POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

I, _____ hereby authorize _____

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1901.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 1254

(For Those Already Enrolled.)

No. 967

INDIGENT

SOLDIER'S PENSION.

1901.

Name J. L. Whitlow

County DeKalb

WARRANT ISSUED

Jan 31 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

_____

Geo. W. Harrison, State Printer, Atlanta

POWER OF ATTORNEY.

STATE OF GEORGIA, }
_____ County. }

I, _____ hereby authorize _____

_____ of _____

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

_____ at _____

by _____

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

_____ [L. S.]

Executed in presence of

_____

Whitlow, John L.
DeKalb Co.

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 767

INDIGENT

SOLDIER'S PENSION

1902.

Name Whitlow J. L.

County DeKalb

Co. E Regiment 12th

WARRANT ISSUED

1/2 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

_____

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears J. I. Whitlow 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 21" day of Feb 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 Ga) during the war between the States, and served for the term of 18 years in Company A, of 12 th Regiment of Ga Batalion & Co C. Hampton's Cav; that his physical condition is as follows: Suffering from Rhumatism and infirm from old age

that his property consists of the following items None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1900

Sworn to and subscribed before me, this the 11 day of Jan 1901.

John I. Whitlow

W. M. Ragsdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

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

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

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, 1901.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears J. I. Whitlow of De Kalb County, State of Geoogia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 21 day of Feb 1821; that he is 81 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 15 Months in Company E, of 12 th Regiment of Ga Batalion and Co C. Hampton's Cavalry; that his physical condition is as follows: Rhumatism 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 1902. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1901.

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

J. I. Whitlow by J. H. Boring

W. M. Ragsdale Ordinary.

STATE OF GEORGIA,
De Kalb County.

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with J. I. Whitlow 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 De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, John I. Whitlow hereby authorize
J. H. Boring of DeKalb County
to receive and receipt for the pension allowed and request that he remit same to
at
by J. H. Boring.

Witness my hand and seal, this 16th day of January 1903.

John I. Whitlow [L. S.]

Executed in presence of
W. C. Bruce
H. H. Burgess, Clerk
Supr Ct. DeKalb Co. Ga.

Whitlow, John I.
DeKalb Co

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 540

INDIGENT
SOLDIER'S PENSION
1903.

Name Whitlow J. I.
County DeKalb
Co. E Regiment 12th

WARRANT ISSUED
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Aff

Geo. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears J. D. Whitlow 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 21 day of Feb 1821; that he is 81 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 12 Years in Company E of 12 th Regiment of 2nd Co Hamptons Cavalry Ga Battalion; that his physical condition is as follows: Rheumatism 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 DeKalb county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the 10 day of Jan 1903.

John D. Whitlow

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 J. D. Whitlow 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 Ragsdale

Ordinary DeKalb County.

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

WHITTON.

NAME Whitton, J.I. YEAR 1896 COUNTY DeKalb

WHEN AND WHERE BORN? April 1st. 1821 North Carolina.

ENLISTED WHEN AND WHERE? September 1862 Decatur, Ga.

RANK.

COMPANY AND REGIMENT? Co. A, or E 12th. Ga. Battalion Ga. Light Artillery
Transferred to: Hampton's Legion South Carolina Cavalry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Was home on furlough when war closed.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. A.M. Hairston, No data.

Georgia, Know all men by
DeKalb County these presents that
I, John C. Whitton, hereby con-
stitute and appoint J.H. Boring
my true & lawful attorney in
fact, for me, and in my name
place & stead to receive and to
receipt for such moneys as are
due & payable to me on account
of a pension as a Confederate
soldier, due now & payable

Giving & granting unto
him, the said J.H. Boring
full & whole power and
authority in the premises, here-
by ratifying & confirming
all the said J.H. Boring may
do and perform in the prem-
ises, as if I were present
ratifying & confirming the
same. —

In witness whereof I
have hereunto set my hand
& seal this the 16th day of
January, 1902. —

Attest: John C. Whitton
Phinis M. Bell —

The records show that one, Jesse J.Wicker,Co.H. 30th.N.C. Inf.,C.S.A.,enlisted August 15, 1861,at Jonesboro,at the age of 22 years,a sergeant.

He was promoted to 2nd.Lieut Feb.,1862,and was promoted to Captain May 1,1862.

Muster roll for December 31st.,1863 to August 31,1864 (last on file) shows him absent. Remarks: Prisoner of War since May 12,1864.

Union Prisoner of War records show that he was captured May 12,1864,at Wilderness,Va. and subscribed to an Oath of Allegiance to the U.S. and was released June 16,1865,a Capt. Personal description as shown on oath of allegiance as follows: Place of residence,Moore, N.C.; complexion,ruddy; hair Bro.; eyes,grey; height 6 ft. Francis M.Parker was Col. of the above named regiment.

(W.R.)

approved (1) 1927 Wicker, M.J. (Mrs) DeKalb County

WIDOW'S APPLICATION

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

County DeKalb

Name Mrs. Mary J. Wicker

Widow of J. J. Wicker

Date of Marriage January 23, 18 79

Company H

Regiment 30th North Carolina

Approved John W. Clark 10 Jany. 28

Cert (DeK) on back

~~J. L. McKLEON.~~
Commissioner of Pensions.

12-22-27

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

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

Sworn under my hand and official seal of office this 20 day of Dec. 1927

V. S. Morgan Ordinary

(SEAL OF ORDINARY.) of DeKalb County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are sufficient.
3. Only widows who married prior to January 1st, 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.

The records show t
Jesse J.Wicker,Co.H. 3
Inf.,C.S.A.,enlisted A
1861,at Jonesboro,at t
22 years,a sergeant.
He was promoted to
Feb.,1862,and was prom
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(last on file) shows h
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since May 12,1864.
Union Prisoner of W
cords show that he was
May 12,1864,at Wildern
and subscribed to an O
Allegiance to the U.S.
released June 16,1865,
Personal description a
on oath of allegiance
lows: Place of residen
N.C.; complexion,ruddy
Bro.; eyes,grey; heigh
Francis M.Parker was C
the above named regime

(W.R.)

approved (1)
1928

WIDOW'S APPLICATION

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

County DeKalb

Name Mrs. Mary J. Wicker

Widow of J. J. Wicker

Date of Marriage January 23, 18 79

Company H

Regiment 30th North Carolina

Approved John W. Clark
10 Jany. 28

~~X.A. McKEGGER~~
Commissioner of Pensions.

12-22-27

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

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

Sworn under my hand and official seal of office this 20 day of Dec. 1927

V. S. Morgan Ordinary

(SEAL OF ORDINARY.) of DeKalb County

Instructions:

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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. M. J. Wicker 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.Mary J. Wicker, Decatur, DeKalb Co., Ga. Decatur, Georgia.

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Since 1914, and in Decatur Georgia, since the big fire in Atlanta.

3. When, where and to whom were you married? January 23, 1879, Carthage, Moore County, North Carolina. to J. J. Wicker.

a. Have you married since the death of first and soldier husband? No

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service, and give names of Colonel and Captain.) Co. H. 30th North Carolina, and soon after enlistment he was elected Captain of his Co. Confederate Army. Infantry. Col. Parker, if applicants memory is correct

5. When and where did the commands of your husband surrender or discharge from the Service? I suppose at Appomattox C. H. Va.

6. Was your husband personally present with his command when it was surrendered or discharged? My impression is that, Mr. Wicker was in prison at time of surrender

7. If he was not present, state specifically and clearly where he was? Fort Delaware I think

8. When did he leave the Command? He was captured and in prison 13 months

a. For what cause did he leave? Prisoner

b. By whose authority did he leave? Captured by the enemy

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

e. What was his physical condition when he left his command? Physical condition very bad

f. What effort did he make to return to his Command? None. Lee Had surrendered.

g. In what way was he prevented from going back to Command? Was not prevented

h. Was he captured by the enemy at any time? Yes, in prison 13 months

i. If so, when and where? In what prison was he held and when was he released? Applicant cannot say. Her recollection is Fort Delaware

j. When and where did your first husband die? Sept.,8, 1904, Carthage, N. C.

k. Were you residing together when he died? Yes

l. If not, how long had you resided apart? We had never parted

m. Are you now a widow? I am

9. Have you or your husband heretofore been paid a pension by the State of Georgia, or any other State, or the United States? Neither of us ever have

If so when and for what cause were you or your husband placed on the roll? His application was filled out but never sent in. He died before Signing it

Sworn to and subscribed before me, this the 19th day of December, 1927.

