomas W. Young
J. C. Beauchamp

Form No. 3.

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

STATE OF GEORGIA,
County of De Kalb

I, W. M. Rogsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Lucinda R. Watson, the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 28th day of April 1891.

SEAL

W. M. Rogsdale
Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

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

By order of the Governor.

W. H. HARRISON,
Sec. Ex. Department.

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Lucinda Rebecca Watson the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Robert F. Watson deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 26th day of Jan 1893.

[SEAL] W. M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 26th day of Jan 1893. Lucinda R. Watson [L. S.]

Executed in the presence of us:
J. P. Blalock
W. M. Rowland

DIRECTIONS.

Send amount by ____ to me at ____, and oblige

FOR THOSE HERETOFORE PAID.

1893.

No. 1143

Widows' Pension,

for year ending February 15th, 1893.

Lucinda R. Watson

—PAID TO—

Mrs. L. R. Watson

—OF—

De Kalb County.

Warrant Issued 1893

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Watson, Lucinda R.
De Kalb County

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. L. R. Watson the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Robert F. Watson 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 26th day of Jan 1894.

[SEAL] W. M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 26th day of Jan 1894. Mrs L. R. Watson mark [L. S.]

Executed in the presence of us:
J. P. Blalock
W. M. Rowland

DIRECTIONS.

Send amount by ____ to me at ____, and oblige

FOR THOSE HERETOFORE PAID.

1894.

No. 1087

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. L. R. Watson

—OF—

De Kalb County.

WARRANT ISSUED

1894,

AND HANDED TO

W. M. Watson

GEO. W. HARRISON, State Printer, Atlanta.

Watson, Lucinda R.
De Kalb County

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Rebecca Watson

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since March 1837. That she is the Widow of Robert F. Watson who was a Soldier in Company C of the Cobbs Legion Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of March 1862 and served in the Army up to May 1862 That he lost his life on the 16th day of May 1862 (*State here full particulars of the husband's death, when, where and from what cause.*) (He had measles and relapsed and died in a hospital at Richmond Va on the date above mentioned)

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 1837; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this 26 day of Jan 1893.
W M Kingsbery Ordinary.

Rebecca her X mark Watson.
Post-office Decatur Ga

STATE OF GEORGIA,
County of De Kalb

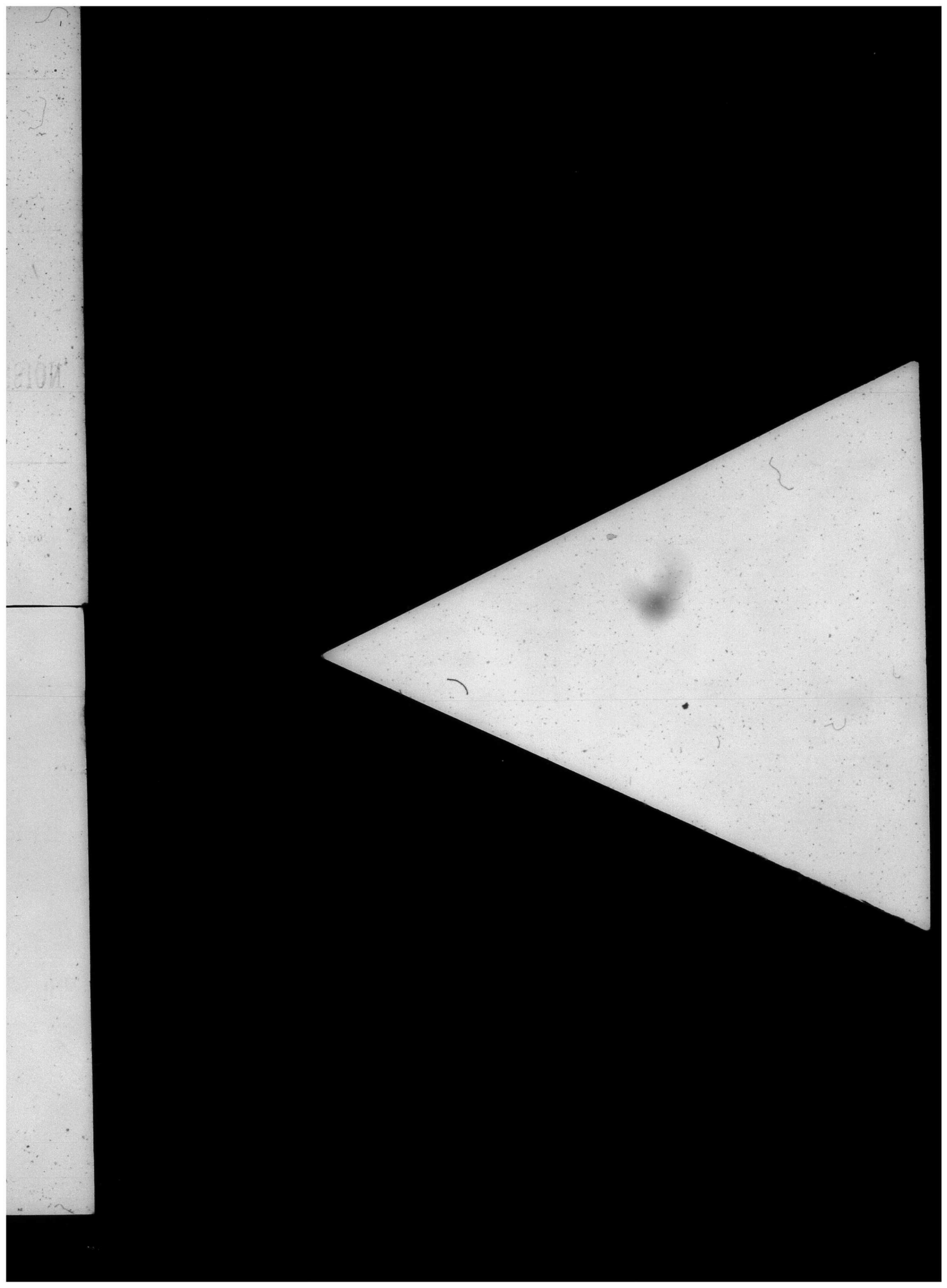
Personally comes Mrs. L.R. Watson

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since 1842 That she is the Widow of Robert F. Watson who was a Soldier in Company C of the Cobbs Legion Regiment of Ga Volunteers, that he enlisted in said Regiment on or about the month of March 1862 and served in the Army up to May 1862 That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (Had measles and relapsed and died of the disease while in service at Richmond, Va on the 16th day of May 1862.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1837; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this 26th day of Jan 1894.
W M Kingsbery Ordinary.

L.R. her X mark Watson
Post-office Decatur Ga.



Ordinary's Certificate

STATE OF GEORGIA,
Rueston COUNTY:

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

Sworn under my hand and official seal of office this 25 day of Oct 1919

(SEAL) A D Meadow Ordinary,
Rueston County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1883, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Watson Mystic Ga
R. Rte 2
Dec 25 1919
No.

Widow's Pension
Under Act 1910—as Amended by Act of 1919.

County DeKalb
Name Mrs Martha Watson
Widow of A D Watson
Company B
Regiment 4th Georgia Cav
Approved

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

Pension Office,
Feb., 19, 1920.

J.W. Watson,
DeKalb Co.

Applicant must amend and state the name of Lieut., Col., and Major of husband's batln., Was it Cavalry or Infantry- Then prove all statements to be true by someone that of his own knowledge knows they are true.

J.W. Lindsey,
Com. of Pensions.

Major J M King
was Commander of
Russell Batallion Cavalry
J C Flowers 1st Sgt Co B. Russell Batallion Cavalry

STATE OF GEORGIA,
Newton COUNTY.

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

Sworn under my hand and official seal of office this 25 day of Oct 1919

(SEAL)

A D Meadors Ordinary,
Newton County.

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

Watson Mrs Martha
DeKalb
County
No.

Widow's Pension
Under Act 1910—as Amended by Act of 1919.

County DeKalb
Name Mrs Martha Watson
Widow of J W Watson
Company B
Regiment 4th Russell Batt
Approved

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

10-30-1919

Pension Office,
Feb., 19, 1920.

J.W. Watson,
DeKalb Co.

Applicant must amend and state the name of Lieut., Col., and Major of husband's batln., Was it Cavalry or Infantry- Then prove all statements to be true by someone that of his own knowledge knows they are true.

J.W. Lindsey,
Com. of Pensions.

Major J M King
was Commander of
Russell Batalion Cavalry
J C Flowers / was Sgt- Co B. Russell Batalion Cavalry

As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,
DeKalb COUNTY.

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

1. What is your name, and where do you reside? Mrs Martha Watson DeKalb Co
2. How long and since when have you been a continuing resident of the State of Georgia? 76 Years all My Life
3. When, where and to whom were you married? January 1867 or 68 Watsonville DeKalb Co
   a. Have you married since the death of first and soldier husband? I have Not
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) July 1864 Company B 4th Russell Battalion Cavalry Company B 4th Russell Battalion Cavalry
5. When and where did the commands of your husband surrender or discharge from the army? April 1865 Near Griffin Ga
6. Was your husband personally present at the time of the surrender or discharge of this command? Was Not at Home on Furlough
7. If he was not present state clearly where he was? On Paroll Camp
8. Where was his command when he left? Jones boro Ga
   a. For what cause did he leave his command? Furlough
   b. By whose authority did he leave his command?
   c. For how long was he granted leave of absence?
   e. What was his physical condition when he left his command?
   f. What effort did he make to return to his command?
   g. In what way was he prevented from going back to Command
   h. Was he captured by the enemy at any time? Was Not
   i If so, when and where captured and where held as a prisoner, and when and for what cause released?
   j. When and where did your first husband die? Vilonia Sept 28 1919
   k. Were you residing together when he died? We was
   l If not, how long had you resided apart? I am
   m. Are you now a widow?
9. Have you or your husband heretofore been paid a pension by the State? I have not

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

Sworn to and subscribed before me this the 23 day of October 1919

James R Lyon Ordinary
of DeKalb County.

(SEAL)

Mrs Martha her + Watson
Mark

STATE OF GEORGIA,

Newton COUNTY.

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

1. What is your name and where do you reside? J C Flowers Covington Ga

2. How long and since when have you known Martha Watson applicant? Since 1863

3. How long and since when has she continuously resided in this State? (Give date.) All her life

4. When and to whom was she married? J M Watson How do you know? Neighborhood

5. How long and since when did you know J W Watson her husband? Since July 1864

6. When and where did J W Watson the husband of applicant, die? Lithonia Ga Sept 28, 1919

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

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

Were they divorced? No

9. When, where and in what Company and Regiment did J M Watson enlist? July 1864 Jonesboro Ga Co "B" Colonel Ball Late Brig Gen Myers Commanding

10. Were you a member of the same Company?

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? July 1864 to end of Feby 1865

12. When and where did his Command surrender, and was discharged? May 1865 Edgefield SC

13. Were you personally present when it was surrendered? No If not, where were you Near Edgefield SC and how came you there? Detailed Service

14. Was the husband of applicant personally present at surrender? No If not where was he? Home on furlough When, where and for what cause did he leave Command? (Give date.) Furlough By whose authority did he leave his Command? Officer in charge And how long was he granted leave? 30 days How do you know all this?

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

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? I do not know

J. C. Flowers

Sworn to and subscribed before me this the 28 day of Oct 1919

A. D. Meadow Ordinary

of Newton County.

(SEAL)

of Newton County.
(SEAL)

Watson, Martha (Mrs.)
DeKalb Co.
1923
~~1922~~

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

~~James R George~~ Ordinary

For ~~Martha Watson~~

of DeKalb County

~~Old or~~ New Class 1

Died Jany 28th 192 3

Amount $ ~~100.00~~ 100.00

Approved and ordered paid.

.....1922.

J. W. LINDSEY,
Commissioner of Pensions.

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

Index Printing Co., Atlanta, Ga.

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

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes _____

W. R. Watson, of said County, who, after being sworn, on oath says that he knew Martha Watson, of said County, and that said pensioner was on the New Pension Roll of DeKalb County at the time of death, which occurred in DeKalb County, in this State, on the 28 day of January 1923, and that a Pension of 100.00 Dollars was due pensioner and unpaid at the time of pensioner's death. That she left no ~~widower~~ dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $_____, per sworn statement fully and completely itemized, hereto attached.

Married in 1865

W R Watson

Sworn to and subscribed before me this 31 day of July 1923

James R George Ordinary

DeKalb County.

AFFIDAVIT OF ORDINARY

GEORGIA, DeKalb County.

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

I also knew Mrs Martha Watson while in life and that this was the same person whose name appears on the New Pension Roll of DeKalb County, and was paid a Pension of ~~but married in 1865~~ Dollars in said County for 1921, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 31 day of July, 1923

(SEAL)

James R George Ordinary.

DeKalb County.

INSTRUCTIONS:

1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without owning sufficient property to pay such expenses. The widow of a soldier, if she is living, has prior claim over these expenses, and must make application on yellow blank.
2nd. Require those claiming accounts for expenses of last illness, and expenses of funeral, to make out their account in fully itemized form, giving each item and the value of it, and each date.
3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.
4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.)
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of.....who died without owning sufficient property to pay this bill."
5th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
6th. The completed voucher, this blank and the bills, must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
7th. The Ordinary signs pay-roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
8th. Accept no bills for nursing until you write the Pension Office, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
9th. Return this application, and attached bills, with your final settlement to the Pension Office.
10th. Ordinary should see that the back of this blank, when folded, is filled out.
11th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1920 and 1921 pensions require two separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

LITHONIA, GA. Jan 29 1923

Mrs. J. W. Watson, Est.

TELEPHONE 5

BOUGHT OF

J. C. Johnson & Sons

WHOLESALERS AND RETAILERS OF

Dry Goods, Clothing, Shoes, Hardware, Furniture and Groceries

COTTON BUYERS UNDERTAKERS

1923					
Jan	29	1 Burial Outfit	137	25	

This is to certify that the above account #137.25 is the correct amount for casket etc for the deceased Mrs. J. W. Watson

Sworn to and subscribed before me this 30th day of July 1923

J C Johnson & Son

By J C Johnson

Notary Public

Notary Public, at Large

State of Georgia,)
)
DeKalb County.)

To any Minister of the Gospel, Judge, Justice of the Inferior Court or Justice of the Peace, or any Person authorized to Celebrate:

These are to authorize and permit you to join in the Honorable State of Matrimony, James W. Watson and Miss Martha A. Jenkins according to the Constitution and Laws of this State, and this shall be your authority for so doing.

Given under my hand as Ordinary for the County aforesaid, this 2nd day of January 1866.

J. B. Wilson, Ordinary.

I hereby certify that James W. Watson and Miss Martha A. Jenkins were joined together in the Holy Bans of Matrimony by me, on the 11th day of January, 1866.

W. P. Pendley, J. P.

Georgia, DeKalb County.

I, James R. George, Ordinary and ex-officio Clerk Court Ordinary in and for said county, do hereby certify that the above and foregoing copies of marriage license and certificate of marriage, are true, correct and complete copies of the marriage license and certificate of mariage of James W. Watson and Miss Martha A. Jenkins, as they appear of record in Book "B", Record of Marriages, Page 160.

Witness my hand and the seal of said Court of Ordinary at Decatur, Georgia, this the 29th day of October, 1919.

James R George

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

State of Georgia,

Newton County;- Affidavit of J.C.Flowers of said county to be used in behalf of Mrs Martha Watson wife of J.W.Watson late of Lithonia Dekalb County Ga;

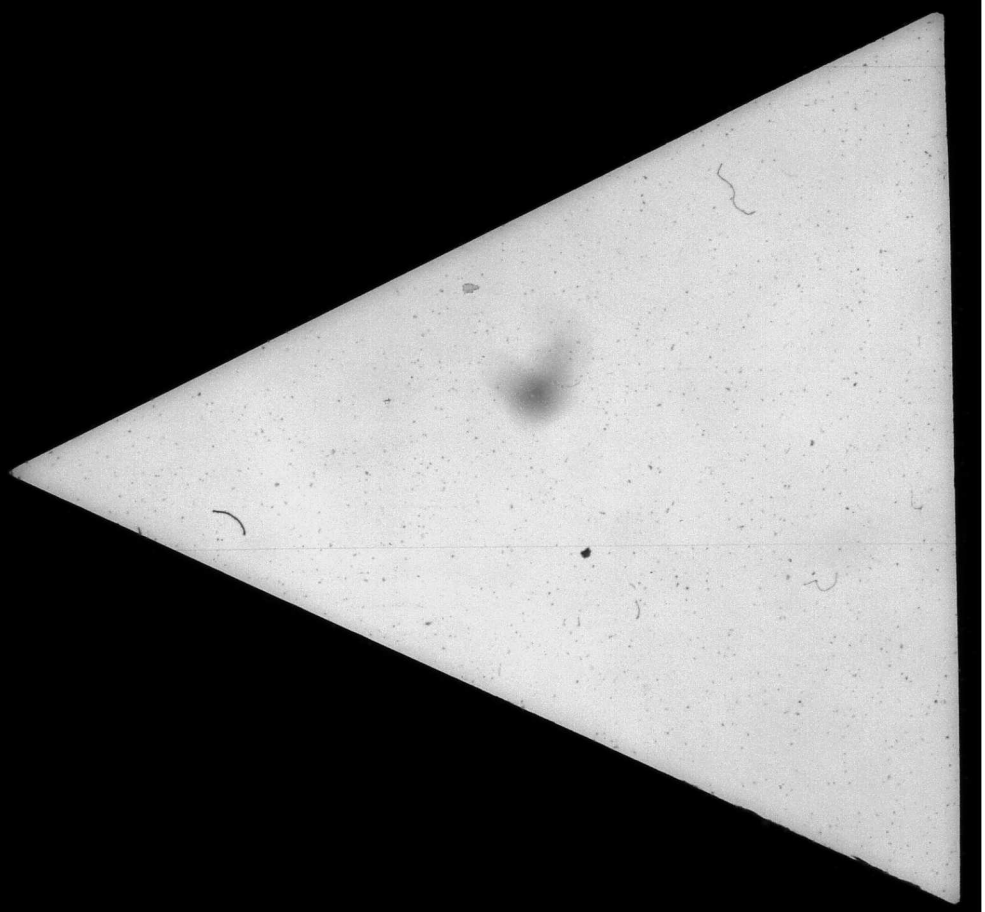
In person came before me J.C.Flowers and who is known to me to be a person worthy of belief, and being duly sworn deposes and says, I was in the confederate states army with J.W.Watson from May 19, 1864 to May 20, 1865. was a member of same Battallion Cavalry- ~~The~~ and was attached to Hannon's Brigade, commanded by Col Hannon, Major ~~Capt.~~ J.M.King commanded Battallion, There was no Liet. Col. commanding said Batt.

I was present and know that J.W.Watson was present, I being the Orderly Sargeant of the Co. J C Flowers

Sworn to and subscribed before me this June 8, 1920.

C. D. Mobley

Ordinary Newton County Ga.



Form No. 2.

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

STATE OF GEORGIA, County of DeKalb

I, W. M. Rogsdale, Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. S. A. Watson the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Israel Watson 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 23d day of Jan 1894.

(SEAL) W. M. Rogsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County in said State, do hereby appoint

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

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

day of 1894.

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to

me at , and oblige

Watson S. A. (Mrs.)
DeKalb County
FOR THOSE HERETOFORE PAID.

1894.
Feb 2 1893
No. 1031

WIDOWS' PENSION,
for year ending February 15th, 1894.
—PAID TO—
Mrs. S. A. Watson
—OF—
DeKalb County.

WARRANT ISSUED
1894,
AND HANDED TO

GEO. W. HARRISON, State Printer, Atlanta.

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. L. A. Watson the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Lusel Watson 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 23d day of Jan 1894.

(SEAL) W. M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County in said State, do hereby appoint

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

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

day of 1894.

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to me at , and oblige

Watson L. A. (Mrs.)
De Kalb County
FOR THOSE HERETOFORE PAID.

1894.
Justices' Docket 1873
No. 1631

WIDOWS' PENSION,
for year ending February 15th, 1894.
—PAID TO—
Mrs. S. A. Watson
—OF—
De Kalb County.

WARRANT ISSUED
Feb 27 1894,
AND HANDED TO
Applicant

GEO. W. HARRISON, State Printer, Atlanta.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. S A Watson

who being sworn, says on oath, that she is a bona fide resident of said County of Forsyth Co now De Kalb State of Georgia, and that she has *resided* in said State continuously ever since all of her life 18. That she is the Widow of Insell Watson who was a Soldier in Company K of the 4th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of Oct 186/ and served in the Army up to Dec 186/ That he lost his life on the day of 18 (*State here full particulars of the husband's death, when, where and from what cause.*) (Died of fever and died while in service at Camp Satilla in this State on the 8th day of Dec 1861.)

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1852; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this 23rd day of June 1894.
W M Ragsdale, Ordinary.

her
S A X Watson
mark
Post-office Panthersville Ga.

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

STATE OF GEORGIA, County of DeKalb

I, W. M. Ragsdale, Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Sarah E. Watson the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Josiah Watson deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 22d day of Jan 1895.

{SEAL} W. M. Ragsdale, Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1895. [L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to me at , and oblige

Watson, Sarah E. Co. Dekalb

FOR THOSE HERETOFORE PAID.

1895.

For Fulton Co. 1896

No. 1001

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO

Mrs. Sarah E. Watson

—OF—

widow of Josiah Watson County.

WARRANT ISSUED July 29th 1895.

AND HANDED TO

Applicant

Geo. W. Harrison, State Printer.

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Sarah E. Watson the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Josiah Watson deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 22d day of Jan 1897.

{SEAL} W. M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1897. [L. S.]

Executed in the presence of

FOR THOSE HERETOFORE PAID.

1897.

For Fulton Co. 1896

No. 1161

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs. Sarah E. Watson

OF

De Kalb County.

widow of Josiah Watson

RICHARD JOHNSON, Commissioner of Pensions.

WARRANT ISSUED 2/3 1897,

AND HANDED TO

Agent

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Fulton Co. 1896

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb

Personally Comes Mrs. S. X Watson

who being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has *resided* in said State continuously ever since Mar 2d 1828 That she is the Widow of Daniel Watson who was a Soldier in Company K of the 4th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of Oct 186 1, and served in the Army up to Dec 186 1. That he lost his life on the day of Dec 186 1. (*State here full particulars of the husband's death, when, where and from what cause.*) (

Had fever and died while in service at Tatilla Ga. on or about the 10th Dec 1861.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1853, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 22d day of Jan 1895. W. M. Ragsdale Ordinary.

her Sarah X Watson mark

Post-office Snapfinger Ga.

STATE OF GEORGIA, County of DeKalb

Personally Comes Mrs. Sarah X Watson

who being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since March 2d 1828 That she is the Widow of Daniel Watson who was a Soldier in Company K of the 4th Regiment of Ga Volunteers, that enlisted in said regiment on or about the month of Oct 186 1 and served in the Army up to Dec 186 1 That he lost his life on the day of Dec 186 1, (*State here full particulars of the husband's death, when, where and from what cause.*)

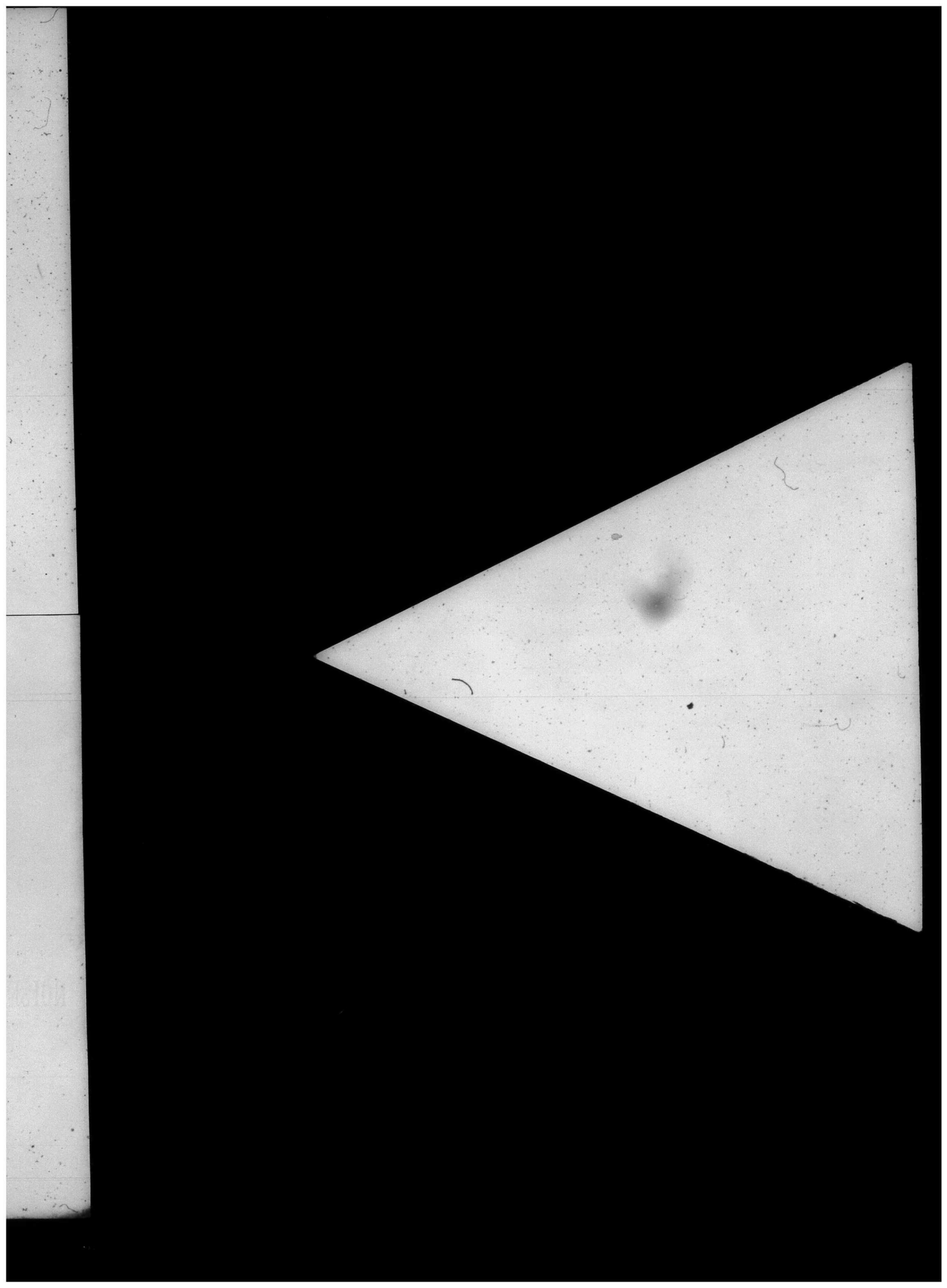
Had fever while in service died died of the disease sometime in Dec 1861.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1853. that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of DeKalb County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 23d day of Jan 1897. W. M. Ragsdale Ordinary.

Sarah X Watson mark

Post-office Snapfinger Ga.



Weaver, G. H.
DeKalb Co.
No. 3165

INDIGENT PENSION

1898.

Name G H Weaver

County DeKalb

Approved 5/11 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
appch

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

4/23.98

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY. }

I, _____, hereby authorize

_____ of _____

_____

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

_____ at _____ by _____

Witness my hand and seal this _____ day of _____ 1898.

Executed in presence of

_____ (L. S.)

_____

STATE OF GEORGIA,
_____ COUNTY.

I, _____, hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal this _____ day of _____ 1898.

Executed in presence of

_____ (L. S.)

_____

Weaver, G. H.
1 Co. K

No. 3163

INDIGENT PENSION

1898.

Name G H Weaver

County DeKalb

Approved 5/11 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Agent

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

4/23/98

STATE OF GEORGIA,
DeKalb County.

G. H. Weaver of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office.) Gabt. Weaver near Lithonia Georgia Dekalb Lithonia
2. How long and since when have you been a resident of this State? all my life
3. When and where were you born? Jan 1st 1821
4. When and where and in what company and regiment did you enlist or serve? August 1863 Company K 66 Ga. Regiment Enlisted
5. How long did you remain in such company and regiment? Until Surrender
6. For how long a period did you discharge regular military duty? Twenty months
7. When, where and under what circumstances were you discharged from service? In 1865 at Greensboro N. C. after the Surrender
8. What is your present occupation? None not able to do labor
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Farmer
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? On first
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? Thirty months
13. What property, effects or income do you possess, and its gross value? None
14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897, and what disposition, if any, did you make of same? None
15. In what County did you reside during those years, and what property did you then return for taxation? Dekalb
16. How were you supported during the years 1896 and 1897? by my Children
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Twenty five dollars Contributed nothing
18. What was your employment during 1896 and 1897? What pay did you receive in each year? Nothing none
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? None
20. Are you receiving any pension? If so, what amount, and for what disability? No

Every Question MUST be Answered

Sworn to and subscribed before me this the 5 day of April, 1898.

G H Weaver
Applicant.

M M Rogers
Ordinary
of DeKalb County.

STATE OF GEORGIA,
De Kalb COUNTY.

J. H. Weaver, of said State and County, having been presented as a witness in support of the application of J H Weaver for pension under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? In DeKalb Co J. H. Weaver

2. Are you acquainted with Geo. H. Weaver, the applicant; if so how long have you known him? For Worthy five years

3. Where does he reside, and how long and since when has he been a resident of this State? In DeKalb Co for Seventy seven

4. When, where and in what company and regiment did he enlist, and how do you know? In Aug 1863 at Atlanta, Co K. 66th Ga.

5. Were you a member of the same company and regiment? I was

6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? From enlistment to the surrender. He made a true soldier.

Sworn to before me, This Dagsdale J H Weaver

7. What property, effects or income has the applicant? (Give your means of knowledge.) Has none

8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? Had none

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? None that I know of

10. What is the applicant's occupation and physical condition? Has been a farmer. He is feeble and nearly blind from old age

11. Is the applicant unable to support himself by labor of any sort, if so, why? I think so, on account of old age

12. How was he supported during the years 1896 and 1897? By his Children

13. What portion of his support for these two years was derived from his own labor or income? None Supported by his Children

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? On account of his old age he is unable to work for a living

15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 5 day of April 1898. J. H. Barley Witness.

W. M. Dagsdale Ordinary.

STATE OF GEORGIA,
DeKalb COUNTY.

Personally came before me W. P. Bond and H. M. Smith, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully G. H. Weaver, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

He is Crippled & of old age being now in his 78 year and quite Deaf & his Eye Sight is very bad & is Very Nervous

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me this the 5 day of April 1898. W. M. Dagsdale Ordinary.

W. P. Bond M. D.
H. M. Smith M. D.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
DeKalb COUNTY.

I W. M. Dagsdale, Ordinary in and for said County, hereby certify that the applicant G. H. Weaver resides in said County, and has been a bona fide resident of this State since the ____ day of ____ 189__ and that the witnesses, viz: J H Weaver and D G Brantley are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of DeKalb County show that applicant returned for taxation in his name in 1896 None Dollars of property, and in 1897 None Dollars of property.

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

Witness my hand and seal of office, this 5th day of April 1898.

W. M. Dagsdale Ordinary of DeKalb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Carroll County.

I, G. H. Weaver, hereby authorize
James R. George of DeKalb Co.
to receive and receipt for the pension allowed, and request that he remit same to
me by check on Carrollton Bank at Carrollton, Ga.
~~by~~ Mail check to me at Hulett P.O. Carroll Co.

Witness my hand and seal this 28 day of Feby, 1899.

Executed in presence of
B. H. Brown
S. F. Brown Ordy
Carroll Co.

G H Weaver (L. S.)

CODE SEC. 1254.
(For Those Already Enrolled.)

No. 3702

INDIGENT
SOLDIER'S PENSION,
1899.

Name G. H. Weaver
County DeKalb

WARRANT ISSUED
3/2 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
J. R. George

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, G. H. Weaver, hereby authorize
W. M. Rogdale of DeKalb
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____
by _____

Witness my hand and seal, this 16 day of Jan 1900.

_____ [L. S.]

Executed in presence of
J. W. Jenkins
J. L. Rogers

G H Weaver

CODE SEC. 1254.
(For Those Already Enrolled.)

NO. 5927

INDIGENT
SOLDIER'S PENSION,
1900.

Name G W Weaver.
County DeKalb

WARRANT ISSUED
Jan 17 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Agent

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Carroll County.

Personally appears G. H. Weaver of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ~~ever since the~~ all ~~day of~~ his life ~~18~~; that he is 78 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of nearly 2 yrs in Company K, of 66th Regiment of Ga. Vols, Inf, _____; that his physical condition is as follows: Very feeble from old ages, and almost blind.

that his property consists of the following items Nothing

of the value of 0 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 1899. I have heretofore as a resident of DeKalb county been allowed a pension for the year 1898

G H Weaver

Sworn to and subscribed before me, this the 28 day of Feby 1899.
D. J. Brown, Ordinary.

State of Georgia,
Carroll County.

I, W M Ragsdale Ordinary of said County, do certify that I am well acquainted with G H Weaver 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 28 day of March 1899.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1899.

STATE OF GEORGIA,
DeKalb County.

Personally appears G. H. Weaver of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1 day of Jan 1821; that he is 79 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 2 Years in Company K, of 66 th Regiment of Ga Vols; that his physical condition is as follows: Old age and Infirmity

that his property consists of the following items None

of the value of _____ 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 DeKalb county been allowed a pension for the year 1899

G H Weaver

Sworn to and subscribed before me, this the 16th day of Jan 1900.
W M Ragsdale Ordinary.

State of Georgia,
DeKalb County.

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

Given under my official signature and seal, this 16 day of Jan 1900.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Carroll County.

I, G. H. Weaver, hereby authorize James R. George of DeKalb Co.

to receive and receipt for the pension allowed, and request that he remit same to me, by check on Carrollton Bank at Carrollton, Ga. ~~by~~ Mail check to me at Hulett P.O. Carroll Co.

Witness my hand and seal this 28 day of Feby, 1899.

Executed in presence of
B. H. Brown
S. J. Brown Ordy
Carroll Co.

G. H. Weaver (L. S.)

G. H. Weaver
Dekalb Co.

CODE SEC. 1254.
(For Those Already Enrolled.)
No. 3702

INDIGENT
SOLDIER'S PENSION,
1899.

Name G. H. Weaver
County DeKalb

WARRANT ISSUED 1899
RIC'd.

WARRANT HANDED TO
J. R. George

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Carroll County.

I, G. H. Weaver, hereby authorize James R. George of DeKalb Co.

to receive and receipt for the pension allowed and request that he remit same to me, by check on Carrollton Bank at Carrollton, Ga. Mail check to me at Hulett P.O. Carroll Co.

Witness my hand and seal this 28th day of Feby, 1899.

Executed in presence of
B. H. Brown
S. J. Brown Ordy
Carroll Co.

G. H. Weaver (L. S.)

G. H. Weaver
Dekalb Co.

CODE SEC. 1254.
(For Those Already Enrolled.)
No. 443

INDIGENT
SOLDIER'S PENSION.
1901.

Name G. H. Weaver
County DeKalb

WARRANT ISSUED
Jan 21 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ryals

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Carroll County.

I, G. H. Weaver, hereby authorize W. M. Ryals of Atlanta

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

at

by

Witness my hand and seal, this 4th day of Jan 1901. [L. S.]

G. H. Weaver

Executed in presence of
B. J. Thomas
Thomas M. Jones

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Carroll County.

Personally appears G. H. Weaver of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ~~ever since the~~ all ~~day of~~ his life ~~18~~; that he is 78 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of nearly 2 yrs in Company K, of 66th Regiment of Geo. Vols. Inft.; that his physical condition is as follows: Very feeble from old age and almost blind.

that his property consists of the following items Nothing

of the value of 00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1898

Sworn to and subscribed before me, this the 28 day of Febry 1899.

G H Weaver

D. J. Brown, Ordinary.

State of Georgia,
Carroll County.

I, W M Rogsdale Ordinary of said County, do certify that I am well acquainted with G H Weaver 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 28 day of March 1899.

Affix your seal here.

W M Rogsdale
Ordinary DeKalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1899.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears G. H. Weaver of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1st day of Jan 1821; that he is 80 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 2 Years in Company K, of 66 th Regiment of Ga Vol; that his physical condition is as follows: old age and infirmity

that his property consists of the following items None

of the value of 00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this the 9th day of Jan 1901.

G H Weaver

W M Rogsdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

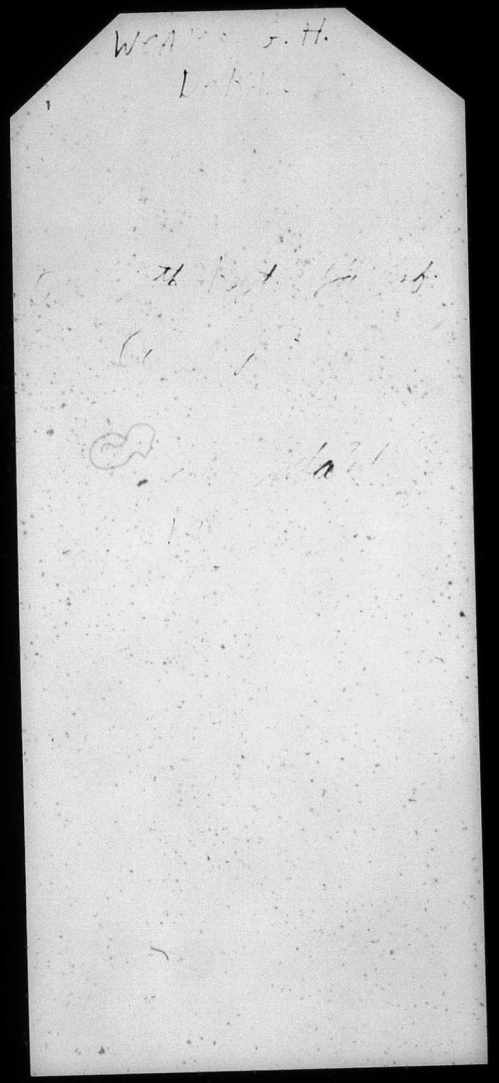
I, W. M. Rogsdale Ordinary of said County, do certify that I am well acquainted with G. H. Weaver the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides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

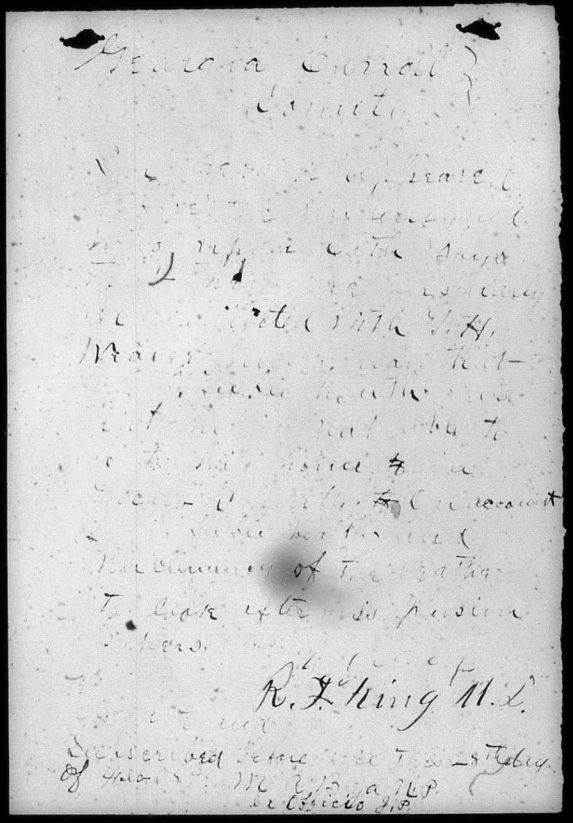
Given under my official signature and seal, this 9th day of Jan 1901.

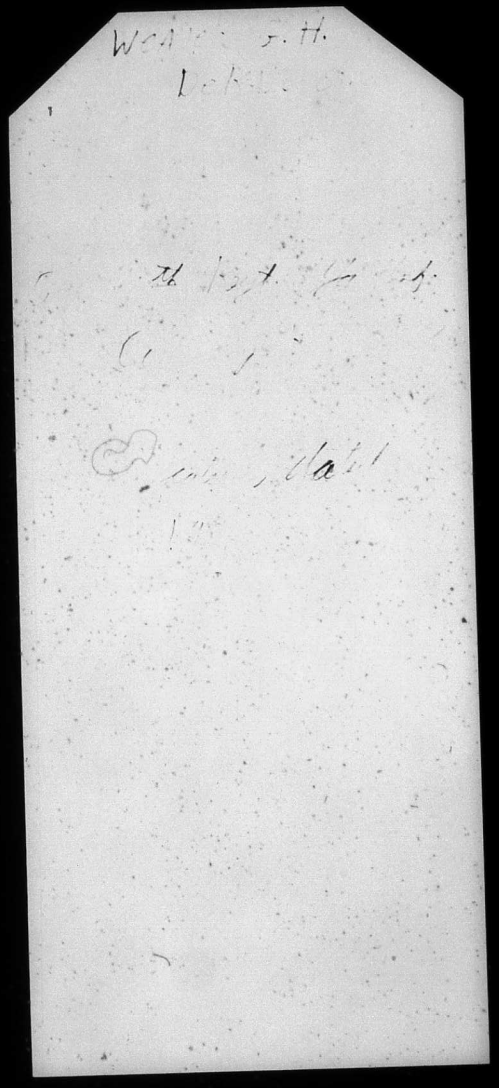
Affix your seal here.

W M Rogsdale
Ordinary DeKalb County.

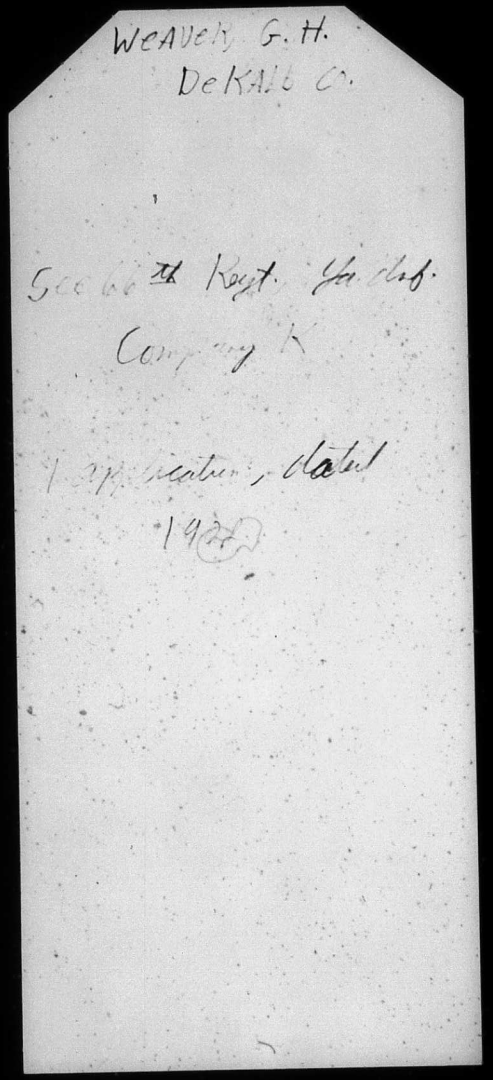
NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1901.







Georgia— Carroll County.
I certify that Dr. R. L. King who signed the within is a reputable, practicing physician of this County, and M. M. Boyd is a Notary Public & ex-officio Justice of the Peace of said County, and his official acts are worthy of full credit.
This 1st day of March 1894,
S. J. Brannen,
Ordinary, Carroll Co., Ga.



NAME Weaver, G H YEAR 1898 COUNTY DeKalb

WHEN AND WHERE BORN? January 1, 1821

ENLISTED WHEN AND WHERE? August, 1863 -

RANK.

COMPANY AND REGIMENT? Co K 66th Georgia Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED? 1865 - Greensboro, North Carolina

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

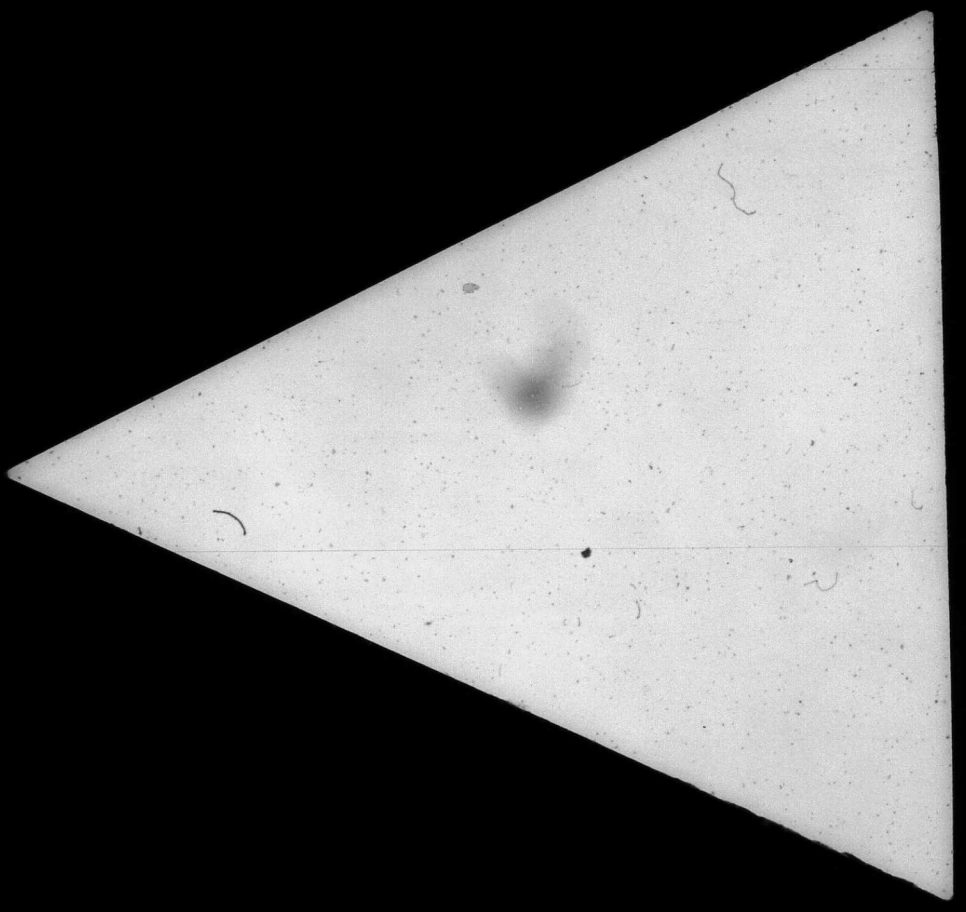
DIED, WHEN AND WHERE?

BURIED.

WITNESSES.

T. H. Weaver - same command - No data

mh



STATE OF GEORGIA,
DeKalb County.

I, Wm. Rogsdale, Ordinary of said county, do certify that I am well acquainted with J. H. Weaver 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 6" day of Feb 1890.

Wm. Rogsdale
Ordinary DeKalb County.

Wilson J. H. DeKalb Co.

1890.

Lunatic, Idiot, &c.

No. 891

APPLICATION FOR ALLOWANCE.

FOR TEXAS REVISED OCTOBER 16, 1882.

Applicant, J. H. Weaver
County, DeKalb
Amount, 100
Date of warrant, Feb 11/

Entered on record
Feb 11 1890
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO
applicant

Weaver Thos. S.
DeKalb Co.

Soldier Ind. Dep. Co. Inf.
Company K

STATE OF GEORGIA,
De Kalb County.

I, W. M. Ragsdale, Ordinary of said county, do certify that I am well acquainted with J. H. Weaver 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 6" day of Feb 1890.

W. M. Ragsdale
Ordinary De Kalb County.

1890.

No. 591

APPLICATION FOR ALLOWANCE.

FOR TEAR ENDING OCTOBER 24, 1890.

FOR

Applicant, J. H. Weaver
County, DeKalb
Amount, 100
Date of warrant, Feb 11/
Entered on record Feb 11 1890
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO
Applicant

Weaver, Thomas H.
Weaver, Thomas H.
1891.
FEB 1891 MS

STATE OF GEORGIA,
De Kalb County.

I, W. M. Ragsdale, Ordinary of said County, do certify that I am well acquainted with J. H. Weaver 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 4th day of Feb 1891.

W. M. Ragsdale
Ordinary De Kalb County

No. 316

Application for Allowance

FOR THE YEAR ENDING OCTOBER 25, 1891.