V. S. Morgan, Ordinary of DeKalb County

(SEAL OF ORDINARY.)

Mrs. M. J. Wicker
Applicant.

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.

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

Applicant.

V. S. MORGAN
ORDINARY AND PROBATE JUDGE
DEKALB COUNTY
E. H. MASON, CLERK

DECATUR, GA., December 21 1927

Judge John W Clark,
Pension Commissioner,
Atlanta, Ga.

Dear Judge:

Enclosed please find application of Mrs. W J. Wicker for pension.

I have had this matter up with Mrs. Arnold and am sending application so that it can be taken up before the first of January for filing.

I wish you all a very happy Christmas and a prosperous New Year.

Very truly yours,

V. S. Morgan
Ordinary.

ENCL.1
VSM*RP

V. S. MORGAN
ORDINARY AND PROBATE JUDGE
DEKALB COUNTY
E. H. MASON, CLERK

DECATUR, GA., January 9 1928

John W Clark,
Pension Commissioner,
Atlanta,Ga.

Dear Judge:

Enclosed please find certificate of two witnesses of the marriage of Minnie J Shaw and Captain J J Wicker, in Carthage, Moore County, North Carolina, January 23, 1879. Same is swomn to reguarly, with seal attached. I trust this is the information necessary.

I am informed that the records of that County was destroyed since that date. I am

Yours very truly,

V. S. Morgan
Ordinary,Dekalb Co.Ga.

ENCL.1
VSM-RP

V. S. MORGAN
ORDINARY AND PROBATE JUDGE
DeKALB COUNTY
E. H. MASON, CLERK

DECATUR, GA., December 21 192 7

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Atlanta, Ga.

Dear Judge:

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V. S. MORGAN
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DeKALB COUNTY
E. H. MASON, CLERK

DECATUR, GA., January 9 192 8

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Pension Commissioner,
Atlanta, Ga.

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I am informed that the records of that County was destroyed since that date. I am

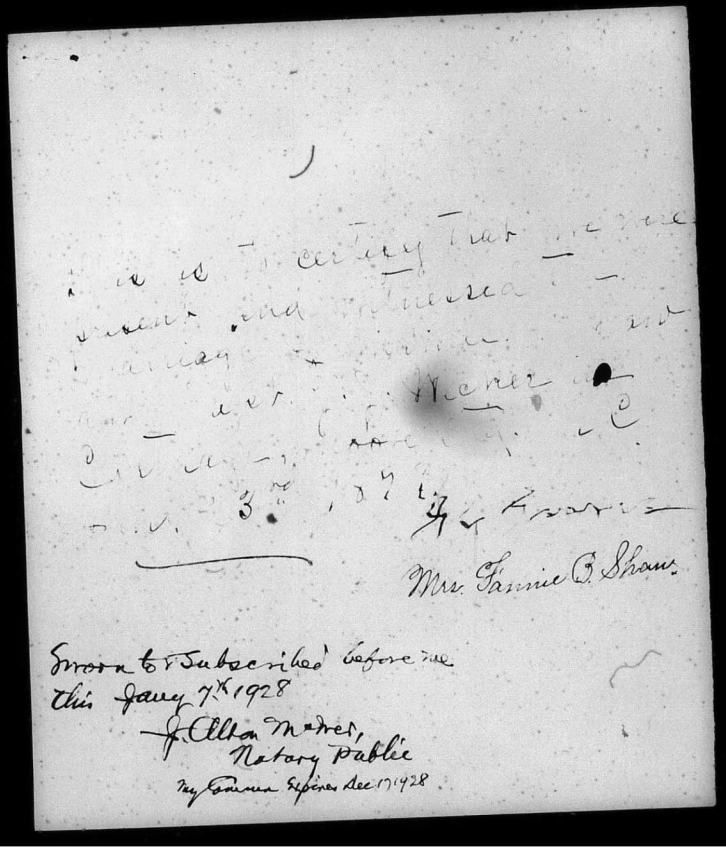
Yours very truly,

V. S. Morgan
Ordinary, Dekalb Co. Ga.

ENCL.1
VSM-RP

Mrs. Wicker says: "That from the time he was stricken with paralysis up to she was not aware that he was entitled to a pension from the State of North Carolina; that he did not mention it, and that just before his death she was informed that he ought to be on the pension roll; that the blank was furnished and filled out, but he died before signing it".

and filled out, but he died before signing it".



Mrs. Fannie C. Shaw.

Sworn to & subscribed before me
this January 7th 1928
J. Alton Mathes,
Notary Public
My Commn Expires Dec 17 1928

Wier, A. M.
DeKalb Co

No. C. N. Jan 1910

INDIGENT PENSION.

1903.

Name A. M. Wier

County DeKalb

Co. D 2-d Ga Bat Regt.

Approved ..... *1903.*

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.

9-30-09

ERO 1938

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

_____ at _____ by _____

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

_____ [L. S.]

Executed in the 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 _____ 1903.

_____ [L. S.]

Executed in the presence of

_____

Wier, A. M.
DeKalb Co.
No. Jan 1910

INDIGENT PENSION.
1903.

Name A. M. Wier
County DeKalb
Co. E 2nd Ga Bat Regt.
Approved 1903.

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.

E RD 1938

9-30-09

Every Question MUST be Answered.

STATE OF GEORGIA,

DEKALB COUNTY.

A. M. Wier 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)
Addison M. Wier

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

3. When and where were you born? Oct. 12th, 1847, In Pike County, Georgia.

4. When and where and in what company and regiment did you enlist or serve? The 10th day of May, 1862, at Griffin, Ga., in Company D. 2nd. Georgia Battalion

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

6. When and where was your company and regiment surrendered and discharged? At Appomattaox, Virginia. April 1865.

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? I was at the Hospital, in Macon, Ga., just after the battle of Chancellorsville, wounded and sent to the hospital at Macon, but do not remember by whose authority it ~~is~~ Recorded

9. How much can you earn (gross) per annum by your own exertions or labor? Nothing

10. What has been your occupation since 1865? Printer

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Age, infirmity 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? Three years - am not totally blind but cannot see to work at printing.

13. What property, real and personal, or income, do you possess, and its gross value? None

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? None

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

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

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? As long as I was able to set type, I could make a living.

18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
Very little of any kind, Contributed to Newspaper

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? Wife and one child at home, Mrs. Mary I. Wier, and Ernest Wier, 14 years old, the other members have all gone to themselves. Mrs. Wier has a small house and lot. they have no means of support.

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? Never.

22. How many applications have you ever made and under what class? None

Sworn to and subscribed before me this the 6 day of August 1903

A M Wier
Applicant.

James R Georgia Ordinary
of DeKalb County.

Send Stamped Envelope to W. Commissioner Pensions Atlanta Ga. with your Post Office address written plainly. Use Pen & Ink

STATE OF GEORGIA,
Fulton County.

J G Bloodworth of said State and County, having been presented as a witness in support of the application of A M Weir for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and ~~where~~ do you reside? J G Bloodworth
Atlanta Ga

2. Are you acquainted with A M Weir, the applicant; if so, how long have you known him? Fifty odd years

3. Where does he reside, and how long and since when has he been a resident of this State?
DeKalb County Ga and has been a resident of Ga all his life

4. When, where and in what company and regiment did he enlist, and how do you know?
Company "D" 2nd Ga Batt Infantry

5. Were you a member of the same company and regiment? I was

6. How long did he perform regular military duty? This I cannot remember

7. When and where was his command surrendered? At Appamattox

8. Were you present when it surrendered? No I had been placed in Sgt Inst

9. Was applicant present? I do not know

10. If he was not present, where was he? I do not know

When did he leave his command? Cant tell For what cause?