FOR

Applicant J. H. Weaver
County, DeKalb
Amount, 100 Delay
Date of Warrant, Feb 17 1891
Entered on record Feb 17 1891
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO
Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears T. H. Weaver of De Kalb county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the 4th day of May 1847; that he enlist d in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 66 th Regiment of Ga Volunteers Walkers 's Brigade; that whilst engaged in such military service, at the battle of Franklin in the State of Tenn, on the 30 day of Nov 1864 he was wounded as follows: Shot with a minnie ball in the right ankle, breaking the bone and causing the loss of foot

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1896. I have heretofore been allowed a pension of One Hundred dollars.

Sworn to and subscribed before me, this the 6th day of Feb 1890

Thos H Weaver

W M Rogsdale Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA
County.

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

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

[L. S.]

Executed in the presence of us:

DIRECTION.

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

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears T. H. Weaver of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 4th day of May 1847; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 66 th Regiment of Ga Volunteers Jackson 's Brigade; that whilst engaged in such military service at the battle of Franklin in the State of Tenn, on the 30th day of Nov 1864, he was wounded as follows: Shot with minnie ball in right leg below the knee causing loss of the same

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

Sworn to and subscribed before me, this the 9th day of Feb 1891.

Thos H Weaver

W M Rogsdale Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

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

[L. S.]

Executed in the presence of us:

DIRECTION.

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

STATE OF GEORGIA,

De Kalb County.

I, T. M. Rosser Ordinary of said county, do certify that I am well acquainted with T. H. Weaver 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 31st day of March 1892.

T. M. Rosser

Ordinary De Kalb County.

No. 107

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name T H Weaver

County DeKalb

Disability Loss of leg

Amount, $ 100

Entered on record May 3 1892.

W. H. HARRISON.
Secretary of Executive Department.

AGENT.

Application

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1893. [L. S.]

Executed in the presence of us:

DIRECTION.

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

DeKalb Co
Weaver, Thomas H.

No. 837

Application for Allowance

For the Year Ending October 26, 1893.

FOR

Applicant, T H Weaver

County, DeKalb

Amount, 100

Date of Warrant,

Entered on record, May 11 1893.

Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears W L Weaver

of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the 11 day of May 1847; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 66 th Regiment of Ga Volunteers Wallace's Brigade; that whilst engaged in such military service at the battle of Franklin in the State of Tenn, on the 30 day of Nov 1864, he was wounded as follows: Shot with a minnie ball in right leg causing the loss of the leg,

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of One Hundred (Dollars for Loss of leg

Sworn to and subscribed before me this the 9th day of March, 1892.

Thos H Weaver

Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

day of 1892.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears W L Weaver of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 4th day of May 1847; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Privat in Company K, of 66 th Regiment of Ga Volunteers Stephens 's Brigade; that whilst engaged in such military service at the battle of Franklin in the State of Tenn, on the 30th day of Nov 1864, he was wounded as follows: Shot with a minnie ball in the right leg causing the loss of same.

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 heretofore been allowed a pension of One Hundred dollars, for Loss of leg

Sworn to and subscribed before me, this, the 15th day of March 1893.

Thos H Weaver

W M Rogsdale, Ordinary.

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

STATE OF GEORGIA,

De Kalb County.

I, W M Rogsdale Ordinary of said County, do certify that I am well acquainted with T H Weaver 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 15th day of March 1893.

W M Rogsdale

Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY. }

Know all Men by these Presents, That I, ... of .....

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

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

..... [L. S.]

Executed in the presence of us

DIRECTIONS.

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

(For Those Already Enrolled.)

Soldier's Pension.

1894.

Name Weaver T.H.
County DeKalb
Disability Loss of Leg
Amount, $ 100.00

3/15 1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

KNOW ALL MEN BY THESE PRESENTS, That I, ... of ..... County, State of Georgia, do hereby appoint ..... of ..... my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any 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.

..... [L. S.]

Executed in presence of us

DIRECTIONS.

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

(For Those Already Enrolled.)

No. 273

SOLDIER'S PENSION.

1895.

Name W. H. Weaver
County DeKalb
Disability Loss of Leg
Amount, $ 100.00

3/4 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears T.H. Weaver of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 4 day of May 1847; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company K, of 66 th Regiment of Ga Volunteers Jackson 's Brigade; that whilst engaged in such military service at the battle of Franklin in the State of Tenn on the 30 day of Nov 1864 he was wounded as follows: Shot with minnie ball in the right leg necessitating the amputation of leg.

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 One Hundred dollars, for the year 1893.

Sworn to and subscribed before me, this the 7th day of March 1894. } T.H. Weaver

W.M. Ragsdale Ordinary.

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

STATE OF GEORGIA, }
De Kalb County. }

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

Given under my official signature and seal, this 7th day of March 1894.

Affix your seal here.

W.M. Ragsdale
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears T.H. Weaver of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 4" day of May 1847; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company K, of 66 th Regiment of Ga Volunteers, Walker 's Brigade; that whilst engaged in such military service at the battle of Franklin in the State of Tenn on the 30 day of Nov 1864 he was wounded as follows: Shot with minnie ball in the right leg causing the loss of same.

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

Sworn to and subscribed before me, this the 20" day of Feb 1895. } T.H. Weaver

W.M. Ragsdale, Ordinary.

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

STATE OF GEORGIA, }
De Kalb County. }

I, W.M. Ragsdale, Ordinary of said County, do certify that I am well acquainted with T.H. Weaver 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 offiicial signature and seal, this 20" day of Feb 1895.

Affix your seal here

W.M. Ragsdale
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1896. _____ [L. S.]

Executed in presence of us

(_____

(_____

ACT OF 21 OCT., 1887.

(For Those Already Enrolled.)

No. 4440

SOLDIER'S PENSION.

1896.

Name T. H. Weaver

County De Kalb

Disability Loss of leg

Amount, $ 12 per

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1897. _____ [L. S.]

Executed in presence of

(_____

(_____

ACT OF 21 OCT., 1887.

(For Those Already Enrolled.)

No. 3763

INVALID SOLDIER'S PENSION.

1897.

Name T. H. Weaver

County De Kalb

Disability Loss of leg

Amount, $ 100 per

1897

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears D. H. Weaver of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ____ day of May 1847; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 66th Regiment of Ga Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Tenn, on the 30 day of Nov 1864, he was wounded, injured or diseased as follows:

Was wounded at the Battle of Franklin Tenn shot in right leg causing loss of bone.

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

Sworn to and subscribed before me, this, the 15th day of Feb 1896. D. H. Weaver

W. M. Rogsdale Ordinary

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 15th day of Feb 1896.

Affix your seal here.

W. M. Rogsdale

Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears D. H. Weaver of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 4 day of May 1847; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 66th Regiment of Ga Volunteers, Walker's Brigade; that whilst engaged in such military service in the State of Tenn, on the 30 day of Nov 1864, he was wounded, injured or diseased of follows:

At the battle of Franklin Tenn was shot with minnie ball in right leg causing loss of leg below the knee

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

Sworn to and subscribed before me, this, the 8th day of Feb 1897. D. H. Weaver POST OFFICE

W. M. Rogsdale, Ordinary

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 8th day of Feb 1897.

Affix your seal here.

W. M. Rogsdale

Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1898.

_____ [L. S.]

Executed in presence of

_____

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 2103

INVALID SOLDIER'S PENSION. 1898.

Name T.H. Weaver
County DeKalb
Disability Loss of Leg
Amount, $ 100.
215 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Ayhart

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Weaver T. H.
DeKalb Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at

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

day of _____ 1899.

_____ [L. S.]

Executed in presence of

_____

Weaver T. H.
DeKalb Co.

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 2400

INVALID SOLDIER'S PENSION. 1899.

Name T.H. Weaver
County DeKalb
Disability Loss of Leg
Amount, $ 100.
215 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Ayhart

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears Thos H Weaver of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 4 day of May 1847; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 66th Regiment of Ga Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 30 day of Nov 1864, he was wounded, injured or diseased as follows:
Was shot at battle of Franklin Tenn was shot in Right leg causing loss of leg

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

Sworn to and subscribed before me, this the 14th day of Feb 1898. T H Weaver POST-OFFICE

W M Ragsdale, Ordinary

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 14th day of Feb 1898.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears T H Weaver of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 4 day of May 1847; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 66th Regiment of Ga Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 30 day of Nov 1864, he was wounded, injured or diseased as follows:
Was shot at battle of Franklin Tenn in leg causing loss of leg.

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

Sworn to and subscribed before me, this the 31 day of Jan 1899. T H Weaver POST OFFICE Decatur Ga

W M Ragsdale, Ordinary

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

STATE OF GEORGIA,
DeKalb County.

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

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

Affix your seal here

W M Ragsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1900.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 1250.
(For Those Already Enrolled.)
No. 285

INVALID SOLDIER'S PENSION. 1900.

Name T.H. Weaver
County DeKalb
Disability Loss of Leg
Amount, $ 100.
Warrant issued Mch 6 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1901.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 1250.
(For Those Already Enrolled.)
No. 339

DISABLED SOLDIER'S PENSION. 1901.

Name T.H. Weaver
County DeKalb
Disability Loss of Leg.
Amount, $ 100.
Jany 21 1901.

JOHN W. LINDSEY.
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears T. F. Weaver of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the 4 day of March 1847; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 66 th Regiment of Ga Volunteers, Jackson 's Brigade; that whilst engaged in such military service in the State of Ga, on the 30 day of Nov 1864, he was wounded, injured or diseased as follows:
At battle of Franklin Tenn was shot in left leg causing loss of same

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of DeKalb County been allowed an invalid pension of One Hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this, the ___ day of Jan 1900. } T. F. Weaver
POST OFFICE ___
W M Rogsdale

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

STATE OF GEORGIA,
DeKalb **County.**

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

Given under my official signature and seal, this ___ day of Jan, 1900.

Affix your seal here.

W M Rogsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears T. F. Weaver of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 4 day of May 1847; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 66 th Regiment of Ga Volunteers, Jackson 's Brigade; that whilst engaged in such military service in the State of Tenn, on the 30 day of Nov 1864, he was wounded, injured or diseased as follows:
Was shot in leg at Franklin Tenn causing loss of leg.

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

Sworn to and subscribed before me, this the 12th day of Jan 1901. } T. F. Weaver
Postoffice Decatur
W M Rogsdale Ordinary

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

STATE OF GEORGIA,
DeKalb **County.**

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

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

Affix your seal here

W M Rogsdale
Ordinary DeKalb County.

Weaver, T. H.
Co. M 10th Ga.

CODE SECTION 1250.

(FOR THOSE ALREADY ENROLLED.)

No. 334

DISABLED

SOLDIER'S PENSION

1903.

Name Weaver T.H.
County Walton
Co. H Regiment 66th
Disability Loss of Leg
Amount, $ 100. 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

Weaver, T. H.
Walton County

CODE SECTION 1250.

(FOR THOSE ALREADY ENROLLED.)

No. 218

DISABLED

SOLDIER'S PENSION

1904.

Name O. N. Weaver
County Walton
Co. H Regiment 66th
Disability Loss of Leg
Amount, $ 100.00 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____
day of _____ 1903. _____ [L. S.]

Executed in presence of
_____
_____

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ County. }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1904. _____ [L. S.]

Executed in presence of
_____
_____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears T H Weaver of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 4 day of May 1847; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company K, of 66 th Regiment of Ga Volunteers, Jackson 's Brigade; that whilst engaged in such military service in the State of , on the 30 day of Nov 1864 he was wounded, injured or diseased as follows:

At battle of Franklin Tenn was wounded in right leg causing loss of same

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

Sworn to and subscribed before me, this the 10 day of Jan 1903.

T H Weaver
Post-office [illegible]

W M Rogdon Ordinary.

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

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 10 day of Jan 1903.

Affix your seal here

W M Rogdon
Ordinary De Kalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DE Kalb County.

Personally appears T.H. Weaver of DE Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 4 day of May 1847; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Pri in Company K, of 66 th Regiment of Ga. Vols Volunteers Jacksons 's Brigade; that whilst engaged in such military service in the State of Franklin Tenn, on the 30 day of Nov 1864 he was wounded, injured or diseased as follows:

Loss of leg.

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

Sworn to and subscribed before me, this the 12 day of January 1904.

T H Weaver
Post-office Inglesid

James R George Ordinary

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

STATE OF GEORGIA,
DE Kalb County.

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

Given under my official signature and seal, this 12 day of January 1904.

Affix your Seal here.

James R George
Ordinary DE Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ County. }

I, _____ hereby authorize

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1905.

_____ [L. S.]

Executed in the presence of

Weaver, J. H.
Dekalb County

(For those already enrolled.)
Code Section 1260.

No. 3274

DISABLED
SOLDIER'S PENSION
1905.

Name J. H. Weaver
County Dekalb
Co. 19 Regiment 46 Ga
Disability
Amount, $ 100.00
January 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

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

no date

He Kalb

Maimed Soldiers.

Voucher No. 891
Amount $ 100
Paid to J. H. Weaver
For Loss of leg

Feby 11 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

Applicant

Weaver, J. H.

1891.

Maimed Soldiers.

Voucher No. 316
Amount $ 100
Paid to J. H. Weaver
For Loss of leg

Feby 9 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Approved

STATE OF GEORGIA,
DeKalb COUNTY.

Personally appears T. H. Weaver of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ____ day of ____ 18__; that he enlisted in the military service of the Confederate States (or of the State of ____) during the war between the States, and served as a ____ in Company K, of 66 th Regiment of Ga Vols Volunteers ____'s Brigade; that whilst engaged in such military service in the State of ____, on the ____ day of ____ 186__, he was wounded, injured or diseased as follows:

Rt leg Franklin Tenn. Nov 30. 1864

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

Sworn to and subscribed before me, this the 16 day of January 1905.

James R George Ordinary

T. H. Weaver

Post-office Ingleside

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

STATE OF GEORGIA,
DeKalb COUNTY.

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

Given under my official signature and seal, this 16th day of January 1905.

James R George

Affix your Seal here.

Ordinary DeKalb County.

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

WEAVER, Thos. S.
DeKALB Co.

Sec 66th Regt. Ga. Inf.
Company K

6 applications, dated
-79, 1889, 1895, 1906
07

No. 891

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 11 1890

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

Loss of Leg

He is entitled to receive the sum of One Hundred Dollars for such disability, the same being the allowance due for the year ending October 24, 1890

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

J. W. Gordon
GOVERNOR.

By the Governor,

W. A. Harrison
CLERK EXECUTIVE DEPARTMENT.

$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/ Dollars,

per above voucher, this 11 of Feby 1890

Thos. A. Winn

1891.

No. 316

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 9 1891.

Mr. D. H. Weaver of the County of DeKalb having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Loss of Arm

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

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

PAID
TREASURER'S OFFICE
STATE OF GEORGIA

W. J. Northen
GOVERNOR.

By the Governor.

W. H. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

$ 100

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

One Hundred 00/ Dollars,

per above voucher, this 9 of Feby 1891.

Thos. A. Winn

NAME, Weaver, Thomas H YEAR 1879 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co K 66th Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL? Capt. Thomas L Langston

WOUNDED? Franklin, Tenn. - Nov. 30th, 1864 - Leg - necessary to amputate below the knee.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Captain Thomas L Langston No data

NAME, Weaver, Thomas H. YEAR 1889 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Private Co. K, 66th. Regt. Ga. Vols.
Jackson's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Franklin, Tenn. November 30th. 1864. Shot in ankle of right leg, loss of same.

CAPTURED, WHEN AND WHERE?

RELEASED.

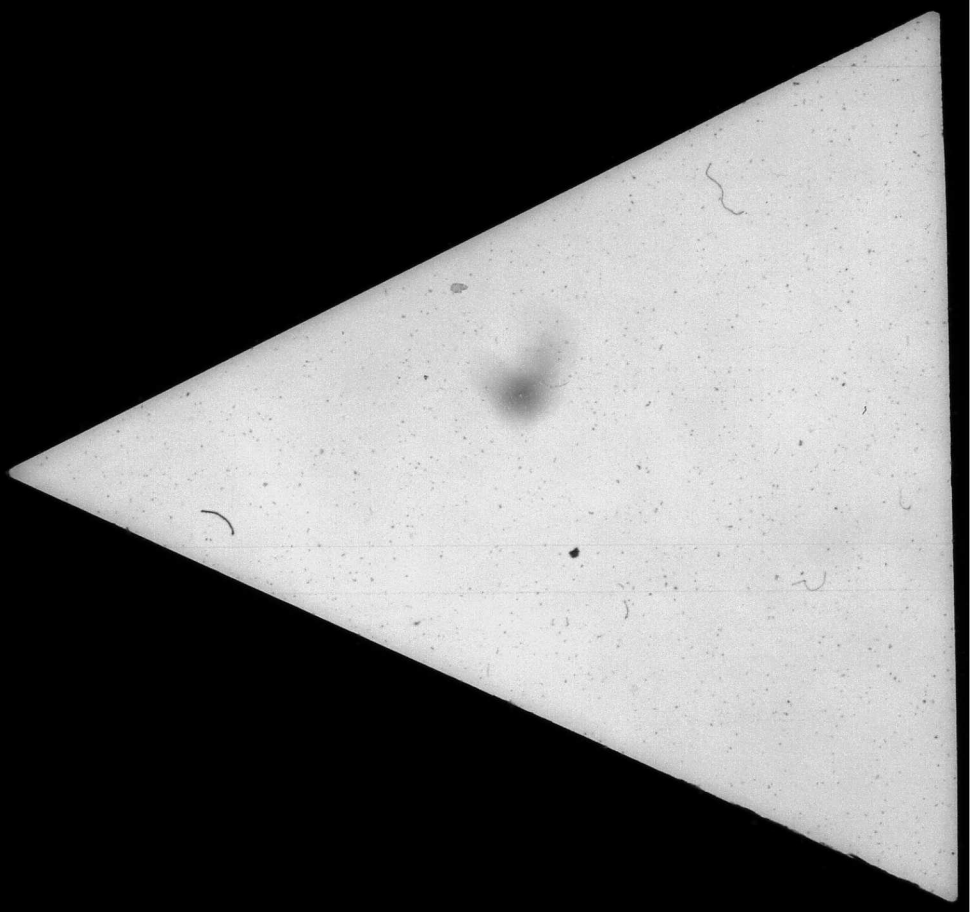
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None



POWER OF ATTORNEY.

STATE OF GEORGIA, }
.....COUNTY. }

Know all Men by these Presents, That I, ...

.....of .....

County, State of Georgia, do hereby appoint.....

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

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

day of.....1894.

.....[L. s.]

Executed in the presence of us }
.....
.....

DIRECTIONS.

Send money to me as follows, by .....

to .....P. O.

.....County, Georgia.

DeKalb Co.

(For Those Already Enrolled.)
Weaver, W. D.
No. 1783

Soldier's Pension.
1894.

Name Weaver W. D.
County De Kalb.
Disability Body Wound
Amount, $ 50 00
1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
Applicant

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY. }

Know all Men by these Presents, That I, ... of .....

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

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

..... [L. s.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by .....

to ..... P. O.

..... County, Georgia.

(For Those Already Enrolled.)

No. 1783

Soldier's Pension.

1894.

Name Weaver W.D.

County DeKalb.

Disability Body Wound

Amount, $ 50.00

1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

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

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

[L. S.]

Executed in presence of us

DIRECTIONS.

Send money to me as follows, by .....

..... to ..... P. O.

..... County, Georgia.

(For Those Already Enrolled.)

No. 272

SOLDIER'S PENSION.

1895.

Name W. D. Weaver

County DeKalb

Disability Wound in arm

Amount, $ 50 3/4

1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears W.D. Weaver of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Sept 1825; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company B, of 7 th Regiment of Ga Volunteers Anderson 's Brigade; that whilst engaged in such military service at the battle of Malvern Hill in the State of Va, on the 1st day of July 1862, he was wounded as follows: Shot with a minnie ball through the right shoulder passing on through the left so near the Spinal Column as to cause vertigo permanently disabling applicant

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

Sworn to and subscribed before me, this the 9th day of March 1894. } W D Weaver

M M Rogsdale Ordinary

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

STATE OF GEORGIA, }
De Kalb County. }

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

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

Affix your seal here

M M Rogsdale

Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears W D Weaver of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 1st day of Sept 1825; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company B, of 7 th Regiment of Ga Volunteers Anderson 's Brigade; that whilst engaged in such military service at the battle of Malvern Hill in the State of , on the 1st day of July 1862, he was wounded as follows: Was shot with a minnie ball entering the right shoulder and passing out near the point of left passing near the Spinal column and causing vertigo disabling me so as to prevent me from working at my trade as a carpenter.

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

Sworn to and subscribed before me, this the 9th day of March 1895. } W D Weaver

M M Rogsdale Ordinary

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

STATE OF GEORGIA, }
DeKalb County. }

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

Given under my official signature and seal, this 9th day of March 1895.

Affix your seal here

M M Rogsdale

Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, W. D. Weaver hereby authorize W. C. Weaver
of Atlanta
to receive and receipt for the pension paid hereon and request that he remit same to
by
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4th
day of March 1896.

W. D. Weaver [L. S.]

Executed in presence of us
A. F. Potts
[illegible]

ACT OF 24 OCT. 1887.
(For Those Already Enrolled.)
No. 2734

SOLDIER'S PENSION.
1896.

Name W. D. Weaver
County De Kalb
Disability [illegible]
Amount, $ 3/4 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb County.

I, W. D. Weaver hereby authorize W. C. Weaver
County of Dekalb State of Georgia
to receive and receipt for the pension paid hereon and request that he remit same to
W. D. Weaver ~~by~~ [illegible]
at Decatur Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of 16th February 1897.

W. D. Weaver [L. S.]

Executed in presence of
[illegible]
W. B. Lankford

Weaver W. D.
Dekalb Co.

ACT OF 24 OCT. 1887.
(For Those Already Enrolled.)
No. 1753

INVALID
SOLDIER'S PENSION.
1897.

Name W. D. Weaver
County Dekalb
Disability [illegible]
Amount, $ 3/4 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears W.D. Weaver of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 16 day of Sept 1825; that he enlisted in the military service of the Confederate States (or of the State of .....) during the war between the States, and served as a Private in Company B, of 7 th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va, on the 1st day of July 1862, he was wounded, injured or diseased as follows: Shot through the body at the battle of Malvern Hill affecting a line receiving vertigo from which deponent is disabled from work

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

Sworn to and subscribed before me, this the 4th day of March 1896. } W D Weaver

W.M. Ragsdale, Ordinary,

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

STATE OF GEORGIA, }
De Kalb County. }

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

Given under my official signature and seal, this 4th day of March 1896.

Affix your seal here.

W.M. Ragsdale

Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears W D Weaver of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 16th day of Sept 1825; 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 Volunteer private in Company B, of 7th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Virginia, on the 1st day of July 1862, he was wounded, injured or diseased of follows: by Gunshot in the right shoulder, The ball entering in the front of the same and out rear the point of the left shoulder passing across the body of the vertebrae of the Spinal Column, which disqualifies him for manual labor

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of De Kalb county been allowed an invalid pension of Fifty Dollars, for the year 189..

Sworn to and subscribed before me, this the 16th day of Febry 1897. } W D Weaver POST OFFICE Decatur Ga

W.P. Lankford M.E. J.P.

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

STATE OF GEORGIA, }
De Kalb County. }

I, W.M. Ragsdale Ordinary of said County, do certify that I am well acquainted with W D Weaver the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. I further [redacted] that W.D. Weaver is a very worthy citizen and reliable to come before me and that W.M. Ragsdale is my notary public of the State

Given under my official signature and seal, this 22 day of Feb 1897.

Affix your seal here.

W.M. Ragsdale

Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1898.

_____ [L. S.]

Executed in presence of

_____

ACT OF 24 OCT. 1887.
(For Those Already Enrolled.)

No. 2045

INVALID
SOLDIER'S PENSION.
1898.

Name W. D. Weaver
County DeKalb
Disability Body Wound
Amount, $ 50.00 2/15 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Ayfer

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Weaver, W. D.
Co. H, 10th Ga.

Weaver, W. D.
DeKalb Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1899.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 2211

INVALID
SOLDIER'S PENSION.
1899.

Name W. D. Weaver
County DeKalb
Disability Body
Amount, $ 50. 2/15 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Ayfer

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears W.D. Weaver of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 16 day of Sept 1825; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company B, of 7 th Regiment of Ga Volunteers, Anderson 's Brigade; that whilst engaged in such military service in the State of Va, on the 1 day of July 1862, he was wounded, injured or diseased as follows:

Wounded in battle of Malvern Hill Va. Through the right shoulder passing through muscles of body injuring spinal column causing vertigo disabling deponent from working at his trade

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

Sworn to and subscribed before me, this, the 10 day of Feb 1898. W D Weaver POST-OFFICE

M M Ragsdale Ordinary.

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

STATE OF GEORGIA,
DeKalb **County.**

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

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

Affix your seal here.

M M Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears W.D. Weaver of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 16 day of Sept 1825; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company B, of 7 th Regiment of Ga Volunteers, Anderson 's Brigade; that whilst engaged in such military service in the State of Va, on the 1 day of July 1862, he was wounded, injured or diseased as follows:

Shot in right shoulder at the battle of Malvern Hill, affecting the spine and causing Vertigo

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

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

M M Ragsdale Ordinary

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

STATE OF GEORGIA,
DeKalb **County.**

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

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

Affix your seal here

M M Ragsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ County. }

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1900. _____ [L. S.]

Executed in presence of

_____

_____

Wilmington, N.C.

(CODE SECTION 1430.)

(For Those Already Enrolled.)

No. 429

Watson 1901

INVALID SOLDIER'S PENSION.

1900.

Name W.D. Weaver

County DeKalb

Disability Arm Wound

Amount, $ 72.

Warrant issued June 5 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears W. D. Weaver of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the 10 day of Jan 1865; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company B, of 7 th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va, on the 1 day of Dec 1862, he was wounded, injured or diseased as follows:
Was Color at the battle of Fredericksburg through the right shoulder and spine causing me to go from which disease is still suffering and is to be considered worse.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of De Kalb County been allowed an invalid pension of Fifty Dollars, for the year 189[illegible].

Sworn to and subscribed before me, this the 18 day of Nov 1900.

W. D. Weaver
POST OFFICE

W. W. Kegsdale Ordinary

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

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 18 day of Nov 1900.

Affix your seal here.

W. W. Kegsdale
Ordinary De Kalb County.

NAME, Weaver, W. D. YEAR 1894 COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Ga. since Sept. 1825.

ENLISTED WHEN AND WHERE?

RANK. Private.

COMPANY AND REGIMENT? Co. B, 7th Regt. Ga. Vols. Anderson's Brig.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Malvern Hill, Va. July 1st 1862. Shot through right shoulder passing out through the left, so near the spinal column as to cause vertigo- permanent disability.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.

NAME Weaver, W.D. YEAR 1896 COUNTY DeKalb

WHEN AND WHERE BORN? Resident since September 16th. 1825.

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co. B, 7th. Regt. Georgia Vols. Anderson's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Malvern Hill, Va. July 1st. 1862 shot through the body, affecting spine, causing vertigo.

CAPTURED, WHEN AND WHERE?

RELEASED.

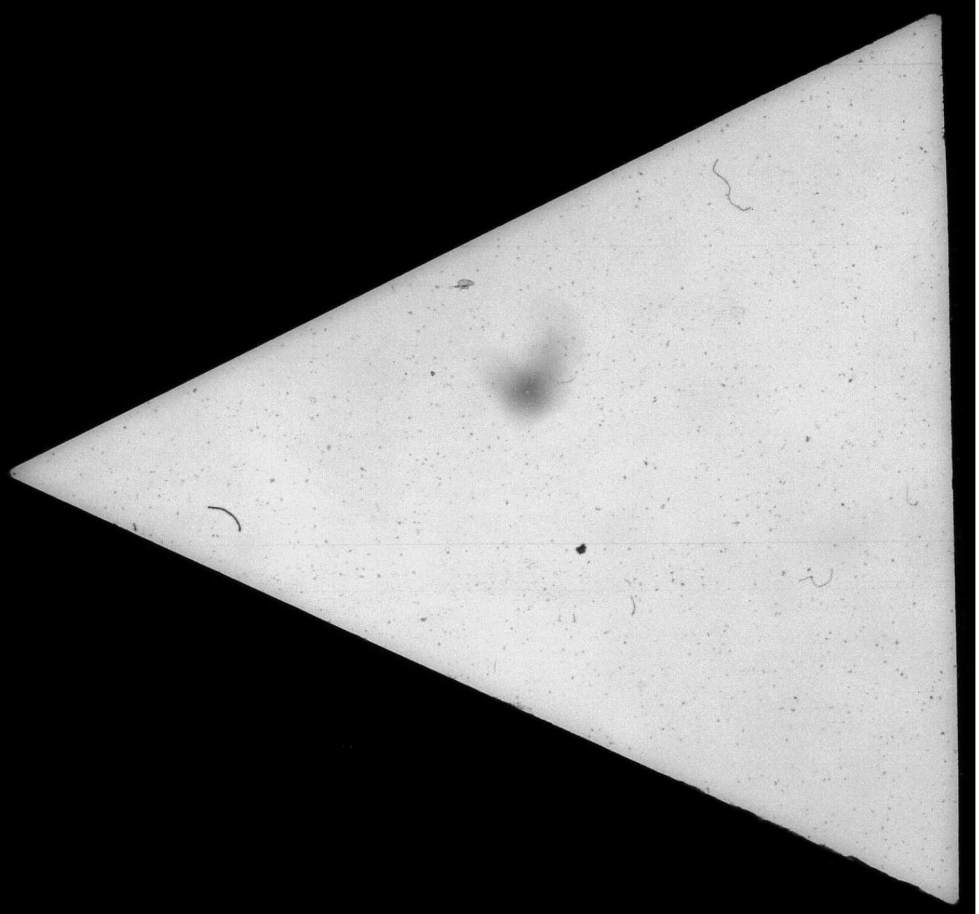
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.



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

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

.....[L. S.]

Executed in the presence of us :

.....

.....

DIRECTIONS.

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

.....

Twelfth Emily E. Clark Dekalb County

1891.

No. 1407

Widows' Pension

PAID TO

Mrs. Emily E. Clark

OF

DeKalb COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

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

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

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

..... [L. S.]

Executed in the presence of us :

.....

.....

DIRECTIONS.

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

.....

Webb Emily L.
Dekalb County

1891.

No. 1407

Widows' Pension

—PAID TO—

Mrs. Emily L. Webb

OF

DeKalb COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer Atlanta.

Form No 1.

Affidavit to be Made by the Widow.

STATE OF GEORGIA,
County of DeKalb

In person came before me, the undersigned Ordinary in and for the County of DeKalb

Mrs. Emily L. Webb, who being sworn according to law, says under oath that she is the widow of D. L. Webb, who was a soldier in the service of the Confederate States, and served as a member of Company D, of the 42d Regiment of Georgia Volunteers; that he enlisted in said service on or about the ..... day of March 1862, and was in the Confederate Army up to June 1864. That while in the Army, he was on the 4th day of June 1864, (See Note No. 1) Shot and instantly killed while on picket duty at or near New Hope Cobb Co Georgia

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 19 th day of July 1859, and that she has resided in Georgia continuously since the 24th day of Nov 1834; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this the 23d day of April 1891.

M. W. Rogers
Ordinary.

Emily L Webb

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

Form No. 2.

Affidavit for Three Witnesses.

STATE OF GEORGIA,
County of De Kalb } In person came before me, the undersigned Ordinary in and for said County, witnesses J. T. W. Green. H. H. Burgess and E. H. Clark. (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Emily L. Webb, of the County of De Kalb, State of Georgia, is the widow of J. C. Webb, who was a soldier in Company D of the 42d Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of March 1862 That while in said service, or by reason of said service in the Army, he lost his life as follows: He was shot and instantly killed while on picket duty near New Hope Ga on the 4th of June 1864.

We further swear that Mrs. Emily L. Webb was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in De Kalb County of the State of Georgia.

Sworn to and subscribed before me, this, the 23d day of April 1891. } J. T. W. Green
W. M. Rogsdale. Ordinary. H. H. Burgess
E. H. Clark

Form No. 3.

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

STATE OF GEORGIA,
County of De Kalb } I, W. M. Rogsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Emily L. Webb the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 23d day of April 1891.

SEAL

W. M. Rogsdale. *Ordinary.*

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

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

By order of the Governor.

W. H. HARRISON,
Sec. Ex. Department.

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Emily D Webb the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1860, and has not lived out of the State since that date. That she is the widow of T. C. Webb 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 22d day of January 1894.

(SEAL) W. M. Ragsdale Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County in said State, do hereby appoint

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

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

day of 1894.

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to

me at , and oblige

Webb, Emily D.
De Kalb County
FOR THOSE HERETOFORE PAID.

1894.

No. 1588

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. Emily D. Webb

—OF—

De Kalb County.

WARRANT ISSUED

1894,

AND HANDED TO

Geo. W. HARRISON, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Emily L. Webb

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Nov 1834, That she is the Widow of J. C. Webb who was a Soldier in Company D of the 42d Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of March, 1862 and served in the Army up to June 1864, That he lost his life on the 14th day of June 1864, (*State here full particulars of the husband's death, when, where and from what cause.*) (Was killed in battle near New Hope church Cobb Co Georgia on the date above stated.)

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1859; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this 22d day of Jan 1894.
W M Ragsdale Ordinary.

Emily L Webb
Post-office 642 Decatur St Atlanta Ga.

STATE OF GEORGIA, County of De Kalb

I, W. M. Rogsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Emily D. Mott the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of J. C. Mott deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 29th day of June 1893.

SEAL W. M. Rogsdale Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, in said State, do hereby appoint

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

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

day of 189

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to

me at , and oblige

FOR THOSE HERETOFORE PAID.

Widow's Emily D. Mott
De Kalb County

1893.

No. 10411

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—

Mrs. Emily D. Mott

—OF—

De Kalb COUNTY.

Warrant Issued

3 2 1893

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA, County of De Kalb

I, W. M. Rogsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Emily D. Mott the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of J. C. Mott deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 22d day of May 1895.

SEAL W. M. Rogsdale Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County in said State, do hereby appoint

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

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

day of 1895.

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to

me at , and oblige

FOR THOSE HERETOFORE PAID.

Widow's Emily D. Mott
De Kalb County

1895.

No. 1002

WIDOW'S PENSION,

for year ending February 15th, 1895.

—PAID TO—

Mrs. Emily D. Mott

—OF—

De Kalb County.

widow of J. C. Mott

WARRANT ISSUED

Jan 24 1895.

AND HANDED TO

Applicant

Geo. W. Harrison, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Emily L. Webb

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Nov 1834 That she is the Widow of J. C. Webb who was a Soldier in Company D of the 42 ond Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of March 1862 and served in the Army up to June 1864 That he lost his life on the 4 day of June 1864 (*State here full particulars of the husband's death, when, where and from what cause.*) (
He was killed in battle near New Hope church in Cobb County Ga. on the fourth of June 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 18 63; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this 27th day of Jan 1893.
Wm Ragsdale Ordinary.

Emily L Webb
Post-office #642 Decatur St Atlanta, Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of DeKalb

Personally Comes Mrs. Emily L. Webb

who being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has *resided* in said State continuously ever since Nov 11th 1834, That she is the Widow of J. C. Webb who was a Soldier in Company D of the 42d Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of March 1862 and served in the Army up to June 1864. That he lost his life on the 4th day of June 1864, (*State here full particulars of the husband's death, when, where and from what cause.*) (
Was killed in the battle of New Hope Church, in Cobb Co Ga.
)

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 , that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 22d day of Jan 1895.
W. M. Ragsdale Ordinary.

Emily L Webb
Post-office 642 Decatur St Atlanta Ga.

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale, Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Emily L. Webb the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of D. C. Webb deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

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

{SEAL} W. M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

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

In Witness Whereof, I have hereunto set my hand and seal, this day of 1896.

[L.S.]

Executed in the presence of

Webb, Emily L.
De Kalb, Co.

FOR THOSE HERETOFORE PAID.

1896.

No. 1716

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Mrs. Emily L. Webb

OF

De Kalb County.

widow of D. C. Webb.

WARRANT ISSUED

2[illegible]

AND HANDED TO

[illegible]

1896.

Geo. W. Harrison, State Printer.

STATE OF GEORGIA, County of De Kalb

I, W. M. Ragsdale Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. E. L. Webb the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of D. C. Webb deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 21st day of Jan 1897.

{SEAL} W. M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

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

In Witness Whereof, I have hereunto set my hand and seal, this day of 1897.

[L. S.]

Executed in the presence of

FOR THOSE HERETOFORE PAID.

1897.

No. 2490

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs. E. L. Webb

OF

De Kalb County.

widow of D. C. Webb.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2[illegible]

AND HANDED TO

[illegible]

1897,

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. E L Webb

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since all her life 18 That she is the Widow of J C. Webb who was a Soldier in Company D of the 42 and Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to June 1864 That he lost his life on the 4th day of June 1864 (State here *full particulars of the husband's death, when, where and from what cause.*) (

He was killed at the battle of New Hope in Cobb Co Ga on date above given

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1859, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this 27th day of Jan 1896.
W M Ragsdale Ordinary.

Emily L Webb
Post-office 682 Decatur St Atlanta, Ga.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. E L Webb

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Nov 1834 That she is the Widow of J C Webb who was a Soldier in Company D of the 42 d Regiment of Ga Volunteers, that enlisted in said regiment on or about the month of March 1862 and served in the Army up to June 1864 That he lost his life on the 11 day of June 1864 (State here *full particulars of the husband's death, when, where and from what cause.*)

Was killed in the battle of New Hope Cobb Co Ga

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1859, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 21st day of Jan 1897.
W M Ragsdale Ordinary.

Emily L Webb
Post-office 682 Decatur St Atlanta Ga.

Mrs. Emily F. Webb

For Those Heretofore Paid

1898.

NO. 3631

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Emily L. Webb

OF

Decatur County,

Widow of T. C. Webb

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

7/4 1898.

AND HANDED TO

Mail

GEO. W. HARRISON, STATE PRINTER, ATLANTA

State of Georgia, County.

I, hereby authorize

of to receive and receipt for the pension paid hereon and request

that he remit same to at

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

day of 1898.

[L. S.]

Executed in the presence of

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb } Personally Comes Mrs. Emily L. Webb

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since 1865 18 34 That she is the Widow of W. C. W. Webb who was a Soldier in Company D of the 42d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to June 1864 That he lost his life on the 4th day of June 1864 (State here full particulars of the husband's death, when, where and from what cause.) was killed at the battle of New Hope Church Co Ga.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1859.

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

Sworn to and subscribed before me, this 21st day of Jan 1898.
W. M. Rogdale Ordinary.

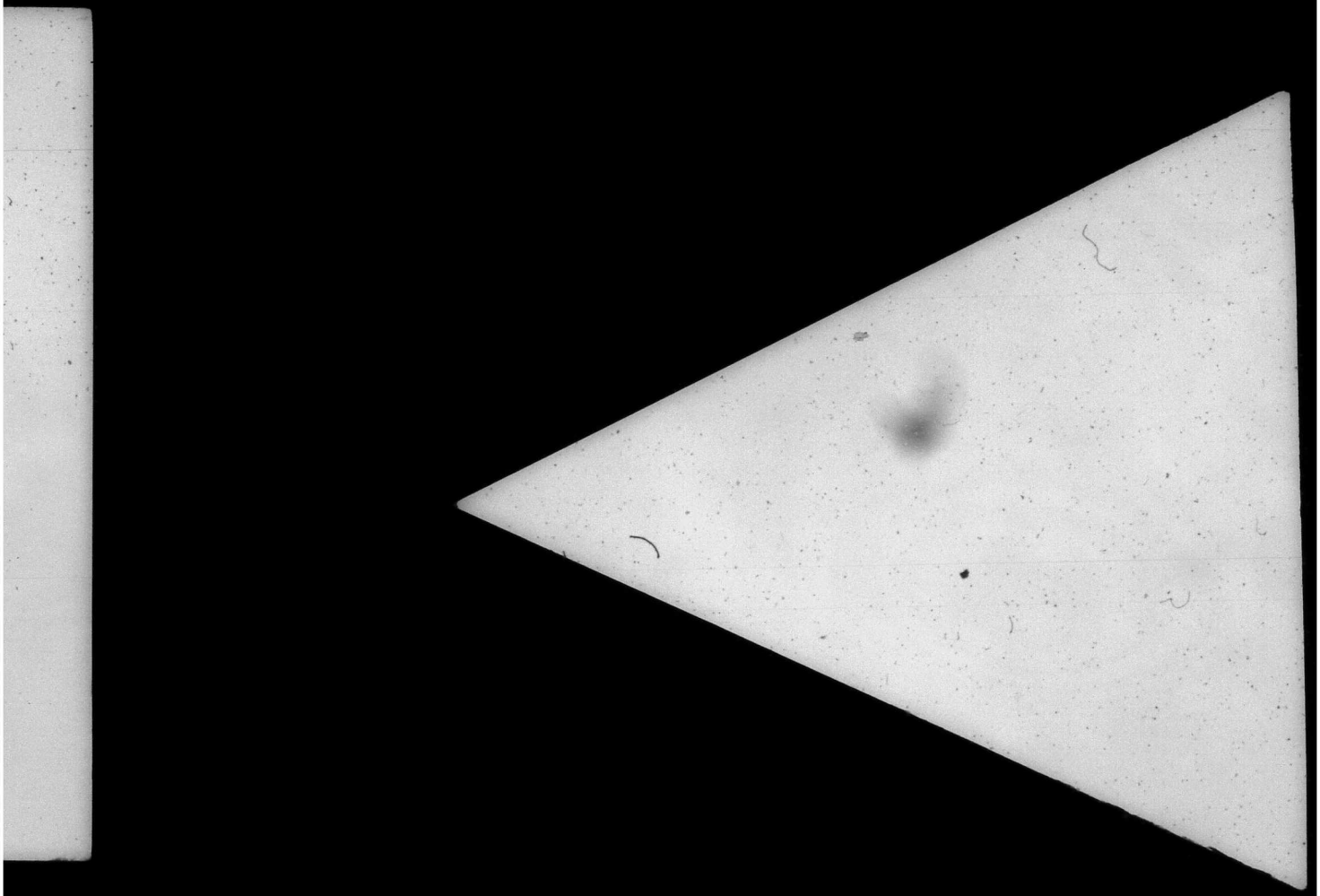
Post-Office Emily L Webb Decatur Ga

State of Georgia,
De Kalb County. } I W. M. Rogdale Ordinary of said County, certify that I am well acquainted with Mrs. Emily L. Webb who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the ____ day of ____ 18____

Given under my official signature and seal this the 21st day of Jan 1898.

W. M. Rogdale
Ordinary of De Kalb County.

Official Seal.



Husband was on
Roll in Rockdale Co
Indigent Roll
Webb, Francis T. 1914
on roll No. DeKalb Co

Widow's Application

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

County DeKalb

Name Mrs. Francis T. Webb

Widow of W. T. Webb

Company C. = 9 = Ga Regt

Approved .....

.....

.....

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

10/31/1913

STATE OF GEORGIA,
Dekalb County.

Personally before me comes Mrs. Francis E. Webb of said County, who, after being duly sworn, on oath says, that she is the widow of W. C. Webb to whom in the County of Walton State of Georgia she was married on the 27 day of January 1867 and that she remained his wife, and resided with him to the date of his death in Oct 29 1913 and that she has not since his death remarried. At the time of his death he was a resident of Dekalb County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of $ 60.00 per annum, on account of being a soldier in Company in Rockdale County for 1913 Regiment Ga (Volunteers of State Militia.)

At the death of W. C. Webb he was in the use and possession of the following property, to wit: No Real Estate

What property of any kind and of any value have you in your use, control and possession now, and the cash value. (State fully.) One Small Ground Lot Situated in Conyers Ga Horses and Mules $ 0 Hogs, Cows, etc. $ 17.00 Total Cash value of all property $ 17.00

That she is now a bona fide resident citizen of said County of Dekalb and she has so continuously resided since 1913

Sworn to and subscribed before me, this the 14 day of October 1913 Mrs. Frances E. Webb

James A. Guest Ordinary, of Dekalb County.

Affidavit of Witnesses to Prove Marriage and to Whom--Date of Death of Husband.

STATE OF GEORGIA,
Rockdale County.

Personally before me come Ga Lee and W J Chandler known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Miss Francis E Webb who made the foregoing affidavit, is the lawful widow of W C Webb who died in Oct 29 1913 County in said State of Georgia on 29 day of Oct 1913 and that she has not since remarried. That she became the wife of W C Webb on the 27 day of January 1867 and that she and he had resided together as man and wife continuously since. and that she and he had resided together as man and wife continuously since. was the same man who was on the pension roll of said State Ga from Conyers Dist County when he died.

Sworn to and subscribed before me, this the 27th day of Oct 1913 W. A. Lee Ordinary, of Rockdale County.

Husband was on Roll in Rockdale Co Indigent Roll

Webb, Frances E. 1914 Jan 10 No. Dekalb Co

Widow's Application

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

County Dekalb

Name Mrs Francis E Webb

Widow of W C Webb

Company C. G. Ga Regt

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

1913

STATE OF GEORGIA,
DeKalb County.

Personally before me comes F. T. Hopkins & A. J. Oakes who after being sworn on oath says, that they are freeholders of said County, and that they know of said County and knew her said husband W C Webb at his death on the 29 day of Sept 1913 that she and he were in the use, possession and control of the following property at his death to wit: He owned no Property

of the value of $ —— That she is now in the use, possession and control of the following property to wit: one Small House & Lot in the Town of Longens Ga Value $700 of the value of $ 700.00 we Know this Property personally

Sworn to and subscribed before me, this the 28 day of Oct 1913

James R George Ordinary, F T Hopkins
A J Oakes
of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb County.

I, James R George Ordinary of said County, do certify, that, I know Mrs. Frances C Webb the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the August 4th 1912

That I also know G A Lucas & W J Chandler witness as to marriage and I also know F T Hopkins & A J Oakes who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of DeKalb County shows that She returned property to the amount of None for 1908 $ None for 1909 $ None for 1910 $

Sworn under my hand and official seal of office this 28 day of Oct 1913

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

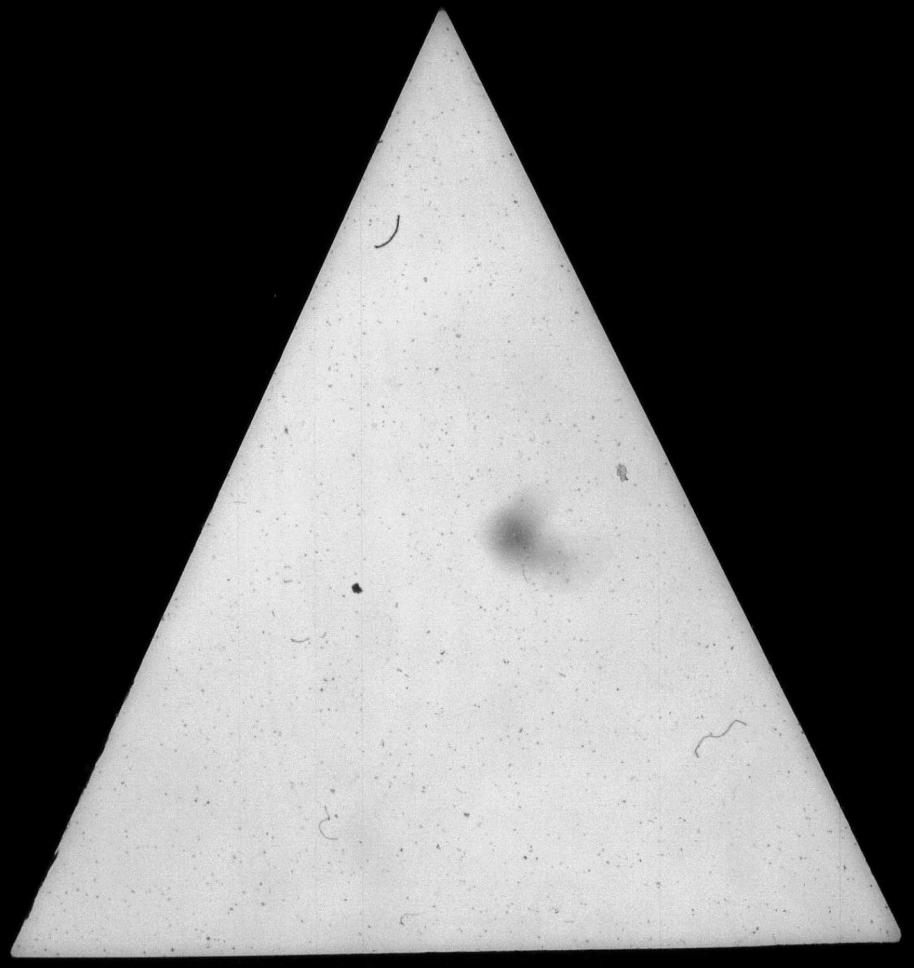
Her Property is in Rockdale Co

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

Georgia Rockdale County

I E F Cook Ordy Rockdale County do certify that I am Personally acquainted with G A Lucas and W J Chandler and their Statements are entitled to full faith and Credit - Given under my hand and Official Signature this Oct 27 1913.
E F Cook Ordy

Official Signature this Oct 27 1913
E.T. Cook Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, _____ hereby authorize

_____ of

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

_____ at _____ by

Witness my hand and seal this _____ day of _____ 1895.