By what authority he left? Do not know How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.)
A home in his wife's income - Having heard this his family

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? Cannot say further about this

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
I do not think he ever had any

14. What is the applicant's occupation and physical condition? A Printer but age and infirmity unfits him for this

15. Is the applicant unable to support himself by labor of any sort, if so, why? He will for News Papers under name of Jerry Plunkett cannot say as to remuneration

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? If my own knowledge cant say

17. What portion of his support for these four years was derived from his own labor or income?
Cant say

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? His Leg was broken in a RR wreck at Barnesville Ga in 1864 while he was a soldier

19. Who composes family? What property have they? Children's age and their earning capacity?
Cannot answer this fully

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

Sworn to and subscribed before me, this the 25th day of Sept 1909.
John R Wilkinson Ordinary.

J G Bloodworth
Witness.

I certify that the above witness J G Bloodworth is of trustworthy character & his statements entitled to full faith & credit
John R Wilkinson Ordinary

STATE OF GEORGIA,
DeKalb County.

Personally came before me Joseph H Green and ....., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully A M Weir ....., applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: General debility and suffering from the effects of a broken Leg which was received during his service in the war, also from nervous indigestion all of which render him unable to make a living at any kind of labor, and that we have no interest in said pension being allowed.

Joseph H Green
W J Houston M.D.

Sworn to and subscribed before me, this the 28 day of Sept 1909.
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 A M Weir resides in said County, and has been a bona fide resident of this State ~~since the~~ all his life day of ..... 189..... and that the witnesses, viz.: J G Bloodworth

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 ..... Dollars of property, and in 1900 ..... Dollars of property, in 1901 ..... Dollars of property, in 1902 ..... Dollars of property.

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

Witness my hand and seal of office, this 25 day of Sept 1909.
James R George Ordinary,
of DeKalb County.

NOTE.

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

NAME Wier, A.M. YEAR 1910 COUNTY DeKalb

WHEN AND WHERE BORN? Oct. 12,1847,- Pike County, Georgia.

ENLISTED WHEN AND WHERE? May 10, 1862,- Griffin, Georgia.

RANK.

COMPANY AND REGIMENT? Co.D. 2nd. Ga. Battn.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Hospital, in Macon, Ga., just after the Battle of Chancellorsville, wounded and sent to the Hospital at Macon. Recovered & started back to his Command, was in Railroad wreck, near Barnesville,Ga., which CAPTURED, WHEN AND WHERE? (crippled him for life.

PARDONED.

WHEN AND WHERE SURRENDERED? Command surrendered: April 1865, Appomattox, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Wounded & sent to the Hospital at Macon,recovered & started back to his Command; was in Railroad wreck near Barnesville, Ga.,which crippled him for life.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. J.G. Bloodworth,- Same Command- No data.

mh.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Dekalb COUNTY.

I, James R George Ordinary of said County, do certify that I know Mrs. Wier 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~~ for Forty Years on the day of 19

That I also know E H Mason witness as to ~~marriage, and I also know~~ them being the same persons; ~~that both of the foregoing~~ were duly sworn by me and resigned together from Marriage to A M Wier Death before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 25 day of June 1923

(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 of the county of residence.
4. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

J. C Bloodworth was his witness on A M Wiers Original Application when Pension was obtained

Sarah Plunkett
No. Dekalb Ga

Widow's Application

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

County Dekalb
Name Mary Wier
Widow of A M Wier
Company D
Regiment 2 Ga
Approved John W. Clark
Commissioner of Pensions
6-27-23.
1924.

~~J. W. LINDSEY~~
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.
6/25/1923

STATE OF GEORGIA,

DeKalb COUNTY.

I, James R George Ordinary of said County, do certify that I know Mrs. Wier 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~~ for Forty Years on the day of 19

That I also know E H Mason witness as to ~~marriage, and I also know~~ them being the same persons; ~~that both of the foregoing were duly sworn by me~~ and resided together from Marriage to A M Wier Death before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 25 day of June 1923

(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 of the county of residence.
4. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

J. C Bloodworth was his witness on A M Wiers Original Application when Pension was obtained

Sarge Plunkett
No. DeKalb Co
Ordinary

Widow's Application

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

County DeKalb

Name Mary Wier

Widow of A M Wier

Company D

Regiment 2 Ga

Approved John W. Clark

Commissioner of Pensions

6-27-23.

1924.

~~J. W. LINDSEY~~
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

6/25/1923

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes Mrs. Mary Wier of said County, who, after being duly sworn, says that she is the widow of A.M. Wier to whom, in the County of DeKalb State of Georgia she was married on the 9 day of Nov 1870 and that she remained his wife, and resided with him to the date of his death in March 30 1922 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 $100.00 in DeKalb County for 1922 per annum, on account of being a soldier in Company D Regiment 2nd Ga (Volunteers or ~~State Militia~~)

That she is now a bona fide resident citizen of said County of DeKalb and she has so continuously resided ~~for~~ for Forty Years in DeKalb Co and State of Georgia

Sworn to and subscribed before me, this the 25 day of June 1923
James R George Ordinary
of DeKalb County.
(SEAL)

Mrs Mary Wier

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

STATE OF ~~GEORGIA~~,
DeKalb COUNTY.

Personally before me comes E.H. Mason known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of ~~his~~ his own personal knowledge Mrs. Mary Wier, who made the foregoing affidavit, is the lawful widow of A.M. Wier who died in DeKalb County in said State of Georgia on 30 day of March 1922 and that she has not since remarried. ~~That she became the~~ wife of _____ on the _____ day of _____ 18__, and that she and he had resided together as man and wife continuously since their Marriage, and that the A.M. Wier 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 25 day of June 1923
James R George Ordinary
of DeKalb County.
(SEAL)

E.H. Mason

Marriage Licens cannot be obtained as they was married in the State of Alabama I have made any effort to obtain them

Wiggins, Eunice J. (Mrs.)
DeKalb Co.

For DeKalb County

1929.

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

V. S. Morgan Ordinary

For Mrs. Eunice J. Wiggins

Date of Death August 23 1929

Amount $ 100.00

Approved and ordered paid

Mch. 13, 1930. R. deT. Lawrence
[redacted]
Commissioner of Pensions.

Received of V. S. Morgan Ord. One Hundred Dollars Funeral Expense. 7/17/30.
H. Patterson & Son - E. Banks

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.

Established 1882

H. M. PATTERSON & SON
Spring Hill at Tenth
ATLANTA, GA.

for funeral services of Mrs. Eunice J. Wiggins Aug. 25, 1929

To Our Complete Service Including Casket $125.00

State of Georgia)
County of Fulton)

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

H. Patterson

Sworn to before me this Feb. 15, 1930.

Evelyn Rood
Term Expires Jan. 9, 1933

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

(Under Act Approved August 15, 1904)

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes

H. M. Patterson of said County, who, after being sworn, on oath says that he knew Mrs. Eunice J. Wiggins 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 23 day of August 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 $ 125.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

V. S. Morgan Ordinary

DeKalb County

(Seal of Ordinary)

H M Patterson

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know Mrs. Eunice J. Wiggins, 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. Eunice J. Wiggins while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of One Hundred and Fifty and 00/100 ($ 150) Dollars in said County for 192 9, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 19 day of February ~~192~~ 1930.

(Seal of Ordinary)

V. S. Morgan, Ordinary

DeKalb County

INSTRUCTIONS:

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)

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

NOTES.

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

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

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

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

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

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

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

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

W. H. HARRISON,
Clerk Ex. Dept.

Wiggins, M. D.
De Kalb Co.

1890.

Wiggins, Wm. C.

No. 2820

APPLICATION FOR ALLOWANCE

FOR

Disability of Arm

Applicant, W. O. Wiggins

County, DeKalb

Amount $12 00

Date of Warrant, May 7, 1890

Entered on record 189

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

John B. Stewart

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

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

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

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

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

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

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

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

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

W. H. HARRISON,
Clerk Ex. Dept.

Wiggins M. O.
DeKalb Co.

1890.

Wiggins, M. C.