Executed in presence of

)
)
)

Atty for Rev. Johnson &c
Wm. Reynolds Ord. Mary.
Jeff. Wells Co. Ga.

No. 501

INDIGENT PENSION
1895.

Name Wm Wells Jeff Co.

County Jeff Co

Ground Sept 1st 1896

Aug 1st 1896 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Yelverton

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,
County.

I, ... hereby authorize

..... of

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

..... at ..... by

Witness my hand and seal this ..... day of ..... 1895.

Executed in presence of

)
)
)

Aff'd Rec'd Johnson &c
Wm Arnold Ord'y
Jeff Webb Jr. Wm Jr
Geo Webb Jr. Wm Jr

INDIGENT PENSION
1895.

No. 501

Name Geo W. Webb Sr.

County De Kalb

Ground Aug 1st 1896

Aug 1st 1896 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Applicant

Geo. W. Harrison, State Printer, Atlanta.

De Kalb County.

Geo W. Webb Sr of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office)
Geo A. Webb. In DeKalb Co.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
In DeKalb Co 60 years
3. When and where were you born? July 14th 1826. in Northcarolina
4. Did you volunteer in the Confederate Army or in the Georgia Militia? Confederate army
5. When and where did you enlist? June 1862 at Decatur
6. In what company and regiment did you enlist? Geo A. Maxwell. Batallion
7. How long did you remain in that company and regiment? Two Years
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? Never Transfered
9. For how long a period did you discharge regular military duty? Two Years
10. When, where and under what circumstances were you discharged from service?
After the Surrender at Decatur Ga
11. What is your present occupation? Farmer
12. How much can you earn per annum by your own exertions or labor? Nothing
13. What has been your occupation since 1865? Farming
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? Fifty or Sixty Dollars
15. What is your present physical condition and how long have you been in such condition?
Trouble with bladder and gravel
Have grown worse for last Two years
16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? age & Infirmity
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?
On account of infirmity can do no labor for a support.
18. What property, effects or income do you possess? None
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? None made no disposition a place I paid tax on in 1893 was sold under a mortgage. I received nothing
20. In what County did you reside during those years and what property did you then return for taxation?
De Kalb. None 94 - small amount in 1893.
21. How were you supported during the years 1893 and 1894?
By my two sons.
22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Possibly 860 Dollars
23. What was your employment during 1893 and 1894? What pay did you receive in each year?
Could do nothing
24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support? Wife dead.
Three children two boys one girl.
eldest 37 other 34 years. Farmers

Sworn to and subscribed before me this the 10th day of April 1895. } Geo W Webb Applicant.

W M Logsdale Ordinary

of De Kalb County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA, De Kalb County. }

T. H. Austin, of said State and County, having been presented as a witness in support of the application of Geo W. Webb. Sr for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside?
T. H. Austin De Kalb County
2. Are you acquainted with Geo W. Webb Sr, the applicant, if so how long have you known him? Yes, Forty years
3. Where does he reside, and how long has he been a resident of this State?
In De Kalb County, here before the war
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I do was with him in same Co
5. When, where and in what company and regiment did he enlist?
Was sent to our Company June 1862. Co A Maxwell's (Botalion)
6. Were you a member of the same company and regiment? Yes
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?
Two Years or more, was in Service all the time was discharged at Surrender at Decatur
8. What property, effects or income has the applicant? (Give your means of knowledge.)
Nothing I have lived near him ever since the war
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? He had a small place but it was sold under a mortgage in 1893.
10. What is the applicant's occupation and physical condition?
He is weak from age and disease
11. Is the applicant unable to support himself by labor of any sort, if so, why?
I think he is unable to do any kind of work
12. How was he supported during the years 1893 and 1894?
By his Son
13. What portion of his support for these two years was derived from his own labor or income?
He was not able to work at all
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894.
Prone to age, and infirmity from disease, he is unable to do any work
15. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this the 10th day of April 1895. } Thos. H. Austin Applicant.

W M Logsdale, Ordinary.

STATE OF GEORGIA, De Kalb County. }

Personally came before me J. H. Lose M.D. and D. R. Chisolm M.D., both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully Jesse W. Webb Sr., applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

Enlarged prostate gland & chronic cystitis, rendering him a confirmed invalid.

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 10th day of April 1895. } J. H. Lose M.D. D. R. Chisolm M.D.

W M Logsdale, Ordinary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, De Kalb County. }

I, W. M. Logsdale, Ordinary in and for said County, hereby certify that the applicant Geo W. Webb resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: Thos H. Austin J. H. Lose M.D. & D. R. Chisolm M.D. are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of De Kalb County show that applicant returned for taxation in his name in 1893, $25.00 dollars of property, and in 1894, None dollars of property.

Witness my hand and seal of office, this 30th day of April 1895.

W M Logsdale Ordinary

of De Kalb County.

NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, hereby authorize

of

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

by

at

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

day of 1897.

[L. S.]

Executed in presence of

ACT OF 15 DEC., 1894.
(For Those Already Enrolled.)

No. 455

INDIGENT
Soldier's Pension.
1897.

Name Geo. W. Webb Sr.
County DeKalb.

Jan 12 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

State of Georgia,
County.

I, hereby authorize

of

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

by

at

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

day of 1898.

[L. S.]

Executed in presence of

ACT OF 15 DEC., 1894.
(For Those Already Enrolled.)

No. 1375

INDIGENT
SOLDIER'S PENSION,
1898.

Name Geo W Webb
County DeKalb

WARRANT ISSUED

1/12 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears Geo. M. Webb of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continously ever since the 6 day of July 1826; that he is 45 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 years in Company A, of th Regiment of Maxwell's Battery Artillery; that his physical condition is as follows: Permanent disease and age. he is unable to labor for support.

that his property consists of the following items None

of the value of 00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of DeKalb county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, the 17th day of Jan 1897.

Geo. M. Webb Sr

W. M. Rogsdale, Ordinary.

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 17th day of Jan. 1897.

Affix your seal here.

W. M. Rogsdale,
Ordinary DeKalb County.

NOTE—The blanks spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears G. M. Webb of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 14th day of July 1834; that he is 64 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 4 yrs in Company A, of Maxwell th Regiment of Artillery; that his physical condition is as follows: On account of Kidney disease and old age he is unable to make a living

that his property consists of the following items None.

of the value of 00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of DeKalb county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 17th day of Jan 1898.

G. M. Webb Sr

W. M. Rogsdale, Ordinary.

State of Georgia,
DeKalb County.

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

Given under my official signature and seal, this 17 day of Jan 1898.

Affix your seal here.

W. M. Rogsdale,
Ordinary DeKalb County.

NOTE.—The blank spaces must be filled.

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County. }

I, _____, hereby authorize

_____ of _____

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

_____ at

_____

by _____

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of

_____ (L. S.)

_____

_____

CODE SEC. 1254.

(For Those Already Enrolled.)

No. 356

INDIGENT SOLDIER'S PENSION, 1899.

Name Geo. W. Webb

County Dekalb

WARRANT ISSUED

1/4 1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears G W Webb of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 16 day of July 183[illegible]; that he is 66 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 4 Years, in Company A, of Maxwells Art. Regiment of Ga; that his physical condition is as follows: Suffering from Kidney Disease so as unable to work

that his property consists of the following items None

of the value of 00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of DeKalb county been allowed a pension for the year 1895

Sworn to and subscribed before me, this, the 13 day of Jan, 1899.

G W Webb

W M Ragsdale, Ordinary.

State of Georgia,
DeKalb County.

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

Given under my official signature and seal, this 13 day of July 1899.

Affix your seal here.

W M Ragsdale
Ordinary DeKalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1899.

NAME Webb, G.W. Sr. YEAR 1896 COUNTY DeKalb
George W.

WHEN AND WHERE BORN? July 16th. 1826 North Carolina.

ENLISTED WHEN AND WHERE? June ,862 Decatur, Ga.

RANK.

COMPANY AND REGIMENT? Co. A, Maxwell Battalion Artillery.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

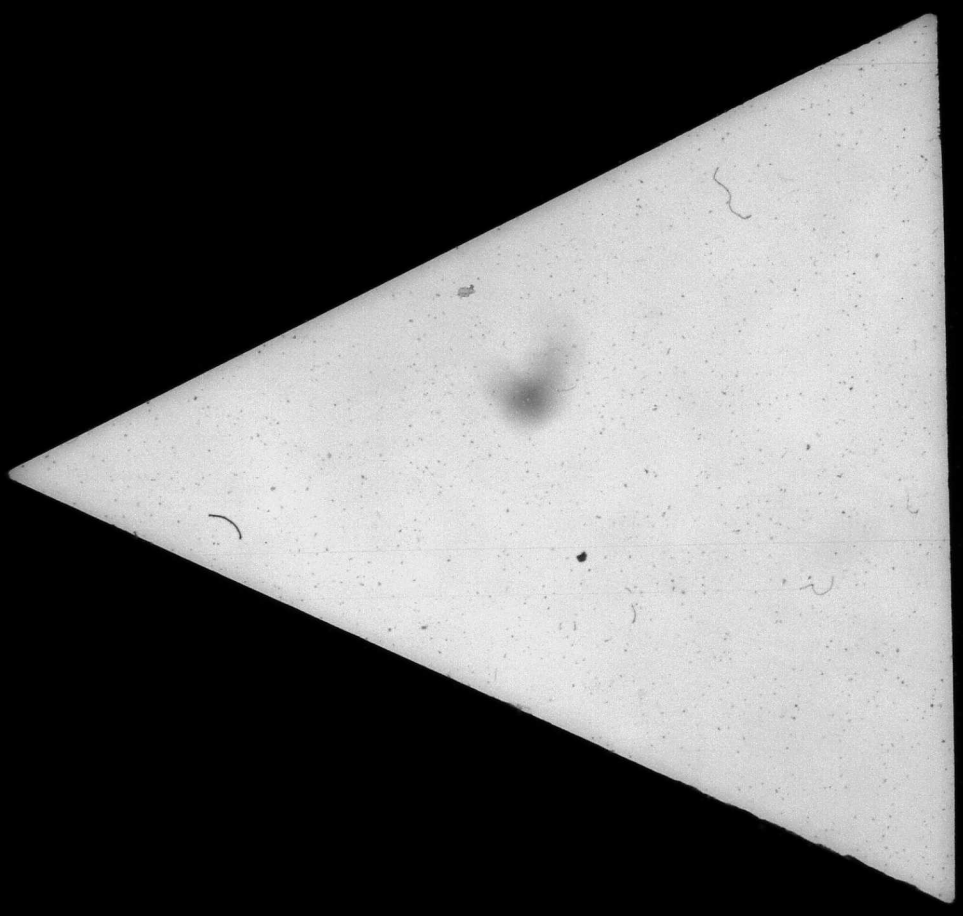
WHEN AND WHERE SURRENDERED? After the surrender at Decatur, Ga.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Thomas H. Austin. No data.



Webb, James A. DeKalb Co.
Death Claim
1912

Code Section 1250.

No.

INVALID

SOLDIER'S PENSION,

190

Name Jas A Webb

County DeKalb

Co E 7 Ga Inf Andrews Brigade

Disability

Amount, $

190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

9/4-913
Affidavit was
not filed
Check is sent
with the Certificate
Not mailed to the
Secretary
Kenny Rice
Sunday
Sent

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, hereby authorize

of to receive and receipt for the pension allowed and

request that be remit same to by

at

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

day of 190

[L. S.]

Executed in the presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

.....County.

I,.....hereby authorize.....

of.....to receive and receipt for the pension allowed and

request that he remit same to.....by.....

at.....

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

day of.....190....

.....[L. S.]

Executed in the presence of

.....

.....

Code Section 1250.

No.....

INVALID

SOLDIER'S PENSION,

190

Name, Jas A Wells

County, DeKalb

Co. F 7 Ga Cav Anderson's Brig.

Disability.....

Amount, $.....

.....190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

DeKalb County, Ga. Sept 16 1903

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

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

STATE OF GEORGIA,

DeKalb County.

PERSONALLY appears James A Wells of said DeKalb County, State of Georgia, who being duly sworn, says on oath that he was born on the 13th day of October 1843, that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the 19th day of Oct. 1843; that he enlisted in the military service of the Confederate States (or the State of.....) on the 29th day of May 1861, during the war between the States, and served in Company E of 7th th Regiment of Georgia Volunteers Inf Anderson Brigade, and was honorably discharged on the 10th day of December 1862; that whilst engaged in such military service, and in line of duty in the State of....., on the.....day of.....186..... he was disabled or wounded as follows: from General Disability

Where was command surrendered?.....

Was applicant present?..... If not, where was he?..... How come there?.....

And by whose authority? State fully:.....

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

Sworn to and subscribed before me, this the 16 day of Sept 1903

J. A. Wells

Jos R Lyons
Ordinary.

Post Office.....

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

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

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

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appear before me, the undersigned Ordinary in and for said County James Hunter and J. L. Teat personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say under oath, that they are personally and well acquainted with James A Webb whose application is herewith presented for a pension, that he has resided in this State continuously since the day of Since 1850, that he served in Company E of the Seventh Regiment of Tige Anderson Brigade, and from our personal knowledge he, while in line of duty, was injured by the service as follows: (*give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.*)

The said Jas A. Webb was discharged from military duty on account of General Disability and broke down in General health his disabilities was contracted in actual military Servis. He cannot do but little work not enough to support himself

Where was applicant's command surrendered? Appamattox Court House Va

Was he with it? he was not Were all of you present?

If not, where was he? he was discharged from the army

Where were you all? J.L. Teat was Appamattox at Surrender James was in Decatur Ga wounded

How do you know the facts you state to be true? I were there and Know of our own Knowledge

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

He was honorably discharged or retired from the service on day of

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.

Sworn to and subscribed before me, this 16 day of Sept 1903
Jas R. George Ordinary.

James Hunter
Jerwin L Teat

NOTE 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.
2.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
3.—All blank spaces *must* be filled when signed.
4.—Three witnesses are required.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY comes before me Jas R George Ordinary of said County, W J Hamilton and W S Ansley, both known to me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully examined J. A. Webb and after such personal examination, say that the present condition of applicant is as follows: Chronic diarrhoea, Cystitis. Chronic muscular Rheumatism, Old age and general break down of whole system.

and that such condition is permanent. Said condition arises from the following facts: Chronic diarrhoea contracted in the army during service

We have treated applicant professionally for years, and his condition, as above stated, does arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 16 day of Sept 1903
Jas R. George Ordinary.

W. J. Hamilton. M.D.
W S. Ansley Md.

NOTE 1.—*State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by affiants*
NOTE 2.—The physicians will be careful to fill every blank space in oath.

Form 4.

STATE OF GEORGIA,
DeKalb County.

I, Jas R. George Ordinary of said County, do certify that I am well acquainted with Jas A Webb the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and he is disabled, as he claims,* and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the 19 day of Oct 1848

I also certify that the witnesses, to-wit: James Hunter and are persons of respectability, that their statements are worthy of full credit and belief, *and that the full text of the affidavit was read to and understood by them before they signed the same.*

Given under my official signature and seal, this 16 day of Sept 1903
Jas R George Ordinary DeKalb County.

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

STATE OF GEORGIA,

.....COUNTY.

I, ...hereby authorize

.....of .....

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

.....at .....by .....

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

.....[L. S.]

Executed in presence of

.....

Pension office 10/1/04

Not an able man. It seems that his earning capacity by ordinary effort is sufficient to make his support at some kind of labor. State month in 1861 he enlisted, and was discharged, 1862. Commissioner reach conclusion as to how long he served. Clearly state and prove all statements to be true.

J. W. Lindsey
Com. of Pensions.

Webb, J. A.
Dekalb Co.
No. 27 Line 1907

To FULTON 1907

INDIGENT PENSION.

1906

Name J. A. Webb
County Dekalb
Co. E 7th Ga Regt.
Approved 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

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

4/20/04
9/18/07

STATE OF GEORGIA,

Dekalb COUNTY

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

1. What is your name and where do you reside? (Give State County and post-office).
J. A. Webb Dekalb Co Decatur Ga

2. How long and since when have you been a resident of this State?
61 years. Oct 19th 1843

3. When and where were you born? Oct 19th 1843. Dekalb Co Ga

4. When and where and in what company and regiment did you enlist or serve?
1861 Decatur [redacted] Company E. 7th Ga Regiment

5. How long did you remain in such company and regiment?
until Oct 1862 about 1½ years

6. When and where was your company and regiment surrendered and discharged?
1865 Appamattox Va

7. Were you present with your company and regiment when it was surrendered? I was not
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? Oct 1862 – I was discharged by authority of Regimental Surgent Nothing

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

10. What has been your occupation since 1865?

11. Upon which of the following grounds do you base your application for pension, viz: "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Age & Poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? For the past three years have not been able to earn a support

13. What property, real and personal, or income, do you possess, and its gross value? nothing

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? nothing

15. In what County did you reside during those years, and what property did you then return for taxation?
Dekalb nothing

16. How were you supported during the years 1899, 1900, 1901 and 1902? by my Children & wife

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? about $100.00 nothing

18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
I had no employment nothing

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? I have a wife She is 61 years old No income

20. Are you receiving any pension? If so, what amount and for what disability? I am not

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

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

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 28 day of June 1904.

J. A. Webb
Applicant.

James R. Lyon Ordinary,
of Dekalb County.

STATE OF GEORGIA,
DeKalb COUNTY.

James Hunter of said State and County, having been presented as a witness in support of the application of J A Webb 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?
James Hunter In DeKalb Co Ga
2. Are you acquainted with J A Webb, the applicant; if so, how long have you known him? about 40 years
3. Where does he reside, and how long and since when has he been a resident of this State?
DeKalb Co Ga. 61 years
4. When, where and in what company and regiment did he enlist, and how do you know?
29th May 1861 [redacted] Decatur Company C 7th Ga Regiment I was
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty? about one and half year
7. When and where was his command surrendered? Appomattox C H Va
8. Were you present when it surrendered? was not
9. Was applicant present? was not
10. If he was not present, where was he? he was discharged & When did he leave his command? Oct 1862 For what cause? discharged
By what authority he left? by Regimental surgent How do you know all of this?
I was present and know it of my own knowledge I was his Captin
11. What property, effects or income has the applicant? (Give your means of knowledge.)
Nothing. I live near him Know its true
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 nothing made no disposition
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
he has not
14. What is the applicant's occupation and physical condition? he has no occupation Physical condition bad
15. Is the applicant unable to support himself by labor of any sort; if so, why? he is on account of Age and infirmity
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? by his wife and Children
17. What portion of his support for these four years was derived from his own labor or income?
nothing
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Physical condition bad
19. Who composes family? What property have they? Children's age and their earning capacity?
he has a wife
20. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this the 28 day of June 1904
James R George Ordinary.

James Hunter Witness.

STATE OF GEORGIA,
DeKalb COUNTY.

Personally came before me O H Cox and W Shamblin, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully J A Webb, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:
Chronic Rheumatism. Enlarged Prostate [illegible] Totally unfitting him to earn a support.

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

Sworn to and subscribed before me, this the 20 day of Sept 1904
James R George Ordinary.

O H Cox M.D.
W Shamblin M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George Ordinary, in and for said County, hereby certify that the applicant J. A. Webb resides in said County, and has been a bona fide resident of this State since the 19 day of Oct 1863 and that the witnesses, viz.: James Hunter

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of DeKalb County shows that applicant returned for taxation in his name in 1899 Dollars of property, and in 1900 Dollars of property; in 1901 Dollars of property; in 1902 Dollars of property.

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

Witness my hand and seal of office, this 20 day of Sept 1904
James R George Ordinary,
of DeKalb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

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

_____ [L. S.]

Executed in the presence of

_____

Walk, J. P.
J. De Loach J. P.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

(Fulton Co. 1907)

INDIGENT
SOLDIER'S PENSION
1906.

Name J. A. Walk
County De Kalb
Co. E Regiment 7 Ga

WARRANT ISSUED
1/2 2, 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
_____

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

State of Georgia,
De Kalb **County.**

Personally appears J A Webb of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the ____ day of ____ 18__; that he is ____ years old and by occupation a ____, that he enlisted in the military service of the Confederate States (or of the State of ____) during the war between the States, and served for the term of ____ in Company E, of 7th Regiment of Georgia Hvy; that his physical condition is as follows: Age & Poverty

that his property consists of the following items: ____

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

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

Sworn to and subscribed before me, this the 13 day of January 1906.

J. A. Webb

James R George Ordinary.

State of Georgia,
De Kalb **County.**

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

Given under my official signature and seal, this 13 day of January 1906.

James R George

Ordinary De Kalb County.

Affix your seal here

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

NAME Webb, J.A. YEAR 1906 COUNTY DeKalb

WHEN AND WHERE BORN? October 19, 1843

ENLISTED WHEN AND WHERE? 1861, Decatur, Georgia

RANK.

COMPANY AND REGIMENT? Co. E. 7th Ga. Regt.

NAME OF CAPTAIN AND COLONEL? James Hunter, Captain

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Command surrendered 1865, Appomattox, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Oct. 1862, discharged by authority of Regimental Sergeant. Applicant does not state where.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. James Hunter, J.A. Webb, - Same Command- No data

mh.

DISAPPROVED

NAME Webb, James A. YEAR 1903 COUNTY DeKalb

WHEN AND WHERE BORN? Oct. 19, 1843, Georgia

ENLISTED WHEN AND WHERE? May 29, 1861,

RANK.

COMPANY AND REGIMENT? Co. E, 7th Regiment Georgia Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Witness states: Applicant was discharged from military duty on account of general disabilities and break down. His disabilities was contracted in acutal miltiary service. Doctor's statement: Applicant had chronic diarrhea, con-

CAPTURED, WHEN AND WHERE? (tracted during the war.

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Witness states: Applicant was discharged on account of general disabilities.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. James Hunter, Irwin L. Teat - Were in the army with applicant - No data

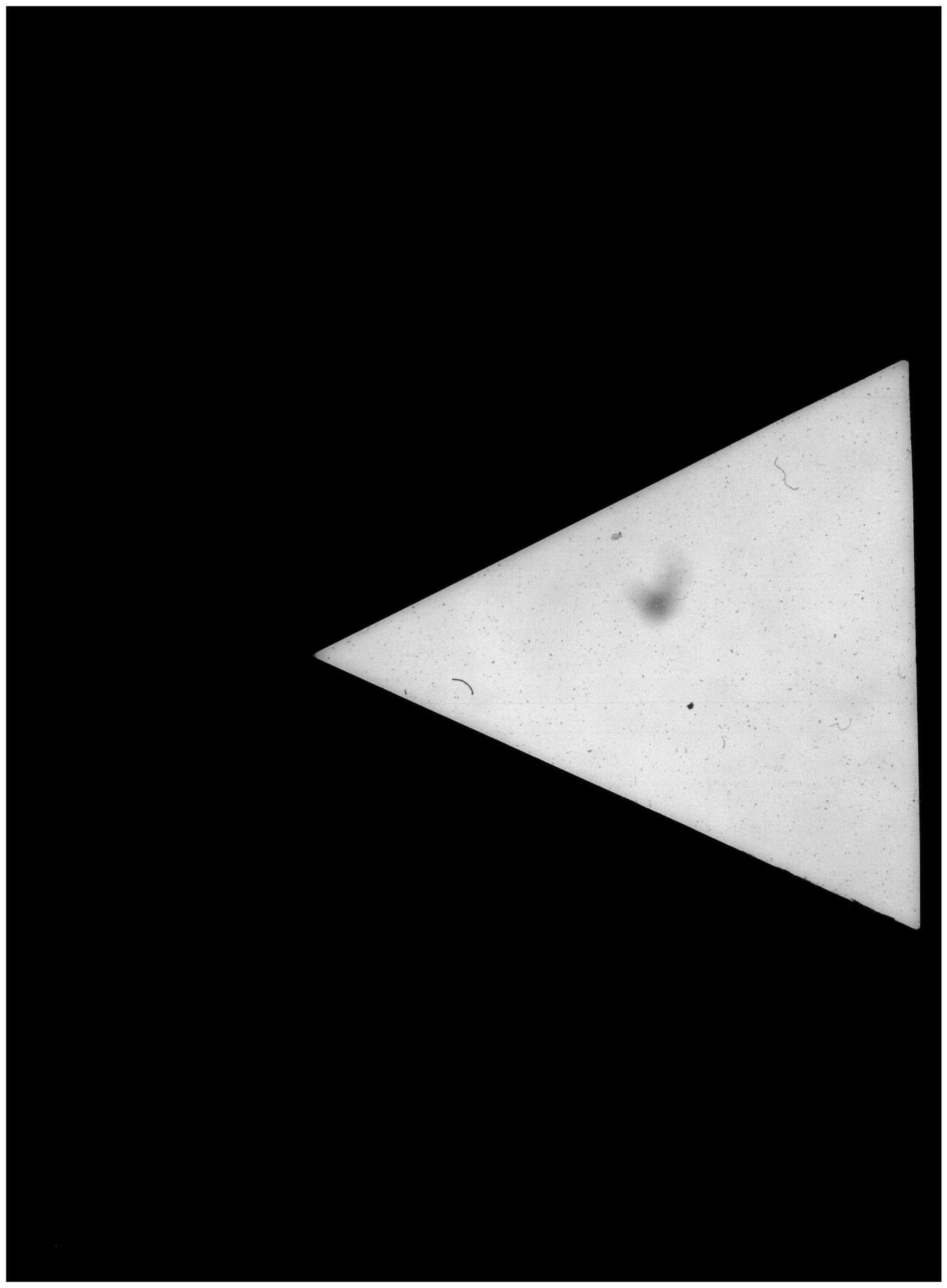
ss

mh.

Georgia
DeKalb county } Now comes J. N. Webb who on oath says that he enlisted in May 29th 1861 at Decatur Ga in Company E - 7 - Ga Regiment and was discharged. 20 day of September 1862 - and served sixteen months

Sworn to and subscribed before me this Dec 13th 1934
James R George
Ordinary

} J. N. Webb



Webb, Jesse

~~1876~~

No. 666 Webb, Jesse
DeKalb Co.

APPLICATION FOR

Artificial Leg

FOR CONFEDERATE SOLDIER.

Jesse Webb

County DeKalb

Limb ~~Leg~~ below Knee

Amount $75.00

Date of Warrant Dec 17 1879

Page

C. E. 2 2d Regt
Lg 1 Dy

STATE OF GEORGIA.

Mc Kalb County.

Personally appeared before me Jesse Webb of the county of Mc Kalb, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a Private in Company "C" Regiment of 22" Ga Volunteers that while engaged in such military service, to-wit: at the battle or engagement of Seven days fight near Richmond in the State of Virginia on the 20" day of June 1862, he was wounded in the Leg, and that the same was amputated below the knee; that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has not supplied himself with an artificial Leg; or that, not having done so, he prefers to supply himself with an artificial Leg

Sworn to and subscribed before me this 13" day of Nov, 1879 — Jesse W Webb

Wm S Wright Comp, Genl

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA.

County.

Personally came before me ..... the county of ....., State of Georgia, who, being duly sworn, depose and says that he was ..... in Company ..... Regiment and that ....., the above deponent, was a ..... in said Company, and that this deponent knows that said, ... lost a ..... in the military service as said in the above affidavit.

Sworn to and subscribed before me this .....

..... day of ..... 18.....

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

APPLICATION FOR

Artificial Leg

FOR CONFEDERATE SOLDIER.

Jesse Webb

County DeKalb

Limb Leg below knee

Amount $75-00

Date of Warrant Dec 22 1879

Page

No. 666

$75.00

DeKalb Co Ga

Dec 22 1879

$75.00

AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitu ion of 1877.

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

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

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

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

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

A. O. BACON,
Speaker House Representatives.
RUFUS E. LESTER,
President Senate.

ALFRED H. COLQUITT, *Governor.*

STATE OF GEORGIA,
DeKalb County.

Personally came L. P. Nash R. M. Thompson
L. W. Nash

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

Sworn to and subscribed before me this 12th day of Dec 1879
John W. McGrizby
N.P. & E.O.

R. M. Thompson
L. W. Nash

STATE OF GEORGIA,
DeKalb County,

I, Wendley W Bayne, Ordinary of DeKalb
county, do certify that I am well acquainted with Jessie Webb
the applicant for a , and am well satisfied that the facts stated by him in the foregoing
affidavit are true, and that I am well acquainted with R. M. Thompson & L. W. Nash
& J. H. Nash
the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts
tated by them are true.

Given under my hand and official seal, this 17th
day of December 1879

W. W. Bayne
ordinary

NAME, Webb, Jesse YEAR 1879 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co "E" 22nd Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Seven Days Fight below Richmond, Va - June 20, 1862.
leg below knee.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

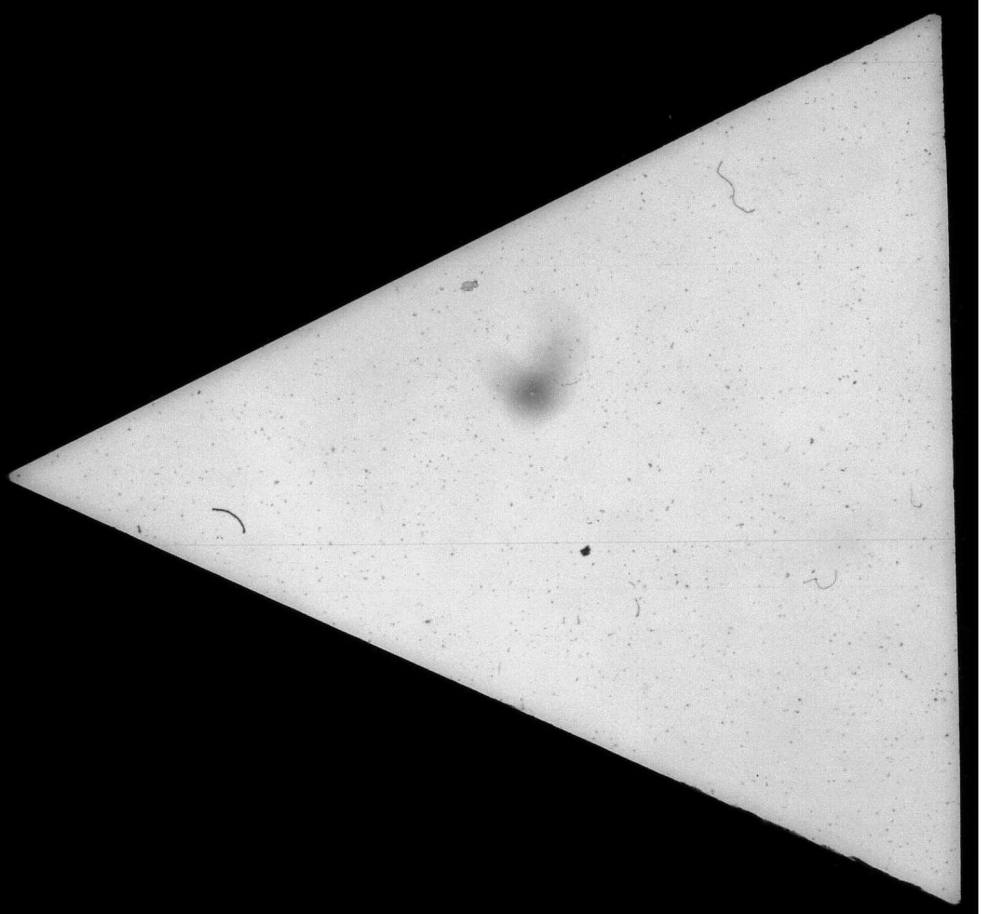
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. R M Thompson, I N Nash and F M Nash

No data



Form No 2.

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

STATE OF GEORGIA, County of DeKalb

I, DeKalb Rozadee Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Laura A. Webb the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Reuben R. Webb deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 21st day of Jan 1895.

{SEAL} W. M. Rozadee Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County in said State, do hereby appoint

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

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

day of 1895.

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to me at , and oblige

Mail Laura A. DeKalb Co. Ga.

FOR THOSE HERETOFORE PAID.

1895. Feb 15 1894

No. 652

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO Mrs. L. A. Webb

OF Inman Fulton Co. widow of Reuben R. Webb

County.

WARRANT ISSUED 1/2 Feb 1895.

AND HANDED TO Applicant

(Geo. W. Harrison, State Printer.)

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

STATE OF GEORGIA, County of DeKalb

I, W. M. Ragsdale Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Laura A. Webb the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of C. R. Webb deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 21st day of Jan 1895.

(SEAL) W. M. Ragsdale Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County in said State, do hereby appoint

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

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

day of 1895. [L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by to me at , and oblige

1895.

No. 6572

FOR THOSE HERETOFORE PAID.

Webb, Laura A.
DeKalb Co.

PAID TO

Mrs. Laura A. Webb

OF

DeKalb County.

widow of C. R. Webb

WARRANT ISSUED

29 July 1895.

AND HANDED TO

Applicant

Geo. W. Harrison, State Printer.

STATE OF GEORGIA, County of DeKalb

I, W. M. Ragsdale Ordinary in and for said County of DeKalb State of Georgia, hereby certify that I am acquainted with Mrs. Laura A. Webb the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of C. R. Webb deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

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

(SEAL) W. M. Ragsdale Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb County.

I, Mrs. Laura A. Webb hereby authorize W. M. Ragsdale of DeKalb to receive and receipt for the pension paid hereon and request that he remit same to at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 29th day of Jan 1896.

L. A. Webb [L.S.]

Executed in the presence of

Mrs. Lasie A. Jenkins

Mrs. M. F. Thurmond

1896.

No. 415

FOR THOSE HERETOFORE PAID.

DeKalb County

PAID TO

Mrs. Laura A. Webb

OF

DeKalb County.

widow of C. R. Webb

WARRANT ISSUED

29 July 1896.

AND HANDED TO

Geo. W. Harrison, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb | Personally Comes Mrs. Laura A. Webb

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Nov 1833. That she is the Widow of Claborn R. Webb who was a Soldier in Company G of the 43rd " Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of Feb 1862, and served in the Army up to Oct 1862. That he lost his life on the 22d " day of October 1862. (*State here full particulars of the husband's death, when, where and from what cause.*) (He had measles and relapsed and then had typhoid fever, while in service and died at Knoxville Tenn. on date stated.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1854, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 21st day of Jan 1895. W. M. Ragsdale, Ordinary. | Laura A Webb, Post-office Ingleside, Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb | Personally Comes Mrs. Laura A. Webb

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since all her life 18 That she is the Widow of C. R. Webb who was a Soldier in Company G of the 43rd Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Oct 1861 and served in the Army up to Oct 1862 That he lost his life on the 22d day of Oct 1862. (*State here full particulars of the husband's death, when, where and from what cause.*) (Had fever while in service and died of the disease in a hospital at Knoxville, Tenn.

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 1854, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this 29th day of Jan 1896. W. M. Ragsdale, Ordinary. | L A Webb, Post-office Ingleside Ga.

STATE OF GEORGIA, County of De Kalb

I, W.M. Reynolds Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. L. Allen the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of C.K. Allen deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 13th day of Feb 1897.

{SEAL} W.M. Reynolds Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

I, Mrs L. Allen hereby authorize W.M. Reynolds of De Kalb to receive and receipt for the pension paid hereon and request that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this 13th day of Feb 1897.

Mrs L. C. Allen [L. S.]

Executed in the presence of

Josie Jenkins

Ned Scruggs

Widow's Pension De Kalb Co. Ga

FOR THOSE HERETOFORE PAID.

The Pension Act of 1890

1897.

No. 3691

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO Mrs L. K. Allen

OF De Kalb County.

widow of C. K. Allen

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED 2/17 1897,

AND HANDED TO atty

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of DeKalb

Personally Comes Mrs. L. F. Webb

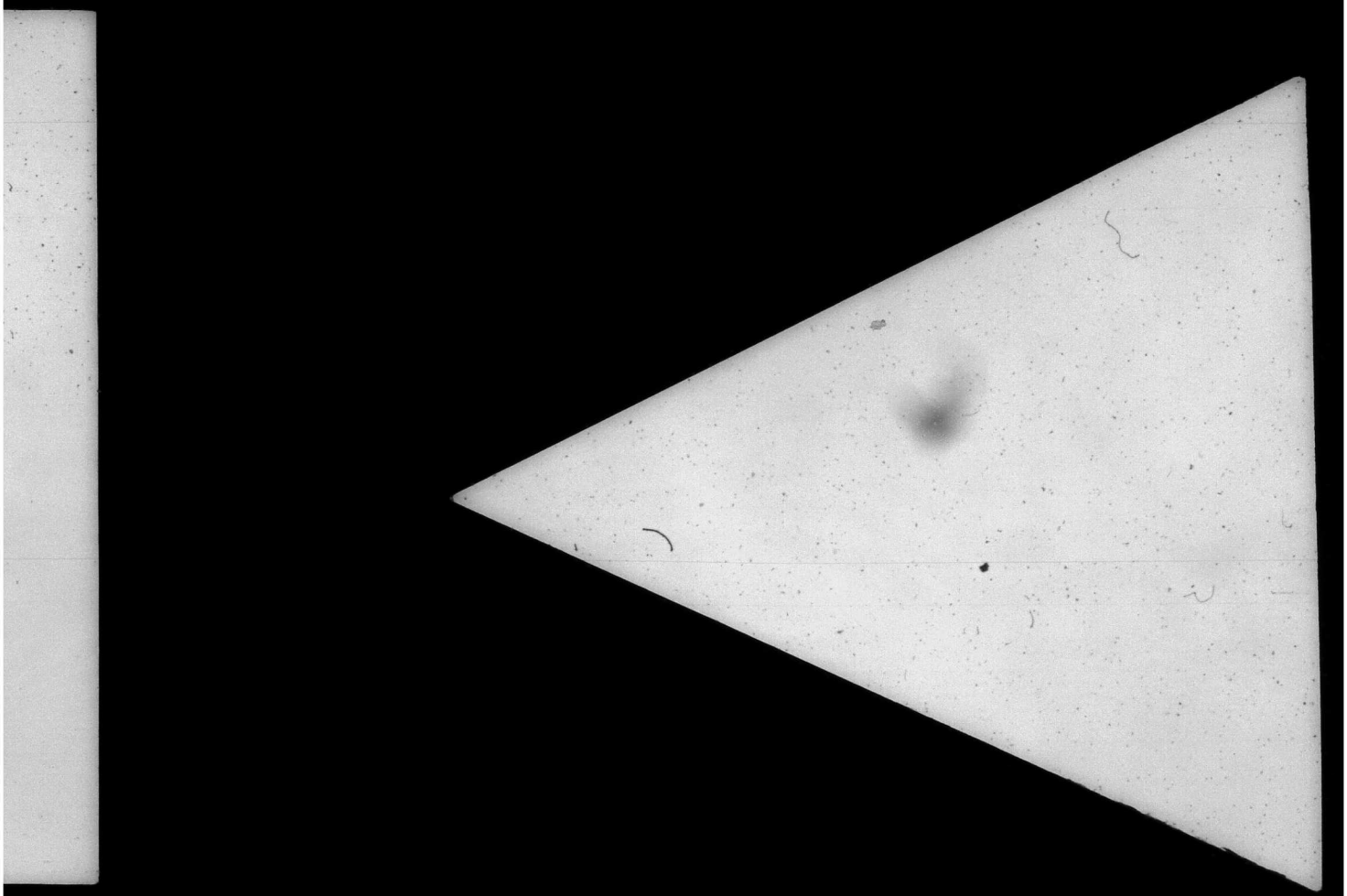
who being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Nov 1833 That she is the Widow of G. R. Webb who was a Soldier in Company F of the 43d Regiment of Ga Volunteers, that enlisted in said regiment on or about the month of April 1862 and served in the Army up to Oct 1862 That he lost his life on the 21 day of Oct 1862. (*State here full particulars of the husband's death, when, where and from what cause.*)

died while in service and died at Knoxville Tenn of fever

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1834, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of DeKalb County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 13 day of Feb 1897.
W. H. Logsdon Ordinary.

Mrs. L. F. Webb
Post-office



James Rose Pvt
enlisted as a private
Co. H. 57th Regt. Ga. Inf.
twenty may 12, 1862.
Transfer, Atlanta, Ga.,
July 21, 1864. Surrendered
with Co. A, 57th Regt. Ga.
Infantry (Consolidated) Provis.
Div. N. C. Apr. 26, 1865.
Washington Records)

Mr. Henderson Sept. 28. 1932
Letter applied
5-27-1932.

Mrs. Nancy A. Rose
c/o D. E. Rose
Decatur, Ga.
Route 4

Widow's Application

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

54

County DeKalb

Name Mrs. Nancy A. Rose.

Widow of J. Rush Rose.

Date of Marriage May 21 1869

Company

Regiment

Approved Jno. C. Rose
Geo. T. Brine Sig

Commissioner of Pensions.

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

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

Given under my hand and official seal of office this 24 day of April 1932.

(SEAL OF ORDINARY) V. D. Morgan, Ordinary.

of DeKalb County.

INSTRUCTIONS:

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

James Rose 1/16
enlisted as a Pvt
Co. G. 54 th Regt.

Approved
for June 1932

Widow's Application

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

County DeKalb

Name Mrs. Nancy A. Webb.

Widow of J. Rush Webb.

Date of Marriage Feby 24 1869

Company

Regiment

Approved

Commissioner of Pensions.

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

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

Given under my hand and official seal of office this 29 day of April 1932.

(SEAL OF ORDINARY)

V. D. Morgan, Ordinary.

of DeKalb County.

INSTRUCTIONS:

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

APPLICATION FOR PENSION BY A WIDOW

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DeKalb COUNTY.

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

1. What is your name, and where do you reside? (Give Post Office and County) Mrs. Nancy A. Webb, Decatur, DeKalb Co., Ga.

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? From my birth, except for short visits to Alabama Was a resident of Georgia 1920

3. When, where and to whom were you married? Feby 24th 1869. to James Rose Webb, Upatoy, Ga. Muscogee Co., Ga.

a. Have you married since the death of first and soldier husband? No

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service, and give name of Colonel and Captain.) About May 16, 1862, Private in Co. G, 54th Regt. Columbus, Ga. 54th Ga. Infantry

5. When and where did the commands of your husband surrender or discharge from the Service? Surrendered with 54th Regt. Ga. Inf. (consolidated Greensboro, N. C. April 26, 1865

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

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

8. When did he leave the Command? X

a. For what cause did he leave? X

b. By whose authority did he leave? X

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

e. What was his physical condition when he left his command? X

f. What effort did he make to return to his Command? X

g. In what way was he prevented from going back to Command? X Surrender

h. Was he captured by the enemy at any time? No

i. If so, when and where? In what prison was he held and when was he released?

j. When and where did your first husband die? Daily Rush I husband. 5th June 1894. Phoenix City ala

k. Were you residing together when he died? Yes.

l. If not, how long have you resided apart? X

m. Are you now a widow? Yes.

9. Have you or your husband heretofore been paid a pension by the State? By Alabama If so, when and for what cause were you or your husband placed on the roll? I was placed on roll in my husbands stead, as he died before he received his pension

Sworn to and subscribed before me, this the 29 day of April, 1932.

V. D. Morgan, Ordinary

of DeKalb County.

(SEAL OF ORDINARY)

Mrs Nancy A. Webb
Applicant.

E/ Webb, NANCY A. (Mrs.)
DeKALB CO. 198.25

For DeKalb County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

V. S. Morgan, Ordinary
MRS. NANCY A. WEBB

For: Mrs. N. A. Webb
(Name of Pensioner)

Date of Death: July 25, 1934

Amount: $ ~~201.25~~ 75.00

PAID TO ORDINARY ON THIS CLAIM:

DATE 1934	FUND FROM WHICH PAID	$
12-27	C+E	75 00
	TOTAL.	75 00

Approved, and ordered paid,

DEC 27 1934

, 193

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

1934
Received of V. S. Morgan Ord. check for $75.00 for funeral expense of Mrs. N. A. Webb. 12/28/34
Bessie O'Berry

SAVANNAH, GA. August 21st 1934

Mrs. O'Berry

for Mrs. Nancy Webb

To DR. HENRY L. LEVINGTON, DR.
OFFICE: 209 GASTON STREET, EAST.

PHONE 2-1686

OFFICE HOURS
9-10 A. M.
2-3 P. M.
7-8 P. M.
SUNDAY 11 TO 1

TO BILL RENDERED		
TO PROFESSIONAL SERVICE	$	
3 Home visits @ 3.00 each	9	00

NOTE: This bill has already been paid.

RECEIVED PAYMENT

Application for

Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, Chatham County:

Before me, the Ordinary of said County, comes Mrs. Bessie Obery, of said County, who, after being duly sworn, on oath says that she knew Mrs. Nancy Webb late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of $ 207.25, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me, this the 20th day of August, 1934. Sheldon Young, Ordinary.

X Mrs Bessie O'Berry,

E & E. Gk

CERTIFICATE OF THE ORDINARY

GEORGIA, ~~CHATHAM~~ DeKalb County.

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

Given under my hand and seal of office, this the 14 day of November 1934.

(Seal of Ordinary) V. A. Morgan, Ordinary.

INSTRUCTIONS:

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

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

3rd. Each account must be sworn to before the Ordinary, and in the following form:

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

4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.

5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.

6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.

9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

FOX & WEEKS
FUNERAL DIRECTORS
SAVANNAH, GA.

Est Mrs. N. A. Webb
To Mrs Bessie O'Berry
No 204 40th St. Savannah, Ga

1934

July 20	TELEGRAMS AND TELEPHONE	
	PREPARATION OF REMAINS	25
	WEARING APPAREL	8 25
	CASKET AND SERVICES RENDERED	85 =
	FUNERAL NOTICES	
	FLOWERS	
	CEMETERY LOT	
	CEMETERY FEE	7 50
	CHOIR	
	VAULT No. 3 STEEL / CEMENT ✓	6. =
	HEARSE FOR FUNERAL	12
	Certified Copy Death Certificate	50
	SEDANS	
	TRANSPORTATION	
	SERVICES RENDERED	
	HEARSE FOR TRANSFERS	
	SERVICE TRUCKS	
	TOTAL	198 25

The above and foregoing account is rendered for funeral expenses of Mrs. N. A. Webb, who died without sufficient property to pay the bill.
Sworn to before me this Nov. 12th, 1934.
Sheldon Young
N. S. C. C. G.

By J. L. Webb
Member of firm
August 20th, 1934

9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

CERTIFICATE OF DEATH

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Bureau of Vital Statistics

Registered No. ____

1. PLACE OF DEATH
County CHATHAM Militia District (Number and Name) ____ State of Georgia
City or Town SAVANNAH, GA Length of residence in this city or town: Yrs. ____ Mos. ____ Ds. ____ NON-RESIDENT (Yes or No) ____
Street and Number (No.) 224 (Street) W. 40th Ward ____
(If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME Mrs Nancy Webb
Residence (City or Town) Savh Ga (Street and Number) ____ (State) ____

COPY

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, year) Feb. 25-1852

7. AGE: Years 82 | Months 1 | Days ____ | If less than one day: Hours ____ Minutes ____

8. OCCUPATION
(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. ____
(c) Date deceased last worked at this occupation (month and year) ____ (d) Total years spent in this occupation ____

9. BIRTHPLACE (P. O. Address) Box Springs, Ga Greene

FATHER
10. NAME ____
11. BIRTHPLACE (P. O. Address) Box Springs Ga

MOTHER
12. MAIDEN NAME Priscilla Childers
13. BIRTHPLACE (P. O. Address) Box Springs Ga

14. INFORMANT (Signed) Mrs Bessie O Berry
(Address) 224 W 40th

19. BURIAL PLACE (Cemetery) Bonaventure
(Postoffice) ____ Date 7-25-34

20. UNDERTAKER (Signed) Fox & Weeks
(Address) Savh Ga

COPY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 25 1934 at 9 30 M
(Month, Day, Year) (Hour)

17. I HEREBY CERTIFY, that I attended the deceased from May 12 1934 to 7-26 1934
I last saw ____ alive on 7-26 1934 death is said to have occurred on the date and hour stated above.
The principal cause of death and related causes of importance in this order of onset and duration of each:

Cerebral Hemorrhage

Other contributory causes of importance:

Hypertension

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

If death was due to external causes (violence) fill in also the following:
Was injury an accident, suicide, or homicide? ____
Where did injury occur ____
(Specify city or town, if outside of limits, the county, and also the state)
Did injury occur in a home, public place or industry? ____
Manner of injury ____
Nature of injury ____

(Signed) H L Covington M.D.
(Address) Savh Ga

15. FILED ____ 19 ____
(Signed) ____ (Local Registrar)

V.S.—2

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

I certify that the record of death on the reverse side is a copy of the one on file in the Bureau of Vital Statistics, Savannah, Ga.