No. 2820

APPLICATION FOR ALLOWANCE

FOR

Disability of Arm

Applicant, M. O. Wiggins

County, DeKalb

Amount $50.00

Date of Warrant, May 9, 1860

Entered on record 189

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

John B. Steward

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

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appears M O Wiggins of DeKalb county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been continuously since the Tenth day of May 1843; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 38 th Regiment of Georgia Volunteers Gordons Brigade; that whilst engaged in such military service at the battle of Cedar Creek in the State of Virginia, on the 19th day of October 1864, he was wounded as follows: Shot through the left shoulder with a minnie ball in shoulder joint fracturing the bones, and producing stifness of the shoulder and permanently injuring the whole arm and, causing the muscles of the arm to perish away, rendering the shoulder arm and hand 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 the 24th day of April 1890 } M. O. Wiggins

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. 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,
DeKalb County.

PERSONALLY came before me George R Wells of the county of DeKalb State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company D, of thirty Eight Regiment of Georgia Volunteers, and that deponent knows M O Wiggins, 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 M O Wiggins as stated by him in said affidavit. Deponent further states that said M O Wiggins is a *bona fide* citizen of this State and resides in DeKalb county.

Sworn to and subscribed before me this 2nd day of May 1890. } Geo. R. Wells
Lt Co D 38th Ga Reg.

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.

John W McCurdy
N. P. & Ex. Y. P.

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,
De Kalb County.

PERSONALLY comes before me W. M. Ragsdale, Ordinary of said county, Chas. L. Summey and G. S. Robinson, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined M. O. Wiggins and after such examination say that the applicant has been injured as follows:

Shot through left shoulder with Minnie ball fracturing head of Humerus & head of Scapula which Humerus and Scapula & portion produccion almost complete Anchylosis of Shoulder joint. and the Muscles of Arm and Shoulder have [illegible] and in this Case Substantially and [illegible] useless.

Sworn to and subscribed before me, this 2d day of May 1890. Chas. L. Summey M. D. G. S. Robinson M. D.
W. M. Ragsdale,
ORDINARY.

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

De Kalb County.

I, W. M. Ragsdale, Ordinary of said county, do certify that I am well acquainted with M. O. Wiggins, 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 J. H. McCrary before whom the foregoing affidavits, were made and power of attorney was signed, is a Justice of the Peace of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 2d day of May 1890.

W. M. Ragsdale,
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

Know all Men by these Presents, That I, M. O. Wiggins of De Kalb county, in said State, do hereby appoint John. B. Steward 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 2d day of May 1890.

M. O. Wiggins [L. S.]

Executed in the presence of us:

W. M. Ragsdale Ordinary.
D. A. Burgess

DIRECTION.

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

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

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

W. H. HARRISON,
Clerk Ex. Dept.

1890.

No.

APPLICATION FOR ALLOWANCE

FOR

Applicant,

County,

Amount,

Date of Warrant,

Entered on record 189

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

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

Ex Dept Atlanta 4/8/90
Application
Arm is substantially
& essentially useless.
& the physicians mee
to testify. As it
do testify. As it
entitled.
They are asked to
answer.
W. H. Harrison
Clerk

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appears M O Wiggins of DeKalb county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been continuously since the Tenth day of May 1843; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K of 38 th Regiment of Georgia Volunteers Gordons Brigade; that whilst engaged in such military service at the battle of Cedar Creek in the State of Virginia, on the 19 th day of October 1864, he was wounded as follows: Shot with Minnie ball through the Left Shoulder Joint fracturing the bones and producing stiffness of the Shoulder and permanently injuring the whole arm and hand causing the Muscle to perish away, rendering the Shoulder arm and hand 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. M. O. Wiggins
W. M. Rogers Jr. Ordinary
DeKalb Co.

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,
DeKalb County.

PERSONALLY came before me W R Henry of the county of Clayton State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company K, of 38th Regiment of Georgia Volunteers, and that deponent knows M. O. Wiggins, 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 M. O. Wiggins as stated by him in said affidavit. Deponent further states that said M. O. Wiggins is a *bona fide* citizen of this State and resides in DeKalb county.

Sworn to and subscribed before me this 3d day of April 1890. W. R. Henry
J. W. Rogers J. P.

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. Ragsdale, Ordinary of said county, D. L. Lallerstedt, M.D. and W. P. Bond, M.D., both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined M. O. Wiggins and after such examination say that the applicant has been injured as follows:

The left Shoulder with Minnie ball fracturing head of Humerus and end of Clavicle producing partial Anchylosis of Shoulder joint which renders Substantially and exceedingly useless the muscles of the forearm has perished away the elbow is not stiffened at all nor Wrist but has good use of hand but he is unable to feed himself with that hand or arm for he puts his head down to his and

Sworn to and subscribed before me, this 3rd day of April 1890.
W. M. Ragsdale, Ordinary.

J. L. Lallerstedt M.D
W. P. Bond 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.

De Kalb County.

I, W. M. Ragsdale, Ordinary of said county, do certify that I am well acquainted with M. O. Wiggins 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 J. A. Gogaway before whom the foregoing affidavits were made and power of attorney was signed, is a N. P. & Ex Off J. P. 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. Ragsdale.
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

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

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

M. O. Wiggins [L. S.]

Executed in the presence of us:

J. H. Green.
W. M. Ragsdale Ordinary.

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

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

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

W. M. Rogsdale
Ordinary De Kalb County.

Wiggins M. C.
Co. 1 Ga.
Wiggins, M. C.

1891.

PAID 1891, No.

No. 1753

Application for Allowance

FOR THE YEAR ENDING OCTOBER 26, 1891.

FOR

Arm dis'd

Applicant, M. C. Wiggins
County, De Kalb
Amount, 50
Date of Warrant, Feb 13.
Entered on record Feb 13 1891
C. W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO
Applicant

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 M. C. Wiggins 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 1 day of March 1892.

W. M. Rogsdale
Ordinary De Kalb County.

Delkalb Co
Wiggins, M. C.

No. 636

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name M. C. Wiggins
County De Kalb
Disability Dis'd Arm.
Amount, $ 50
Entered on record March 1 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.
Applicant

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears M. C. Wiggins of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10" day of May 1843; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 38 th Regiment of Ger Volunteers Gordon's Brigade; that whilst engaged in such military service at the battle of Cedar Creek in the State of Va, on the 19" day of Oct 1864, he was wounded as follows: Shot with a minnie Ball through the left shoulder joint fracturing bones, which wound renders the said arm substantially and essentially useless.

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

Sworn to and subscribed before me, this, the 13th day of Feb 1891. M. C. Wiggins

[illegible] 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.

PERSONALLY appears M. C. Wiggins 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 10" day of May 1843; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 38 th Regiment of Georgia Volunteers Gordon's Brigade; that whilst engaged in such military service at the battle of Cedar Creek in the State of Va 19", on the October day of 1864, he was wounded as follows: Shot with minnie ball in the left arm through the shoulder joint fracturing bones and rendering the arm substantially and essentially useless.

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

Sworn to and subscribed before me this the 4th day of March 1892. M. C. Wiggins

[illegible] 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.

Detroit Co
Wiggins, W. O.

1893.

No. 836

Application for Allowance

For the Year Ending October 26, 1893.

FOR

Dis'arm

Applicant, M O Wiggins

County, DeKalb

Amount, 50

Date of Warrant, 3

Entered on record, 3/22 1893.

W H H

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears M. C. Wiggins 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 10 day of May 1843; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 38 th Regiment of Ga Volunteers Gordon's Brigade; that whilst engaged in such military service at the battle of Cedar Creek in the State of Va, on the 19" day of Oct 1864, he was wounded as follows: Shot with a minnie ball in the left shoulder, causing resection of bone, permanently injuring arm and rendering it substantially and essentially useless.

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 Fifty dollars, for Disabled arm

Sworn to and subscribed before me, this, the 22d day of March 1893.

M. C. Wiggins

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 M. C. Wiggins 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 22nd 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.

Wiggins M. O.
De Kalb Co.

(For Those Already Enrolled.)

No. 130

Soldier's Pension.