E. L. Brighton

Registrar of Vital Statistics

ALABAMA PENSION COMMISSION
THE STATE CAPITOL
MONTGOMERY

June 8, 1932.

Hon. John J. Hunt,
Commissioner of Pensions,
Atlanta, Ga.

Dear Sir:

We acknowledge receipt of your letter of June 2, and thank you for informing us that the name of Mrs. Nancy A. Webb has been placed on the pension roll of Georgia.

We are today striking her name from the pension roll of Lee County, Alabama.

Yours very truly,

Walter K. McAdory
Pension Clerk

MARRIAGE LICENSE

Georgia, Muscogee County.

To any ordained Minister of the Gospel, Jewish Minister, Judge, or Justice of the Peace:

YOU ARE HEREBY AUTHORIZED TO JOIN

James R. Webb and Nancy Green

in the Holy State of Matrimony, according to the Constitution and laws of this State, and for which this shall be your sufficient license, to be returned at once to this office, with your certificate of fact and date of marriage.

Given under my hand and seal, this 23rd day of December, 1868, ~~m~~

(L. S.) John W. Duer, Ordinary.

Georgia, Muscogee County.

I do hereby certify that James R. Webb and Nancy Green were duly joined in Matrimony by me this 21st day of February, 1869, ~~m~~

Daniel Cordeary, J. P.

Ordinary's Office.

State of Georgia, } S. S.
Muscogee County }

I, H. H. Hunter, Jr., Clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of the Marriage License and Certificate of Marriage of James R. Webb and Nancy Green 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, and that said Court is a Court of Record.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this 20th day of May, 1932.

H. H. Hunter, Jr.
Clerk Court of Ordinary

Ordinary's Office.

State of Georgia, } S. S.
Muscogee County }

I, H. H. HUNTER, Ordinary of said County, and presiding Magistrate of the Court of Ordinary thereof, do hereby certify that the above attestation subscribed by H. H. Hunter, Jr., as Clerk of said Court, is sufficient and in due form of law, that his signature thereto is genuine.

Witness my hand and official signature, this 20th day of May, 1932.

H. H. Hunter Ordinary.

June 2, 1932.

Confederate Pension Department of Alabama,
Montgomery, Alabama.

Gentlemen:

This is to notify you that Mrs. Nancy A. Webb, widow of J. R. Webb, who is now, as I understand, a pensioner of the State of Alabama, has been admitted to the pension roll of the State of Georgia, and payments to her will be made for the month of June, 1932, and thereafter. This notification being given you so that you may cause her name to be dropped from the pension roll of the State of Alabama. Mrs. Webb has been drawing her Alabama pension from Lee County.

With best wishes,

Very truly yours,

COMMISSIONER OF PENSIONS.

T

Copy To:

Probate Judge,
Lee County,
Opelika, Ala.

June 2, 1932.

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

Dear Judge:

IN RE: Application for pension of Mrs. Nancy A. Webb, Widow of J. Ross Webb:

I have approved this application for the month of June, 1932 and there after, upon the ground that the marriage is shown to have taken place prior to the year 1881, and that the following record of Confederate service performed by the husband is on file in the office of the Soldier Roster Commission:

"James Ross Webb enlisted as a private, Company G, 54th Regiment Georgia Infantry May 12, 1862. Wounded, Atlanta, Ga., July 22, 1864. Surrendered with Company F, 54th Regiment Georgia Infantry (consolidated), Greensboro, N. C., April 26, 1865."
(Washington Record)

The applicant has been a pensioner of the State of Alabama, but she has established her residence in the State of Georgia, thereby relinquishing her citizens ip in the State of Alabama. She was a citizen of the State of Georgia in the year 1920, which brings her within the Constitutional provision as to residence in this State.

Please make proper record thereof in your office as required by law.

The regular requisition for the month of June, 1932, has been filed with the Governor, but a supplemental requisition

2.

will be filed to include Mrs. Webb's June payment.

With best wishes,

Very truly yours,

COMMISSIONER OF PENSIONS.

T

Wid. James H.
DeKalb Co

No. 2031

APPLICATION FOR ALLOWANCE

FOR

Loss of 4 fingers

Applicant J. H. Reed.

County DeKalb

Amount $20.

Date of Warrant Apl 22

Entered on Record

Apl 22 1884

M. H.

SECRETARY EXECUTIVE DEPARTMENT.

applicant

NOTES.

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

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

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

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

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

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

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

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

NOTES.

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

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

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

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

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

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

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

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

Wm. Reynolds
De Kalb Co

No. 2431

APPLICATION FOR ALLOWANCE

FOR

Jas H Sheppers

Applicant J H Weed,

County De Kalb

Amount $40.

Date of Warrant April 27

Entered on Record April 27 1887

W W H

SECRETARY EXECUTIVE DEPARTMENT.

Applicant

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears James H Weed of De Kalb county, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such since the day of 1865; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company E, of 7th Regiment of Georgia Volunteers Anderson's Brigade; that whilst engaged in such military service, at the battle of Shelling near Petersburg in the State of Virginia, on the 20 day of April 1864, he was wounded as follows: By the explosion of a shell which tore away the forefinger of the left hand and so badly lacerated and tore the other fingers and the palm of the hand that it is rendered substantially and essentially useless.

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

Sworn to and subscribed before me, this the 22 day of April 1889. Jas H Weed, his mark

Wm Reynolds
Ex Officio
De Kalb

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY came before me R F Davis of the county of De Kalb State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company E, of Seventh Regiment of Geo Volunteers, and that deponent knows Jas H Weed, 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 Jas H Weed, as stated by him in said affidavit. Deponent further states that said Jas H Weed, is a *bona fide* citizen of this State and resides in De Kalb county.

Wm Reynolds Ex Officio R F Davis 1st Lieut Co E

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:

De Kalb Co

STATE OF GEORGIA,

_____ County.

PERSONALLY came

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

Sworn to and subscribed before me, this _____ day of _____ 188

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

STATE OF GEORGIA,

DeKalb County.

PERSONALLY comes before me W M Kay Dale Ordinary of said county, J. L. Hamilton and C. E. Summey, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined James H. Weed and after such examination say that the applicant has been injured as follows: His left hand wounded by a Shell causing loss of index finger and the first phalanges of the three remaining fingers - and laceration of palmer surface of hand which renders the hand substantially and essentially useless

Sworn to and subscribed before me, this 20 day of April 1887

J. L. Hamilton M.D.
Chas. R. Summey M.D.

Wm M McCurdy Ordinary

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

STATE OF GEORGIA,

DeKalb County.

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

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

Given under my official signature and seal, this 22d day of April 1887.

W. M. Kaysdale.

Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ County.

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

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

_____ (L.S.)

Executed in the presence of us:

_____

_____

STATE OF GEORGIA,

De Kalb County.

I, W. M. Ragsdale, Ordinary of said county, do certify that I am well acquainted with J. H. Weed 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 18th day of Feb 1890.

W. M. Ragsdale

Ordinary De Kalb County.

1890.

No. 1311

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 25, 1890.

FOR

Sarah Griggs,

Applicant, J. H. Weed

County, De Kalb

Amount, 20

Date of warrant, Feb 18

Entered on record Feb 18 1890

A. H. Kirk

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

A. H. Kirk

Weed, J. H. De Kalb Co. Ga.

STATE OF GEORGIA,

De Kalb County.

I, W. M. Ragsdale, Ordinary of said County, do certify that I am well acquainted with J. H. Weed 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 18th day of Feb 1891.

W. M. Ragsdale

Ordinary De Kalb County

Weed, J. H. De Kalb Co. Ga.

1891.

No. 1120

Application for Allowance

FOR THE YEAR ENDING OCTOBER 25, 1891.

FOR

Sarah Griggs

Applicant, J. H. Weed

County, De Kalb

Amount, 20

Date of Warrant, Feb 18

Entered on record Feb 18 1891

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT DELIVERED TO

A. H. Kirk

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears J. H. Weed of De Kalb county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the day of 1824; that he enlisted in the military service of the Confederate States (or of the State of Geo) during the war between the States, and served as a Private in Company E, of 7 th Regiment of Georgia Volunteers Anderson's Brigade; that whilst engaged in such military service, at the battle of Between Petersburg & Richmond in the State of , on the day of 1863, he was wounded as follows: By the explosion of a shell which caused the loss and permanent injury of all the fingers of the left hand.

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

Sworn to and subscribed before me, this the 18th day of Oct 1890.
Wm Rogerdale Ordinary.

J. H. Weed

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

POWER OF ATTORNEY.

STATE OF GEORGIA
County.

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

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

[L. S.]

Executed in the presence of us;

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears J. H. Weed of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of May 1820; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company E, of 7 th Regiment of Ga Volunteers Anderson's Brigade; that whilst engaged in such military service at the battle of in the State of Va, on the day of 1863, he was wounded as follows: Shot in a skirmish between Richmond and Petersburg in the left hand causing the loss of all the fingers

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

Sworn to and subscribed before me, this, the 18" day of Oct 1891.
W. M. Rogerdale Ordinary.

J. H. Weed

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

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

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

STATE OF GEORGIA,
DeKalb County.

I, L. M. Cooper Ordinary of said county, do certify that I am well acquainted with Jas. H. Reed 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 24 day of March 1892.

L. M. Cooper

Ordinary DeKalb County.

No. 3552

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 20, 1892.

Name J. H. Reed

County DeKalb

Disability Lost his finger

Amount, $ 20,

Entered on record Nov 2 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.

Affidavit

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

DeKalb Co
Reed, James H.

1893.

No. 938

Application for Allowance

For the Year Ending October 20, 1893.

FOR

Loss of finger

Applicant, James H. Reed

County, DeKalb

Amount, $ 20

Date of Warrant, 3 1 93

Entered on record, Oct 11 1893.

Secretary Executive Department.

WARRANT HANDED TO

Affidavit

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

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

[L. S.]

Executed in the presence of us:

DIRECTION.

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

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears James H Weed of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the ____ day of ____ 1824; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company E, of 7 th Regiment of Georgia Volunteers ____'s Brigade; that whilst engaged in such military service at the battle of ____ in the State of ____, on the ____ day of ____ 186 3, he was wounded as follows: Was wounded in Chancellorsville Va. Was transferred from Chancellorsville to Richmond Va. Where I remained for some time and had all the fingers on the left hand amputated off.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of Twenty 20 Dollars for Loss of 4 fingers,

Sworn to and subscribed before me this the ____ day of March 1892.

James H Weed. his mark

____ Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

____ County.

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

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

[L. S.]

Executed in the presence of us:

____

____

DIRECTION.

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

STATE OF GEORGIA,

De Kalb County.

PERSONALLY appears James H. Weed of DeKalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ____ day of ____ 1828; that he enlisted in the military service of the Confederate States (or of the State of ____) during the war between the States, and served as a private in Company E, of 7 th Regiment of Georgia Volunteers Anderson's Brigade; that whilst engaged in such military service at the battle of Between Petersburg & Richmond in the State of Virginia, on the ____ day of June 1863, he was wounded as follows: Shot in a skirmish in the left hand causing the loss of the fingers

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 heretofore been allowed a pension of ____ Twenty 20 dollars, for Loss of 4 fingers

Sworn to and subscribed before me, this the 21st day of March 1893.

James H Weed his mark

____ Ordinary.

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

STATE OF GEORGIA,

DeKalb County.

I, M. M. Parsons Ordinary of said County, do certify that I am well acquainted with James H. Weed 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 21st day of March 1893.

M. M. Parsons

Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY. }

Know all Men by these Presents, That I, ... of .....

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

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

..... [L. S.]

Executed in the presence of us }
}
}

DIRECTIONS.

Send money to me as follows, by .....

to ..... P. O.

..... County, Georgia.

Ward, J. A. et al. vs.

(For Those Already Enrolled.)

No. 891

Soldier's Pension.

1894.

Name Weed J. W.

County DeKalb.

Disability Loss of Fingers

Amount, $ 24

1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

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

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

..... [L. S.]

Executed in presence of us }
}
}

DIRECTIONS.

Send money to me as follows, by .....

to ..... P. O.

..... County, Georgia.

Weed, J. C. DeKalb

(For Those Already Enrolled.)

No. 274

SOLDIER'S PENSION.

1895.

Name J. F. Weed,

County DeKalb

Disability Loss of Fingers

Amount, $ 24

1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

PERSONALLY appears J H Weed of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 13 day of May 1820; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company F, of 7 th Regiment of Ga Volunteers Anderson 's Brigade; that whilst engaged in such military service at the battle of in a skirmish near in the State of Richmond, on the day of June 1863, he was wounded as follows: Musket shot in the left hand causing the loss of four fingers

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

Sworn to and subscribed before me, this, the 6th day of March 1894. } J. H. Weed

W M Rogsdale Ordinary,

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

STATE OF GEORGIA, }
De Kalb County. }

I, W. M. Rogsdale, Ordinary of said County, do certify that I am well acquainted with J H Weed, 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 6th day of March 1894.

Affix your seal here.

W M Rogsdale

Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears J H Weed of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1825; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company E, of 7 th Regiment of Ga Volunteers, Anderson 's Brigade; that whilst engaged in such military service at the battle of Skirmish in the State of , on the day of June 1863, he was wounded as follows: In a skirmish between Petersburg and Richmond, was shot in the left hand causing loss of the four fingers of the hand

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

Sworn to and subscribed before me, this, the 12th day of March 1895. } his J. H. X Weed. mark

W M Rogsdale Ordinary,

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

STATE OF GEORGIA, }
De Kalb County. }

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

Given under my official signature and seal, this 12th day of March 1895.

Affix your seal here

W M Rogsdale.

Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
.....County.

I, ...hereby authorize.....

.....of.....

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

.....by.....

at .....

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

day of .....1896.

.....[L. S.]

Executed in presence of us

.....

.....

Act of 24 Oct., 1887.

(For Those Already Enrolled.)

No. 2932

SOLDIER'S PENSION.

1896.

Name W. H. Weed

County De Kalb

Disability Loss of fingers

Amount, $ 24 00

3/6 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Agent

Geo. W. Harrison, State Printer, Atlanta.

Weed, W. H.
Co. K, 1st Ga. Vet. Inf.
De Kalb Co.

Weed, W. H.
Co. K, 1st Ga. Vet. Inf.
De Kalb Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,
.....County.

I, ...hereby authorize.....

.....of.....

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

.....by.....

at .....

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

day of .....1897.

.....[L. S.]

Executed in presence of

.....

.....

Act of 24 Oct., 1887.

(For Those Already Enrolled.)

No. 2868

INVALID

SOLDIER'S PENSION.

1897.

Name W. H. Weed

County De Kalb

Disability Ha'd

Amount, $ 24 00

3/2 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Agent

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

P.O. Lithia Springs, Ga.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
DeKalb County. }

Personally appears J. F. Weed of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 13th day of May 1820; that he enlisted in the military service of the Confederate States (or of the State of ____) during the war between the States, and served as a Private in Company E, of 7th Regiment of Ga Volunteers, Anderson 's Brigade; that whilst engaged in such military service in the State of Va, on the ____ day of June 1863, he was wounded, injured or diseased as follows:

Was shot while on march from Petersburg to Richmond by accidental discharge of a gun causing loss of the fourth fingers of the left hand.

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

Sworn to and subscribed before me, this, the 6th day of March 1896.

his
J. F. Weed
mark

W. M. Ragsdale Ordinary

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

STATE OF GEORGIA, }
DeKalb County. }

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with J. F. Weed 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 6th day of March 1896.

Affix your seal here.

W. M. Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
DeKalb County. }

Personally appears J. F. Weed of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the ____ day of ____ 1831; that he enlisted in the military service of the Confederate States (or of the State of ____) during the war between the States, and served as a Private in Company E, of 7th Regiment of Ga Volunteers, Anderson 's Brigade; that whilst engaged in such military service in the State of Va, on the ____ day of June 1863, he was wounded, injured or diseased of follows:

While in service and in route from Richmond to Petersburg was shot by accidental discharge of a gun causing loss of the four fingers of the left hand

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

Sworn to and subscribed before me, this, the 23d day of Dec 1897.

his
J. F. Weed
mark

POST OFFICE Decatur Ga.

W. M. Ragsdale Ordinary.

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

STATE OF GEORGIA, }
DeKalb County. }

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

Given under my official signature and seal, this 23d day of Dec 1897.

Affix your seal here.

W. M. Ragsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1898.

_____ [L. S.]

Executed in presence of

_____

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 2008

INVALID
SOLDIER'S PENSION.
1898.

Name J.H. Weed
County DeKalb
Disability loss of fingers
Amount, $ 20.00
2/15 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Ayer

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Weed J. H.
DeKalb Co.

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize _____

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1899.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 3275

INVALID
SOLDIER'S PENSION.
1899.

Name J.H. Weed
County DeKalb
Disability Hand
Amount, $ 20.
3/2 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Ayer

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Weed J. H.
DeKalb Co.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears J.K. Weed of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 13 day of May 1820; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Pri in Company E, of 7 th Regiment of Ga Volunteers, Anderson 's Brigade; that whilst engaged in such military service in the State of Va, on the day of June 1863, he was wounded, injured or diseased as follows:

In skirmish between Richmond and Petersburg shot in left hand causing loss of fingers

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

Sworn to and subscribed before me, this the 15th day of Feb 1898. J.K. Weed POST-OFFICE Clarkston

W.M. Ragsdale Ordinary.

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

STATE OF GEORGIA,
DeKalb County.

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

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

Affix your seal here.

W.M. Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears J.K. Weed of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 13 day of May 1820; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company E, of 7 th Regiment of Ga Volunteers, Anderson 's Brigade; that whilst engaged in such military service in the State of Va, on the day of June 1863, he was wounded, injured or diseased as follows:

On march from Richmond & Petersburg in skirmish was shot in hand and lost four fingers

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

Sworn to and subscribed before me, this the 31 day of Jan 1899. J.K. Weed POST OFFICE

W.M. Ragsdale Ordinary

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

STATE OF GEORGIA,
DeKalb County.

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

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

Affix your seal here.

W.M. Ragsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, J. H. Weed hereby authorize W. E. Hendrix
of De Kalb

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

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th
day of April 1900.

X [L. S.]

Executed in presence of

1

CODE SECTION 120.
(For Those Already Enrolled.)
No. 3467

INVALID SOLDIER'S PENSION.

1900.

Name J. H. Weed
County De Kalb
Disability loss 4 fingers
Amount, $ 20.
Warrant issued Apr 13 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

DeKalb Co
Weed, J. H.

CODE SECTION 120.
(For Those Already Enrolled.)
No. 5252

DISABLED SOLDIER'S PENSION.

1901.

Name J. H. Weed
County DeKalb
Disability Fingers
Amount, $ 20.
Jan 21 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

I hereby authorize
of

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

by

at

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

[L. S.]

Executed in presence of

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears J. H. Weed of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the 13 day of May 1820; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company E, of 7 th Regiment of Ga Volunteers, Anderson 's Brigade; that whilst engaged in such military service in the State of Ga, on the day of June 1863, he was wounded, injured or diseased as follows:

In a skirmish between Richmond and Petersburg was shot in left hand loss of fingers

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

Sworn to and subscribed before me, this the 15 day of Jan 1900. J. H. Weed
POST OFFICE Tucker

W. M. Ragsdale Ordinary

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 15 day of Jan 1900.

Affix your seal here.

W. M. Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears J. H. Weed of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 13 day of May 1820; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company E, of 7 th Regiment of Ga Volunteers, Anderson 's Brigade; that whilst engaged in such military service in the State of Va, on the 19 day of June 1864, he was wounded, injured or diseased as follows:

In a skirmish between Richmond and Petersburg was shot in left hand causing loss of four fingers.

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

Sworn to and subscribed before me, this the 12 th day of Jan 1901. J. H. Weed
Postoffice Tucker

W. M. Ragsdale Ordinary

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

STATE OF GEORGIA,
DeKalb County.

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with J. H. Weed 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 th day of Jan 1901.

Affix your seal here.

W. M. Ragsdale
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, J H Weed hereby authorize J R Seawell of DeKalb Co

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

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15 day of Jan 1902.

J H X Weed [L. S.]
his mark

Executed in presence of
W M Rogers
Attorney.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
No. 365

DISABLED
SOLDIER'S PENSION
1902.

Name Weed J.H.
County DeKalb
Co. E Regiment 7
Disability Fingers
Amount, $ 20 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J Seawell

Geo. W. Harrison, State Printer, Atlanta.

Weed, J. H. DeKalb Co

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, J H Weed hereby authorize J R Seawell of DeKalb County

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

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10 day of Jan 1903.

J H X Weed [L. S.]
his mark

Executed in presence of
J H Fincher
W M Rogers
Attorney

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
No. 365

DISABLED
SOLDIER'S PENSION
1903.

Name Weed J.H.
County DeKalb
Co. E Regiment 7th
Disability Hand
Amount, $ 20, 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
J R Seawell

Geo. W. Harrison, State Printer, Atlanta

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears J H Weed of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 13 day of May 1820; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company E, of 7 th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va, on the day of June 1863, he was wounded, injured or diseased as follows:

In skirmish between Richmond and Petersburg was shot in left hand loosing four fingers

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

Sworn to and subscribed before me, this the 15 day of Jan 1902.

J H Weed
Post-office Tucker Ga.

W M Ragsdale Ordinary.

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

STATE OF GEORGIA,
DeKalb County.

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

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

Affix your seal here

W M Ragsdale
Ordinary DeKalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears J H Weed of DeKalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 13 day of May 1820; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company E, of 7 th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Va, on the day of June 1863, he was wounded, injured or diseased as follows:

In skirmish between Richmond and Petersburg was shot in left hand loosing four fingers

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

Sworn to and subscribed before me, this the 4 day of Jan 1903.

J H Weed
Post-office Tucker Ga.

W M Ragsdale Ordinary

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 4 day of Jan 1903.

Affix your seal here

W M Ragsdale
Ordinary DeKalb County.

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

DeKalb

Maimed Soldiers.

Voucher No 2031

Amount, $ 20.

Paid to James H Reed

For Loss of 4 fingers

April 22 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

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

Applicant

DeKalb

Maimed Soldiers.

Voucher No. 1391

Amount $ 20.

Paid to J. H. Reed

For Loss of four fingers

Feby 18 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

Applicant.

Reed, J. H.

Dekalb

1891.

Maimed Soldiers.

Voucher No. 1120

Amount $ 20.

Paid to J. H. Reed

For Loss of 4 fingers

Feby 18 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

NAME, Weed, J.H. YEAR 1889 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

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

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Near Petersburg, Va. April 20th. 1864. Shot in hand losing fore finger of left hand, hand useless.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. R.F. Davis, 1st. Lieutenant. No data.

No. 2031

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., April 22 1889.

Mr. James H. Weed of the County of DeKalb having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 24, 1883, and the same having been allowed for

Loss of four fingers

He is entitled to receive the sum of Twenty & 00/ Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

J. B. Gordon
GOVERNOR.

By the Governor.
W H Harrison
CLERK EXECUTIVE DEPARTMENT.

$20.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Twenty & 00/ Dollars,
per above voucher, this 24 of April, 1889.

James H. Weed
his X mark

Test
W H Harrison

No. 1091

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., Feby 18 1890

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

Loss of Four fingers

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

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

J. B. Gordon
GOVERNOR.

By the Governor,

W A Harman
CLERK EXECUTIVE DEPARTMENT.

PAID STATE OF GEORGIA

$20 00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Twenty 00/100 Dollars,

per above voucher, this 18 of Feby 1890.

J. N. Reed

1891.

No. 1120

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feby 18 1891.

Mr. J N Reed of the County of DeKalb having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Loss of Four fingers

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

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

R. J. Norwood
GOVERNOR.

By the Governor.

W A Harman
SEC'Y EXECUTIVE DEPARTMENT.

$20 00

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

Twenty 00/100 Dollars,

per above voucher, this 18 of Feby 1891.

J. N. Reed

With
W. J. Speer

Weems, G. W.
DeKalb County

No _____

INDIGENT PENSION, 1900.

Name G. W. Weems

County DeKalb

Approved July 17 1900.

per 1901

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

4/16-1901

Applicant must state when he left command, for what cause, by what authority, & for how long — & if [illegible]

Executed in presence of

[L. S.]

G. W. W.

See 64th Regt. Inf

1901

STATE OF GEORGIA,
_____ County.

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

Witness my hand and seal, this _____ day of _____ 1900.

_____ [L. S.]

Executed in presence of

_____

No _____ Ordinary's Office

INDIGENT PENSION, 1900.

Name G.W. Weems

County DeKalb

Approved July 17 1900.

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

4/10-1900

Weems, G. W.
DeKalb County

STATE OF GEORGIA,
DeKalb County.

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

1. What is your name and where do you reside? (give State, County and post office) G W Weems, DeKalb Co. Montreal
2. How long and since when have you been a resident of this State? Sixty Nine years
3. When and where were you born? July 3rd 1821 Gwinnett
4. When and where and in what company and regiment did you enlist or serve? went in to Service in the Spring of 1863 Co. K 64th Ga Regiment I enlisted in Atlanta Ga
5. How long did you remain in such company and regiment? I remained in the Company and Regiment till April 9th 1865
6. For how long a period did you discharge regular military duty? about Two years
7. When, where and under what circumstances were you discharged from service? Were you with your command at the time? I was in Hospital near our Camp in Virginia at the time of the Surrender
8. What is your present occupation? I Farmed when I was able
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Farming as best I Could
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Age and poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I have been four (4) years in such Condition that I could not earn my Support
13. What property, effects or income do you possess, and its gross value? I do not own any property and have no income
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? during the years 94 95 96 I owned one Milk Cow and Hogs in 97 & 98 I owned a Black flow Horse I Sold my Cow & Horse to Tine ow
15. In what County did you reside during those years, and what property did you then return for taxation? I lived in DeKalb County. I returned no property
16. How were you supported during the years 1898 and 1899? I have lived With my Son-in-Law he Supports as a matter of Charity
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I Suppose Six Dollars I Contributed Nothing
18. What was your employment during 1898 and 1899? What pay did you receive in each year? I Only Watched a road the House Recived no pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have no family or home
20. Are you receiving any pension? If so, what amount, and for what disability? None

Every Question MUST be Answered.

Sworn to and subscribed before me this the 27th day of March 1900.
W M Ragsdale Ordinary, of DeKalb County.

G. W. Weems Applicant.

STATE OF GEORGIA,
Gwinnett COUNTY.

Theophilus Cannon, of said State and County, having been presented as a witness in support of the application of Geo. W. Weems 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? Theophilus Cannon and I reside in Gwinnett County, Georgia.
2. Are you acquainted with G.W. Weems, the applicant; if so, how long have you known him? about 40 years
3. Where does he reside, and how long and since when has he been a resident of this State? He now resides in DeKalb Co. and has resided in Georgia, all the time so far as I have known him.
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted in July 1863. in Atlanta Georgia. in company "K" 64th Ga. Regt. I enlisted in the Same Company at the same time.
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Were you present with command when discharged? He was in the service about two years. he was a good soldier. he was with the wagon Dept at the time of the Surrender. but was in Hospital at that time. he was discharged by the Surrender
Theophilus Cannon
7. What property, effects or income has the applicant? (Give your means of knowledge.) has no property.
8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? had 3 hogs 1 cow one horse
9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? conveyed nothing
10. What is the applicant's occupation and physical condition? he was a Farmer Physical he is not able to farm
11. Is the applicant unable to support himself by labor of any sort, if so, why? he is not. not Physical able
12. How was he supported during the years 1898 and 1899? he lived with me and I boarded him free of charge
13. What portion of his support for these two years was derived from his own labor or income? I do not consider any thing
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? he is old and has no property and no income
15. What interest have you in the recovery of a pension by this applicant? his word

Sworn to and subscribed before me, this the 2 day of April 1900.
John P Wells Ordinary.

The of John Theophilus Cannon mark
Witness. J G Carter

Georgia Gwinnett county 2 J P Wells Ordinary in and for said County do hereby certify that T Cannon is a Resident of said county that he is a man of good character and that his word is entitled to full faith and credit witness my hand and Seal of Office April 2 1900 John P Wells Ordinary of Gwinnett county

I signed your own knowledge the above facts are true

STATE OF GEORGIA,
DeKalb COUNTY.

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

We find him suffering from Rheumatism, old age and totally disabled in his left hand and arm —

They further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 17" day of April 1900.
J F Mayson M.D.
W J Houston M.D.
W.M. Ragsdale Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb COUNTY.

I, W.M. Ragsdale, Ordinary in and for said County, hereby certify that the applicant G.W. Weems resides in said County, and has been a bona fide resident of this State since the 3d day of July 1880. and that the witnesses, viz: J.G. Carter

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of DeKalb County show that applicant returned for taxation in his name in 1898 None Dollars of property, and in 1899 None Dollars of property.

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

Witness my hand and seal of office, this 17" day of April 1900.
W.M. Ragsdale Ordinary,
of DeKalb County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____ day of _____ 1901.

Witness my hand and seal, this _____ [L. S.]

Executed in presence of

_____

CODE SECTION 1254.

(For Those Already Enrolled.)

No. 472

INDIGENT
SOLDIER'S PENSION.
1901.

Name Giles Williams

County Dekalb

WARRANT ISSUED

Jany 21 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

_____

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Wesley R. Williams

Decatur

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 375

INDIGENT
SOLDIER'S PENSION
1903.

Name Weems G.W.

County Dekalb

Co. K Regiment 64th

WARRANT ISSUED

1/23 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

_____

GEO. HARRISON, STATE PRINTER, ATLANTA.

Ala. dec'd

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____ day of _____ 1903.

Witness my hand and seal, this _____ [L. S.]

Executed in presence of

_____

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears G. W. Reems of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 31 day of July 1829; that he is 71 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 2 Years in Company K, of 64 th Regiment of Ga Vol; that his physical condition is as follows: Gun shot wound and old age and unable to work for living

that his property consists of the following items None

of the value of 00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1 None

Sworn to and subscribed before me, this the 14th day of Jan 1901.

G. W. Reems

W. M. Ragsdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 14th day of Jan 1901.

W. M. Ragsdale
Ordinary De Kalb County.

Affix your seal here

NOTE – The blank spaces must be filled.
NOTE – Affidavit should not be attested before January 1st, 1901.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears G. W. Reems of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 31 day of July 1829; that he is 73 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 2 Years in Company K, of 64 th Regiment of Ga Vol; that his physical condition is as follows: Gun shot wound and old age

that his property consists of the following items: None

of the value of 00 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the 10 day of Jan 1903.

G. W. Reems

W. M. Ragsdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 10 day of Jan 1903.

W. M. Ragsdale
Ordinary De Kalb County.

Affix your seal here

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ COUNTY. }

I, _____ hereby authorize _____

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1904.

_____ [L. S.]

Executed in presence of

_____

Warren, Ga. W.
Dekalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 567

INDIGENT
SOLDIER'S PENSION
1904.

Name G. W. Adams
County DeKalb
Co. K Regiment 6th

WARRANT ISSUED
1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ COUNTY. }

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1905.

_____ [L. S.]

Executed in the presence of

_____

Warren, Ga. W.
Dekalb County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 527

INDIGENT
SOLDIER'S PENSION
1905.

Name G. W. Adams
County DeKalb
Co. K Regiment 6th Ga

WARRANT ISSUED
1/23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

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

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb **County.**

Personally appears G.W. Weems of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 3 day of July 1829; that he is 74 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 2 years in Company K, of 64th Regiment of Ga Vols; that his physical condition is as follows: Shot in left leg arm and age Unable to work

that his property consists of the following items:
None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of De Kalb County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 23 day of January 1904. G.W. Weems

James R George Ordinary.

STATE OF GEORGIA,
De Kalb **County.**

I, James R George Ordinary of said County, do certify that I am well acquainted with G.W. Weems 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 23rd day of January 1904.

James R George
Ordinary De Kalb County.

Affix your Seal here.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1904.

STATE OF GEORGIA,
De Kalb **County.**

Personally appears G.W. Weems of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 18 ; that he is 75 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 K, of 64th Regiment of Ga Vols; that his physical condition is as follows: Infirmity, poverty, & age

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 21st day of Jan 1905. G.W. Weems

James R George Ordinary.

STATE OF GEORGIA,
De Kalb **County.**

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

Given under my official signature and seal, this 21st day of Jan 1905.

James R George
Ordinary De Kalb County.

Affix your Seal here

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

NAME Weems, G.W. YEAR 1901 COUNTY DeKalb

WHEN AND WHERE BORN? July 3rd. 1821 Gwinnett-resident of Ga. sixty-nine years.

ENLISTED WHEN AND WHERE? Spring 1863 Atlanta, Ga.

RANK.

COMPANY AND REGIMENT? Co. K, 64th. Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Wounded in left arm and hand - does not state if the wound was service connected.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In hospital near camp in Virginia.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Theophilus Cannon, same command - No data.
JWT

Weems, G. W.
DeKalb County

See -
64th Regt. Ga. Inf.
Co. K

3 - Applications
1902, 1906, 1907

30
53
63

TO PAY-
1930. $127
C.E. & C. Tax. $
TOTAL.

Received of V. S. Morgan Ordy. check for $127.00 for funeral expenses Mrs. Martha Weir.
2/1/35.
A. S. Turner

E/ Weir, MARTHA (mag) 65.00
DeKALB CO. 265.

For DeKalb County

19 33

Application for Pension Due Deceased Pensioner
(UNDER ACT 1904)
(To pay expenses of last illness and funeral)

V. S. Morgan Ordinary

For Mrs. Martha Weir

Date of Death January 6 1933

Amount $ ~~100.00~~ 30. + 127

Approved and ordered paid

R. deT. LAWRENCE,
Commissioner of Pensions.

Paid

APPROVED FOR PAYMENT
[illegible] OFFICE

PAID TO ORDINARY ON THIS CLAIM:

DATE 1933	FUND FROM WHICH PAID	$
11-4	C & C	30 00
2-25-35	1930	127 00
	TOTAL	157 00

Received of V. S. Morgan Ordinary Check for $30.00 on the within Bill this Nov. 8th 1933.
A. S. Turner

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

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes

A. S. Turner of said County, who, after being sworn, on oath says that he knew Mrs. Martha Weir of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in DeKalb County, in this State, on the 6 day of January, 19 33, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $265.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,
V. S. Morgan, Ordinary
DeKalb County
(Seal of Ordinary)

A. S. Turner

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know A. S. Turner, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs. Martha Weir while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Three Hundred Thirty and no/100 ($330.) Dollars in said County for 19 32, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 6 day of February, 19 33

(Seal of Ordinary)

V. S. Morgan, Ordinary
DeKalb County

INSTRUCTIONS

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form:

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

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

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

5th. Return this application, and attached bills, properly receipted, to the Pension Department.

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

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

NIGHT AND SUNDAY PHONE DE. 0099
525-27 N. McDONOUGH ST.
PHONE DE. 0099

Funeral Expenses of Mrs Martha Wier, 104 Adair St,
Decatur, Georgia.

January 7, 1933,

To Casket	
Embalming	
Funeral Notices	
Steel Vault	
Hearse Service and Service Rendered	$265.00

Georgia, DeKalb County,

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

Sworn to and subscribed before me,
This January 10th, 1933.
Mary Johnston
Notary Public, State at Large, Decatur, Ga.
My Commission Expires Nov. 3, 1933.

A. S. Turner

A Certificate

STATE OF GEORGIA, County of DeKalb

IN RE: Expenses last illness and funeral Mrs. Martha Weir

This is to certify that from an examination of the records in my office, and from personal knowledge, or inquiry, it is ascertained that this pensioner:

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

This the 7 day of August, 1933.

(SEAL) V. S. Morgan, Ordinary

(Ordinary will please complete and return immediately to A. L. Henson, Director, Veterans Service Office, State Capitol, Atlanta, Ga.)

POWER OF ATTORNEY.

State of Georgia, DeKalb County.

I, Fannie E. Wells hereby authorize W. M. Ragsdale of DeKalb to receive and receipt for the pension paid hereon and request that he remit same to ..... at .....

In Witness Whereof, I have hereunto set my hand and seal, this 24 day of Jan 1898.

Fannie E Wells [L. S.]

Executed in the presence of

E. H. Mason

J. W. Rodgers

Wells Fannie E
DeKalb

For Those Heretofore Paid.

1898.

(Fannie Heard Co 1st)

No. 3181

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Fannie E. Wells

OF

DeKalb County,

Widow of Wm. H. Wells.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/4 1898.

AND HANDED TO

W. M. R

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

State of Georgia, DeKalb County.

I, Fannie E. Wells hereby authorize W. M. Ragsdale of DeKalb to receive and receipt for the pension paid hereon and request that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this 24 day of Jan 1898.

Fannie E Wells [L. s.]

Executed in the presence of

E. H. Mason

J. H. Rodgers

Widow, Fannie E. Wells
DeKalb County

For Those Heretofore Paid.

1898.

No. 3121

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO Mrs. Fannie E. Wells

OF DeKalb County,

Widow of Wm. H. Wells.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED 2/4 1898.

AND HANDED TO W. M. R

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, Fannie E. Wells hereby authorize J. N. Nash of DeKalb to receive and receipt for the pension paid hereon and request that he remit same to at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16 day of Jan 1900.

Fannie E Wells [L. S.]

Executed in presence of

O. J. Sawyer.

W. M. Ragsdale
Ordinary.

Widow, Fannie E.
DeKalb County

To Those Heretofore Paid.

1900.

No. 12317

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO Mrs. Fannie E. Wells

OF DeKalb County,

Widow of Wm. H. Wells.

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED Feb 14 1900,

AND HANDED TO J. N. Nash

GEO. W. HARRISON, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. Fannie E. Wells

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since May 2d 1838 That she is the Widow of Wm Henry Wells who was a Soldier in Company F of the 36 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 1862 and served in the Army up to May 1863 That he lost his life on the 3d day of May 1863 (State here full particulars of the husband's death, when, where and from what cause.)

Was sick while on boat at Vicksburg Miss and died while in service

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1861.

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

Sworn to and subscribed before me, this 24 day of Jan 1898. WM Ragsdale Ordinary. } Fannie E Wells Post-Office Clarkston, Ga.

State of Georgia, DeKalb County. } I WM Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Fannie E. Wells who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 2 day of May 1838

Given under my official signature and seal this the 24 day of Jan 1898.

WM Ragsdale, Ordinary of DeKalb County.

{ Official Seal. }

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. Fannie E. Wells

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since May 2d 1838. That she is the Widow of Wm H. Wells who was a soldier in Company F of the 36" Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 1862 and served in the Army up to May 1863 That he lost his life on the 3d day of May 1863 (State here particulars of the husband's death, when, where and from what cause) died on boat at Vicksburg Miss and died.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1861.

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

Sworn to and subscribed before me, this 16 day of Jan 1900. WM Ragsdale Ordinary. } Fannie E Wells Post Office Stone Mtn

State of Georgia, DeKalb County. } I WM Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Fannie E Wells, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 2 day of May 1838

Given under my official signature and seal this the 16 day of Jan 1900.

{ Official Seal. }

WM Ragsdale, Ordinary of DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, Mrs Fannie E. Wells hereby authorize
J. K. Nash of DeKalb County
to receive and receipt for the pension paid hereon and request that he remit same to
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th
day of Jan 1901.

Fannie E Wells [L. S.]

Executed in presence of

W M Rogsdale
Ordinary.

Wells, Fannie E.
DeKalb Co.

To Those Heretofore Paid.

1901.

No. 340

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. Fannie E. Wells
OF
DeKalb County,
Widow of Wm H. Wells

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Jan 21 1901,
AND HANDED TO
J K Nash

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, Fannie E. Wells, hereby authorize
J. K. Nash of DeKalb County
to receive and receipt for the pension paid hereon, and request that he remit same to
at

In Witness Whereof, I have hereunto set my hand and seal, this 17
day of Jan 1902.

Fannie E Wells [L. S.]

Executed in presence of

W M Rogsdale
Ordinary

Wells, Fannie E.
DeKalb County

To Those Heretofore Paid.

1902.

No. 431

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. Wells Fannie E.
OF
DeKalb County,
Widow of Wm H Wells
Co. F Regiment 34th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/2 0 1902
AND HANDED TO
J K Nash

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

FORM NO. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, **Personally Comes Mrs.**
County of De Kalb | Fannie E. Wells

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since May 2d 1838. That she is the Widow of Wm H. Wells who was a soldier in Company F of the 36th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to May 1863. That he lost his life on the 3d day of May 1863. (*State here particulars of the husband's death, when, where and from what cause*) has taken sick while on boat at Vicksburg and died while in service

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1861.

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

Sworn to and subscribed before me, this 9 day of Jan 1901. | Fannie E Wells
W M Rogsdale Ordinary. | Post Office Stone Mountain

State of Georgia, I W.M. Rogsdale
De Kalb **County.** | Ordinary of said County, certify that I am well acquainted with Mrs. Fannie E. Wells, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 2d day of May 1838.

Given under my official signature and seal, this the 9th day of May 1901.

W M Rogsdale
Ordinary of De Kalb County.

{ Official Seal. }

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb | PERSONALLY COMES MRS. Fannie E. Wells,

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since May 2d 1838. That she is the Widow of Wm H. Wells who was a soldier in Company F of the 36th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to May 1863. That he lost his life on the 3rd day of May 1863. (*State here particulars of the husband's death, when, where and from what cause*) Taken sick while on boat at Siege of Vicksburg and died

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1861.

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

Sworn to and subscribed before me, this 15 day of Jan 1902. | Fannie E Wells
W M Rogsdale, Ordinary. | Post Office

State of Georgia, De Kalb County. | I, W.M. Rogsdale, Ordinary of said County, certify that I am well acquainted with Mrs. Fannie E. Wells, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the 2d day of May 1838.

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

{ Official Seal. }

W M Rogsdale
Ordinary of De Kalb County.

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

STATE OF GEORGIA,
DeKalb COUNTY.

I, Fannie E. Wells, hereby authorize
J N Nash of DeKalb Co
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Stone Mountain

In Witness Whereof, I have hereunto set my hand and seal, this 9
day of Jan 1903. Fannie E. Wells [L. S.]

Executed in presence of
M J Truadale
F M Ragsdale
Ordinary.

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. Fannie E. Wells

OF
DeKalb County,

Widow of Wm H Wells

Co. F Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1 23 1903.

AND HANDED TO
J N Nash

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

Wells, Fannie E.
DeKalb County

To Those Heretofore Paid.

1903.

No. 202

STATE OF GEORGIA,
DeKalb COUNTY.

I, Fannie E. Wells, hereby authorize
J. N. Nash of DeKalb County,
to receive and receipt for the pension paid hereon, and request that he remit same to
Fannie Wells at Stone Mountain Georgia

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18
day of January 1904.

Fannie E Wells [L. S.]

Executed in presence of
James R George
Ordinary

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO
Mrs. Fannie E Wells

OF
DeKalb County,

Widow of Wm H Wells

Co. F Regiment 36

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1 31 1904,

AND HANDED TO
J N Nash

Geo. W. Harrison, State Printer, Atlanta.

Wells, Fannie E.
DeKalb County

TO THOSE HERETOFORE PAID.

1904.

No. 203

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally comes Mrs. Fannie E. Wells

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since May 2d 1838. That she is the Widow of Wm H Wells who was a soldier in Company F of the 36" Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 186 1, and served in the Army up to May 1863. That he lost his life on the 3rd day of May 1863. (*State here particulars of the husband's death, when, where and from what cause.*) Was sick while on boat at Siege of Vicksburg Miss and died

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1861

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

Sworn to and subscribed before me, this 9" day of Jan 1903. W M Ragsdale Ordinary. } Fannie E Wells Post-Office Stone Mtn

State of Georgia, DeKalb County. } I, W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Fannie E. Wells, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 2d day of May 1838.

Given under my official signature and seal, this the 9 day of Jan 1903.

{ Official Seal. } W M Ragsdale Ordinary of DeKalb County.

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of DeKalb } Personally comes Mrs. Fannie E Wells

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since May 2, 1838. That she is the Widow of Wm H Wells who was a soldier in Company F of the 36 Regiment of Volunteers, that he enlisted in said regiment on or about the month of May 186 2, and served in the Army up to May 1863. That he lost his life on the 3 day of May 1863 (*State here particulars of the husband's death, when, where and from what cause.*) was sick while on boat at Vicksburg & died

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1861

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

Sworn to and subscribed before me, this 18 day of Jany 1904. James R George Ordinary. } Fannie E Wells Post Office ST Mercedonia Ga

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. , who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 2 day of May 1838

Given under my official signature and seal, this the 18 day of Jany 1904.

{ Official Seal } James R George Ordinary of DeKalb County.

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

STATE OF GEORGIA,
DeKalb COUNTY.

I, Fannie E. Wells, hereby authorize
J N Nash of Dt Mountain
to receive and receipt for the pension paid hereon, and request that he remit same to
Fannie E Wells at Dt Mountain

In Witness Whereof, I have hereunto set my hand and seal, this 11th
day of January 1905.

Fannie E. Wells [L. S.]

Executed in presence of
James R George
Ordinary

Wells Fannie E
DeKalb County Ga

To Those Heretofore Paid.

1905.

No. 210

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs Fannie E Wells
OF
DeKalb County,
Widow of Wm N Wells
Co. D Regiment 36 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1905.

AND HANDED TO
J N Nash

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA.
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Fannie E Wells, hereby authorize
J N Nash of DeKalb Co
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Stone Mountain

In Witness Whereof, I have hereunto set my hand and seal, this 10th
day of Jan 1906.

Fannie E Wells [L. S.]

Executed in presence of
James R George
Ordinary

Wells Fannie E
DeKalb Co Ga

To Those Heretofore Paid.

1906.

No. 192

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs Fannie E Wells
OF
DeKalb County,
Widow of Wm N Wells
Co. D Regiment 36th Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/22 1906.

AND HANDED TO
J N Nash

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. Jannie E. Wells

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since . That she is the Widow of Wm H Wells who was a soldier in Company F of the 36 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 186 2, and served in the Army up to 186 , That he lost his life on the day of 18 . (*State here particulars of the husband's death, when, where and from what cause.*)

Died at Vicksburg 1863

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she becamd his wife in the year 18

I have been paid a pension as a resident of County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this 11 day of Jany 1905. James R George Ordinary. } Jannie E. Wells Post-Office Ft Mountain Ga

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Jannie E. Wells, Who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal, this the 11 day of Jany 1905.

{ Official Seal. } James R George Ordinary of DeKalb County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1905.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. Jannie E Wells

who, being sworn, says on oath that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since May 2, 1838. That she is the Widow of Wm H Wells who was a soldier in Company F of the 36 Georgia Regiment of Volunteers, that he enlisted in said regiment on or about the month of May 186 2, and served in the Army up to May 1863 That he lost his life on the 3rd day of May 1863 (*State here particulars of the husband's death, when, where and from what cause.*)

Died at Vicksburg

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 61

I have been paid a pension as a resident of DeKalb County, for the year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me this 10 day of Jany 1906. James R George Ordinary. } Jannie E Wells Post Office

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Jannie E Wells, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 18

Given under my official signature and seal, this the 10 day of Jany 1906.

{ Official Seal } James R George Ordinary of DeKalb County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, Fannie E Wells hereby authorize
J A Nash

to receive and receipt for the pension paid hereon, and request that he remit same to
Fannie E Wells at Mountain

In Witness Whereof, I have hereunto set my hand and seal, this 11th
day of January 1907.

Fannie E Wells [L. S.]

Executed in presence of
James R George
Ordinary

Wells, Fannie E.
De Kalb County

To Those Heretofore Paid.

1907.

No. 212

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. Fannie E Wells

OF

DeKalb County,

Widow of Wm H Wells

Co. F Regiment 2 Ga Cav

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Jan 1907,

AND HANDED TO

Author

Geo. W. Harrison, State Printer, Atlanta.