1894.

Name Wiggins, M. O.
County De Kalb
Disability Disabled Arm
Amount, $ 50.00
3/12

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 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.

Wiggins M. O.
De Kalb Co.

(For Those Already Enrolled.)

No. 275

SOLDIER'S PENSION.

1895.

Name M. O. Wiggins
County De Kalb
Disability Disabled Arm
Amount, $ 50.00
3/4

1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Ap

Geo. W. Harrison, State Printer, Atlanta.

No Cita

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA. }
De Kalb County. }

PERSONALLY appears M. O. Wiggins of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10" day of May 1843; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 38 th Regiment of Georgia Volunteers Gordon 's Brigade; that whilst engaged in such military service at the battle of Cedar Creek in the State of Va, on the 19" day of Oct 1864, he was wounded as follows: Shot with minnie ball through the left shoulder joint rendering the left arm substantially and essentially useless

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

Sworn to and subscribed before me, this the 1st day of March 1894. } M. O. Wiggins

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

Given under my official signature and seal, this 1st day of March 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 M. O. Wiggins of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10" day of May 1843; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company K, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service at the battle of Cedar Creek in the State of Va on the 19" day of Oct 1864, he was wounded as follows: Shot with a minnie ball through the left shoulder joint fracturing bone and rendered the arm substantially and essentially useless

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

Sworn to and subscribed before me, this the 20th day of Feb 1895. } M. O. Wiggins

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 M. O. Wiggins 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 1895.

Affix your seal here.

W. M. Ragsdale

Ordinary De Kalb County.

Wiggins, M.O.
[illegible]

ACT OF 24 OCT., 1887.

(For Those Already Enrolled.)

No. 917

SOLDIER'S PENSION.

1896.

Name M.O. Wiggins

County DeKalb

Disability Arm Wound

Amount, $ 50.00

2/27 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Appel

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 ..... 1896.

Executed in presence of us

[L. S.]

DeKalb Co.
Wiggins, M. O.

ACT OF 24 OCT., 1887.

(For Those Already Enrolled.)

No. 242

INVALID SOLDIER'S PENSION.

1897.

Name M.O. Wiggins

County DeKalb

Disability Arm

Amount, $ 50.00

2/16 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Appel

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 ..... 1897.

Executed in presence of

[L. S.]

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
DeKalb County. }

Personally appears M C Wiggins 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 15th day of May 1843; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 38th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 19th day of Oct 1864, he was wounded, injured or diseased as follows:

At the battle of Cedar Creek was shot with a minnie ball through the left shoulder joint fracturing the bones and rendering the arm substantially and essentially useless

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

Sworn to and subscribed before me, this, the 27th day of Feb 1896. } M C Wiggins

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

Given under my official signature and seal, this 27th day of Feb 1896.

Affix your seal here.

W M Ragsdale

Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
DeKalb County. }

Personally appears M C Wiggins 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 10 day of May 1843; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 38th Regiment of Ga Volunteers, Gordons 's Brigade; that whilst engaged in such military service in the State of Va, on the 19 day of Oct 1864, he was wounded, injured or diseased of follows:

Was shot shot with a minnie ball through the left shoulder joint at the battle of Cedar Creek, which wound renders the arm substantially and Essentiacy 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 [illegible] Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 8th day of Feb 1897. } M C Wiggins POST OFFICE Snapfinger 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 M C Wiggins 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 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

Wiggins, M.O.
DeKalb Co.

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 1951

INVALID
SOLDIER'S PENSION.
1898.

Name M.O. Wiggins
County DeKalb
Disability Arm
Amount, $ 50.00
2/14 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appt

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

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

[L. S.]

Executed in presence of

Wiggins, M.O.
DeKalb Co.

CODE SECTION 1220.
(For Those Already Enrolled.)

No. 1949

INVALID
SOLDIER'S PENSION.
1899.

Name M.O. Wiggins
County DeKalb
Disability Arm
Amount, $ 50.
2/18 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appt

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears M. C. Wiggins 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 10 day of May 1843 that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 38th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 19 day of Oct 1864, he was wounded, injured or diseased as follows:

At the battle of Cedar Creek Va was shot in the left arm fracturing bone and rendering arm permanently useless and essentially helpless

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 14 day of Feb 1898. M C Wiggins POST-OFFICE

W M Reagdale 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 Reagdale Ordinary of said County, do certify that I am well acquainted with M C Wiggins 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 Feb 1898.

Affix your seal here.

W M Reagdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears M. C. Wiggins 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 10 day of May 1843; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 19 day of Oct 1864, he was wounded, injured or diseased as follows:

At the battle of Cedar Creek, Va was shot in the left arm fracturing bone and rendering arm permanently useless and essentially helpless

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. M C Wiggins POST OFFICE Snapfinger Ga

W M Reagdale 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 Reagdale Ordinary of said County, do certify that I am well acquainted with M C Wiggins 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 Reagdale
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 1256

(For Those Already Enrolled.)

No. 3676

INVALID SOLDIER'S PENSION. 1900.

Name M. O. Wiggins

County De Kalb

Disability Arm Wounded

Amount, $ 12.

Warrant issued July 9 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Hartson, 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 1256

(For Those Already Enrolled.)

No. 378

DISABLED SOLDIER'S PENSION. 1901.

Name M. O. Wiggins

County De Kalb

Disability Arm

Amount, $ 12.

January 31 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Hartson, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears M C Wiggins 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 May 1843; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 19 day of Oct 1864, he was wounded, injured or diseased as follows: Gun shot in left arm fracturing left arm rendering it entirely and essentially useless

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

Sworn to and subscribed before me, this, the 12th day of Jan 1900. M C Wiggins
POST OFFICE Snapfinger

W M Rogdace 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 Rogdace Ordinary of said County, do certify that I am well acquainted with M C Wiggins 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 Jan 1900.

Affix your seal here.

W M Rogdace
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears M C Wiggins of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10" day of May 1843; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 19 day of Oct 1864, he was wounded, injured or diseased as follows: Gun shot in left arm fracturing left arm rendering it 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 De Kalb County been allowed an invalid pension of Fifty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 12th day of Jan 1901. M C Wiggins
Postoffice Snapfinger

W M Rogdace 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 Rogdace Ordinary of said County, do certify that I am well acqainted with M C Wiggins 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 Jan 1901.

Affix your seal here

W M Rogdace
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

_____

Wiggins, M.O.
DeKalb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 492

DISABLED
SOLDIER'S PENSION
1902.

Name Wiggins M.O.
County DeKalb
Co. K Regiment 38
Disability Arm
Amount, $ 50,
120 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]
Geo. W. Harrison, State Printer, Atlanta.

[illegible]

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

_____

Wiggins, M.O.
DeKalb Co.
30

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 344

DISABLED
SOLDIER'S PENSION
1903.

Name Wiggins M.O.
County DeKalb
Co. F Regiment 38"
Disability Arm
Amount, $ 50,
123 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]
Geo. W. Harrison, State Printer, Atlanta.

231 700 date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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

Personally appears M. O. Wiggins of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10 day of May 1843; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 38th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Va, on the 19 day of Oct 1864, he was wounded, injured or diseased as follows:

At battle of Cedar Creek was wounded in left arm rendering same substantially useless

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

Sworn to and subscribed before me, this the 15 day of Jan 1902. M. O. Wiggins Post-office Snapfinger

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,
De Kalb **County.**

I, W. M. Rogsdale Ordinary of said County, do certify that I am well acquainted with M. O. Wiggins 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 Rogsdale
Ordinary De Kalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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

Personally appears M. O. Wiggins of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10 day of May 1843; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company K, of 38th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Va, on the 19 day of Oct 1864 he was wounded, injured or diseased as follows:

Was wounded in battle of Cedar Creek Va in left arm fractaring bone rendering same substantially and essentially useless

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

Sworn to and subscribed before me, this the 15 day of Jan 1903. M. O. Wiggins Post-office Snapfinger

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,
De Kalb **County.**

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

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

Affix your seal here

W M Rogsdale
Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

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

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

_____ [L. S.]

Executed in presence of _____

Wiggins, M.O.
DeKalb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 37 376

DISABLED
SOLDIER'S PENSION
1904.

Name M.O. Wiggins
County DeKalb
Co. H Regiment 38"
Disability Shot in Arm
Amount, $ 50.00
1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]

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 _____ 1905.

_____ [L. S.]

Executed in the presence of _____

Wiggins, M.O.
DeKalb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 273

DISABLED
SOLDIER'S PENSION
1905.

Name M.O. Wiggins
County DeKalb
Co. H Regiment 38 Ga
Disability
Amount, $ 50.00
January 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]

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

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears M.O. Wiggins 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 10 day of May 18 43; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Pri in Company K, of 38 th Regiment of Ga. Vols Volunteers Gordon 's Brigade; that whilst engaged in such military service in the State of Cedar Creek Va. on the 19 day of Oct 1864, he was wounded, injured or diseased as follows:
Shot in left arm

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

Sworn to and subscribed before me, this the 20 day of January 1904.
James R George Ordinary

M.O. Wiggins
Post-office Decatur RFD #5

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 M.O. Wiggins 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 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 M. O. Wiggins 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 38 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:
Left arm disabled Cedar Creek Va. Oct 19. 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 Fifty Dollars, for the year 1904.

Sworn to and subscribed before me, this the 19 day of January 1905.
James R George Ordinary

M.O. Wiggins
Post-office Decatur

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 M.O. Wiggins 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 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.

Wiggins, M. C.
DeKalb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 238

DISABLED
SOLDIER'S PENSION
1906.

Name M. C. Wiggins
County DeKalb
Co. K Regiment 38th Ga
Disability Left Arm
Amount, $ 50.00

1/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

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

_____

Wiggins, M. C.
DeKalb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED)

No. 286

DISABLED
SOLDIER'S PENSION
1907.

Name M. C. Wiggins
County DeKalb
Co. K Regiment 38th
Disability Left Arm Disabled
Amount, $ 50.00

1/24 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb **County.**

Personally appears M. C. Wiggins of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10 day of May 1843; that he enlisted in the military service of the Confederate States, (or of the State of _____) during the war between the States, and served as a Private in Company K, of 38 th Regiment of Georgia Volunteers Gordon 's Brigade; that whilst engaged in such military service in the State of Virginia, on the 19 day of Oct 186 4, he was wounded, injured or diseased as follows:
Shot in left 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 17 day of January 1906.
James R George Ordinary

M. C. Wiggins
Post-Office Decatur

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

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

James R George
Ordinary De Kalb County.

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 M. C. Wiggins 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 K, of 38 th Regiment of Georgia Volunteers Gordon 's Brigade; that whilst engaged in such military service in the State of _____, on the 19th day of October 1864, he was wounded, injured or diseased as follows:
Left arm disabled, Cedar Creek Va

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 De. _____ 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

M. C. Wiggins
Postoffice Decatur

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,
DeK _____ **County.**

I, James R George Ordinary of said County, do certify that I am well acquainted with M. C. Wiggins 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 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.

Wiggins, M. O.
DeKalb Co.
Ga
On $50.00 Roll
No. [illegible]

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb
Name M. O. Wiggins
Company N
Regiment 38 Ga
Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10/23/1913

Questions for Applicants to Answer.

STATE OF GEORGIA,

DEKALB County.

M. O. Wiggins 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) Matthew O. Wiggins, Decatur, R. F. D. #3, DeKalb County, Ga.

2. How long and since when have you been a continuous resident citizen of this State? Since 1843, the date of my birth

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) April 5th, 1862, Savannah, Ga, Co. K. 38th Regt.

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Till October 19th 1864, wounded & furloughed home

6. When and where was your Company and Regiment surrendered or discharged from the Service? Appomatox C. H. April 9th, 1865

7. Were you actually present with your Command when it was surrendered or discharged? No

8. If you were not actually present, state specifically and clearly where you were At home badly wounded (Decatur, Ga)

a. Where was your Command when you left it? Cedar Creek, Va. where I was wounded and sent home on furlough.

b. When did you leave the Command? October 19th, 1864

c. For what cause did you leave? I received a severe wound at the battle of Cedar Creek that disabled me for military duty.

d. By whose authority did you leave? The Surgeon in charge at Staunton, Va

e. For how long was your leave granted? In what way? Sixty days. A furlough

f. Why did you not return to your Command after leave expired? Not able to do duty

g. In what way were you prevented? By a severe wound

h. What effort did you make to return? None

i. Were you captured during the war? No

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

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) A tract of land valued at $800.00 The same in 1909, 1910, 1911, 1912 and 1913

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

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). The same property described in article 9 of this sheet

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? None except from the farm, about $25.00 per year

13. Are you drawing a pension of any amount from this State or the United States? Yes $50

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

Sworn to and subscribed before me, this the 2nd day of Sept 1913

M. O. Wiggins

James R. George Ordinary of DeKalb County.

STATE OF GEORGIA,

D E K A L B County.

F. L. Hudgins of said State and County is hereby presented as a witness in support of the application of M. O. Wiggins 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? Francis L. Hudgins, Chamblee, Dekalb County, Ga.

2. How long and since when have you known M. O. Wiggins the applicant? Since 1862

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Decatur, Ga., R. F. D. No 3, Dekalb Co., Ga.

4. When, where and in what Company and Regiment did M. O. Wiggins enlist during war from 1861 to 1865? (Give date and place) April 5th 1862, Savannah, Ga. Co. A. 38th Ga. Regt.

5. How did you obtain your information of this Service? I was a member of the same company and regiment.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) From April 5th 1862, until October 19th 1864.

7. When and where was his Command surrendered or discharged (give date and place) April 9th 1865, Appomattox C. H. Va.

8. Were you personally present at the Surrender? Yes.

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

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

11. If not where was he and how came him there? At home near Decatur badly wounded

12. When did he leave his Command? Oct. 19th 1864 Where was his Command when he left it? Cedar Creek, Va. for what cause did he leave? Unfit for duty on account of severe wound By whose authority did he leave Sent to hospital by Doctor and how long was he granted leave? 60 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 and know it of my own knowledge

13. In what way was he prevented from returning to his Command? Never recovered from his wound until after the surrender How do you know? After I came home he was still unable for military duty

14. What effort did he make to return to his Command and how do you know? None that I know of

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 2nd day of Sept 1913

F L Hudgins

James R George Ordinary,

of Dekalb County.

STATE OF GEORGIA,

Dekalb County.

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

One Hundred acres of Land $1000 00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) Nothing
2. When and to whom was it sold or given to? Was not Sold
3. What was the price paid or stated to be paid? none
4. What relation is the party to applicant? none
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension? No

Sworn to and subscribed before me, this the 20 day of Oct 1913

R J Freeman
D C Thompson

James R George Ordinary,

of Dekalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, James R George Ordinary of said County, certify that I know the applicant M O Wiggins for Pension is the person he represents himself to be and resides in said County. That I also know F L Hudgins the witness swearing to the service and who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of shows that and wife value for tax is in 1908 $800 00 for 1909 $800 00 for 1910 $800 00 1911=$800 00=1912=$800 00=1913=$800 00

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 freeholders unnecessary.

Audited 18

COMPTROLLER-GENERAL.

De Kalb

Maimed Soldiers.

Voucher No. 2820

Amount $ 50

Paid to M. O. Wiggins

For

May 9 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

Audited ..... 1891.

COMPTROLLER-GENERAL.

Wiggins, M. O.

1891.

Maimed Soldiers.

Voucher No. 783

Amount $ 50 00

Paid to M O Wiggins

For Arm disabled

Jany 13 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Appleman

No. 2820

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga., May 9, 1890

Mr. M. O. Wiggins 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 $50,

He is entitled to receive the sum of Fifty Dollars for such disability, the same being the allowance due for the year ending October 24, 18

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

W. J. Gordon
GOVERNOR.

By the Governor,

J. W. Warren
Sec'y ~~Clerk~~ EXECUTIVE DEPARTMENT.

$50.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty Dollars,

per above voucher, this 9th of May 1890.

John B. Steward

1891.

No. 783

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. July 13 1891.

Mr. W. O. Wiggins of the County of DeKalb having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for Arm disabled

He is entitled to receive the sum of Fifty 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. Nunnally
SEC'Y EXECUTIVE DEPARTMENT.

$ 50

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

Fifty Dollars,

per above voucher, this ____ of ____ 1891.

M. O. Wiggins

NAME, Wiggins, M. O. YEAR 1890 COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of Ga., Since May 10, 1843

ENLISTED WHEN AND WHERE?

RANK. Private.

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

NAME OF CAPTAIN AND COLONEL? Geo. R. Wells Lt.

WOUNDED? Cedar creek, va., oct. 19, 1864. Disability of arm.
(Shot in left shoulder)

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Geo. R. Wells, Lt.

NAME Wiggins, M. O. YEAR 1914 COUNTY DeKalb.

WHEN AND WHERE BORN? 1843, date of birth.

ENLISTED WHEN AND WHERE? April 5th, 1862, Savannah, Georgia.

RANK:

COMPANY AND REGIMENT? Company K, 38th Georgia Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? October 19th, 1864, wounded at the battle of Cedar Creek, and given 60 days furlough.
Witness states; Sent to hospital by Drs.

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? Command / April 9th, 1865, Appomattox Court House. Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home badly wounded. Decatur, Georgia. Left command October 19th, 1864, at Cedar Creek, Va.

DIED, WHEN AND WHERE? Never able to return to command.

BURIED:

WITNESSES: F. L. Hudgins,- Same command,- No data.

cb

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, James R George Ordinary of said County, do certify that I know Nuisa J. Wiggins 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 F. L. Hudggins 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 12 day of Sept 19

(SEAL)

James R George Ordinary,

DeKalb County.

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

Wiggins, Unisa J. E.
Dekalb County

No. [illegible]

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County DeKalb

Name Mrs Nuisa J. Wiggins

Widow of Geo. W. Wiggins

Company K

Regiment 38 Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9-16-1919

Cert. mch. P. 62
Cert. ind. '64
[illegible] June 30, 65
[illegible]

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George Ordinary of said County, do certify that I know Mrs. Unisa J. Wiggins 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. L. Wiggins 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 12 day of Sept 19__

(SEAL)

James R George Ordinary,
DeKalb County.

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

No. _____

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County DeKalb
Name Mrs Unisa J. Wiggins
Widow of Geo. W. Wiggins
Company K
Regiment 38 Ga
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes Mrs. Unisa J. Wiggins 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 Unisa J. Wiggins DeKalb Co
2. How long and since when have you been a continuing resident of the State of Georgia? 73 Yers all my life
3. When, where and to whom were you married? _____
   a. Have you married since the death of first and soldier husband? Have not
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) July 1862 Savannah Ga Company K 38 Ga Regt
5. When and where did the commands of your husband surrender or discharge from the army? April 9th 1865 at Appomattox C.H. Va
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? Prisnor
8. Where was his command when he left? _____
   a. For what cause did he leave his command? Prisnor
   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? Prisnor
   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? _____
   j. When and where did your first husband die? Oct 31th 1905
   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? 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 5 day of Sept 19 19

Mrs Unisa J. Wiggins
Mark

James R George Ordinary
of DeKalb County.

(SEAL)

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes F. L. Hudgins 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? F. L. Hudgins DeKalb Chamblee Ga

2. How long and since when have you known Mrs Unisa J. McWilliams applicant? from 1853 to the Present time

3. How long and since when has she continuously resided in this State? (Give date.) all her life G W Wiggins

4. When and to whom was she married? March 4 1871 How do you know? My own Knowledge

5. How long and since when did you know G W Wiggins her husband? from 1862 to his death

6. When and where did G W Wiggins the husband of applicant, die? Oct 3 1908 DeKalb County

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

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

Were they divorced? was not

9. When, where and in what Company and Regiment did G W Wiggins enlist? Feby 1862 Savannah 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? till Close of war

12. When and where did his Command surrender, and was discharged? April 1865 Appomatox C.H. Va

13. Were you personally present when it was surrendered? I was If not, where were you Present and how came you there? Present

14. Was the husband of applicant personally present at surrender? he was not If not where was he? Prisnor When, where and for what cause did he leave Command? (Give date Prisnor By whose authority did he leave his Command? Prisnor And how long was he granted leave? —— How do you know all this? I was Present Know it of My own Knowledge

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

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Prisnor of My own Personal Present

F L Hudgins

Sworn to and subscribed before me this the 8 day of Sept 1915

James R Gunn Ordinary of DeKalb County.

(SEAL)

STATE OF GEORGIA)
)
DEKALB COUNTY)

To any Minister of the Gospel Judge or Justice of the Peace to Celebrate:

You are hereby authorized and permitted to join in the Honorable State of Matrimony G. W. Wiggins and Miss Unisa J. McWilliams, according to the Rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State, and for so doing this shall be your sufficient license.

Given under my hand and seal of office this 4th day of March 1871.

W. R. Webster Ordy

I hereby certify that G. W. Wiggins and Miss Unisa J. McWilliams were joined in the Holy Bans of Matrimony on 7th day of March 1871, by me.

Samuel C. Masters, M. G.

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 are true, correct, and complete copies of the marriage license and certificate of marriage of G. W. Wiggins and Miss Unisa J. McWilliams, as the same appear of record in Book "B", Record og Marriages, Page 353.

Witness my hand and the seal of said Court of Ordinary, at Decatur, Georgia, this the 5th day of September, 1919.

James R. George

Ordinary & ex-officio Clerk Court Ordinary

DeKalb County, Georgia.

Wiggins, W. H.
DeKalb County
OK for 1911

22 No.

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name W. H. Wiggins

Company B

Regiment Lees Battalion

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

8/30/10

Wiggins, W. H.
DeKalb County
Ok for 1911
22 No.

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb
Name W. H. Wiggins
Company B
Regiment Lees Battalion
Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

8/31/10

Questions for Applicants to Answer.

STATE OF GEORGIA,
DeKalb County.

W. H. Wiggins 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) Lithonia Ga.

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

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Feby 1863. Atlanta Ga. Company B. Lee's Battalion

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) from Feby 1863 to August 10th 1864 when I was discharged

6. When and where was your Company and Regiment surrendered or discharged from the Service? Atlanta Ga. August 10th 1864 Battalion disbanded

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 I was present when Disbanded

a. Where was your Command when you left it? Commanded disbanded in Atlanta and I was present. Augt 10th 1864

b. When did you leave the Command? Never left Command Disbanded

c. For what cause did you leave? Did not leave Disbanded

d. By whose authority did you leave? Did not leave Disbanded

e. For how long was your leave granted? In what way? Never left Command Disbanded

f. Why did you not return to your Command after leave expired? Never left

g. In what way were you prevented? Never left

h. What effort did you make to return? None did not leave

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? Never Captured

9. What property of every discription was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.)
3 Mules worth $225.00 1 Corr worth $30.00
Household Goods worth $50.00
No real Estate.

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? Two Mules, Sold 1 to Dr Carroll for $65.00 & 1 to Frank New for $30.00

11. What property of any discription of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list).
1 Blind Mule worth $25.00 & 1 Corr worth $30.00 & Household Goods worth $50.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? None

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

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

Sworn to and subscribed before me, this the 6 day of Sept 1910 } W. H. Wiggins

James R. George Ordinary,
of DeKalb County.

and reported to Macon Ga August 12th where I was discharged on account of Disability -

STATE OF GEORGIA,
DeKalb County.

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

1. What is your name and where do you reside? W. J. Wiggins Lithonia Ga
2. How long and since when have you known W. H. Wiggins the applicant? all my lifetime
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? Near Lithonia in DeKalb County, all his lifetime
4. When, where and in what Company and Regiment did W. H. Wiggins enlist during war from 1861 to 1865? (Give date and place) Feby 1863 - Company B - Lee's Battalion - Atlanta Ga
5. How did you obtain your information of this Service? Was in same Company and Battalion
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) from - Feby 1863 to Aug 10th 1864
7. When and where was his Command surrendered or discharged (give date and place) Command disbanded in Atlanta Ga - Aug 10th 1864
8. Were you personally present at the Surrender? No.
9. If not, where were you and how came you there? in Hospital in Jonesboro Ga on account of sickness
10. Was the applicant personally present with his Command at surrender? was with his command up to time it disbanded.
11. If not where was he and how came him there? he went to Macon Ga then he was Discharged I saw his Discharged
12. When did he leave his Command? did not leave Where was his Command when he left it? disbanded in Atlanta Ga for what cause did he leave? Never left. By whose authority did he leave did not leave and how long was he granted leave? did not leave - How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) was with him in Same Company and know of my own knowledge
13. In what way was he prevented from returning to his Command? Command had disbanded How do you know? was in Same Company
14. What effort did he make to return to his Command and how do you know? Never left Command until disbanded
15. Was applicant captured as a prisoner No If so, when and where? Not Captured In what prison was he held? Not Captured and when released?

Sworn to and subscribed before me, this the 6 day of Sept 1910

W. J. his x mark Wiggins

James R. George Ordinary.
of DeKalb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
DeKalb County.

Personally before me comes M M George & W J Wiggins who on oath says that they are free holders residing in said County and we know W. H. Wiggins 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 Blind Mule worth $25 & 1 Pow worth $30.00 & 1 Hog worth $40.00
Total $95.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov.
2. When and to whom was it sold or given to? Frank New & Dr Carroll
3. What was the price paid or stated to be paid? $95.00 Ninety five Dollars
4. What relation is the party to applicant? None
5. What disposition was made of the proceeds of the sale? Paid debts
6. Was the disposition of this property made in good faith and full values? Yes

or was it made to obtain a pension?

Sworn to and subscribed before me, this the 6 day of Sept 1910

W. J. his x mark Wiggins

James R George Ordinary.
of DeKalb County.

M. M. George

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
County.

I, Ordinary of said County, certify that I know the applicant for Pension is the person he represents himself to be and resides in said County. That I also know the witness swearing to the service and who are 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 shows that and wife value for tax is in 1908 $ for 1909 $ for 1910 $

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

Ordinary.
of County.

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

State of Georgia, DeKalb County.

In person comes before me, the undersigned J. M. Wiggins, and after being duly sworn, deposes and says that W. H. Wiggins was honorably discharged fom the Confederate Army, and came home, that soon after he came home he was arrested by Federal troops who, upon being shown his discharge, immediately released him, saying "the discharge is all right". that since that time W. H. Wiggins has lost or mislaid the said discharge, but that deponentknows he had it for he both saw and read said discharge, and heard it read by the Federal Troops aforesaid.

Sworn to and subscribed before me, this 12th day of September, 1910.

J. M. Wiggins

James R George
Ordinary DeKalb County, Georgia.

NAME Wiggins, W. H. YEAR 1911 COUNTY De Kalb.

WHEN AND WHERE BORN? Resident of Georgia all my life.

ENLISTED WHEN AND WHERE? Feb 1863, Atlanta, Georgia.

RANK

COMPANY AND REGIMENT? Company B. Lee's Battn.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? August 10th, 1864, Atlanta, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Reported to Macon, Georgia August 12th, where I was discharged on account of disability.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. W. J. Wiggins- Same command- No data.

CB

Wiggins W. J.
De Kalb County

Ok for 1911

No.....

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name W. J. Wiggins

Company B

Regiment Lees Battalion

Approved .....

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

11/30/10

Wiggins W. J.
De Kalb County

Ok for 1911

No.

Confederate Soldier's Application.

UNDER ACT 1910.

County Dekalb

Name W. J. Wiggins

Company B

Regiment Lees Battalion

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

11 Feb 10

Questions for Applicants to Answer.

STATE OF GEORGIA,
Dekalb County.

W. J. Wiggins 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. J. Wiggins Dekalb Co

2. How long and since when have you been a continuous resident citizen of this State? 65 years August 12th 1845

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Oct 1863 Stone Mountain Company B Lees Battalion

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) about one year

6. When and where was your Company and Regiment surrendered or discharged from the Service? Disbanded August 10th 1864 Atlanta Ga

7. Were you actually present with your Command when it was surrendered or discharged? No

8. If you were not actually present, state specifically and clearly where you were I was in Jonesboro in Hospital

a. Where was your Command when you left it? Atlanta Ga

b. When did you leave the Command? July 1864

c. For what cause did you leave? I was sick & sent to Hospital

d. By whose authority did you leave? Officers & Doctors in charge

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

f. Why did you not return to your Command after leave expired? Was never able

g. In what way were you prevented? Not able to return

h. What effort did you make to return? Never was able to make and effort

i. Were you captured during the war? Was not

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

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) One House and Lot Value of $600.00 Hogs Val of $20.00 House Hold Goods $100.00 this House and Lot is in the country 3/4 of and acre

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

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). One House & Lot in the country the Val of $600.00 Hogs $20.00 House Hold good Val $100.00 Total $720.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? Annual Income about $250.00

13. Are you drawing a pension of any amount from this State or the United States? I am not

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

Sworn to and subscribed before me, this the 7 day of Nov 1910

W J his + mark Wiggins

James R George Ordinary,
of Dekalb County.

STATE OF GEORGIA,
DeKalb County.

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

1. What is your name and where do you reside? W. N. Wiggins DeKalb County

2. How long and since when have you known W J Wiggins the applicant? 65 years all his life

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? DeKalb County Since his birth or all his life Know it of My own Knowledge

4. When, where and in what Company and Regiment did W J Wiggins enlist during war from 1861 to 1865? (Give date and place) Oct 1863 Stone Mountain Lee Battalion Company B

5. How did you obtain your information of this Service? I was a Member of Same company & Battalion

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

7. When and where was his Command surrendered or discharged (give date and place) Disbanded augt 10th 1864 Atlanta Ga

8. Were you personally present at the Surrender? No

9. If not, where were you and how came you there? I was Honorable Discharged Augt 12th 1864

10. Was the applicant personally present with his Command at surrender? He was not

11. If not where was he and how came him there? Sick & in Hospittal at Jonesboro was Sent Home & was never able to Return to the Army

12. When did he leave his Command? July 1864 Where was his Command when he left it? Atlanta for what cause did he leave? Sick By whose authority did he leave Officers & Doctors in command and how long was he granted leave unticable to return How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I was Present and Know it of My own Knowledge

13. In what way was he prevented from returning to his command? not able How do you know? Know it of My own Knowledge

14. What effort did he make to return to his Command and how do you know? made no Effort not able to Make Effort

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 7 day of Nov 1910 } W. N. Wiggins

James R George Ordinary,
of DeKalb County.

STATE OF GEORGIA.
DeKalb County.

Personally before me comes D. C. Thompson and E O Reagin who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.) one House and Lot in the County Val of $500.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) None

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

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant? None

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

6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension?

Sworn to and subscribed before me, this the 7 day of Nov 1910 } D C Thompson E O Reagin

James R George Ordinary,
of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb County.

I, James R George Ordinary of said County, certify that I know the applicant W J Wiggins for Pension is the person he represents himself to be and resides in said County. That I also know W N Wiggins the witness swearing to the service and D C Thompson & E O Reagin who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of shows that and wife value for tax is in 1908 $625.00 for 1909 $875.00 for 1910 $850.00

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 freeholders unnecessary.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, J. M. Wiggins, and being first duly sworn, deposes and syas on oath, that he knew W. J. Wiggins in the '60 s. or during the war between the States, that in 1864, the said W. J. Wiggins was at home from the war sent there sick, that he was then unable to return to his command, that a portion of the federal army came to his home to arrest him, but when they saw his condition, they said let him alone, "he is too sick for anything".

Sworn to and subscribed before me, this 7 day of November, 1910. J. M. Wiggins

James R. George
Ordinary

Georgia, DeKalb County.

Personally appeared before me, the undersigned, E. O. Reagin, Tax Collector in and for said county, and being first duly sworn, deposes and says on oath, that he knows the property returned for taxation by W. H. Wiggins, the applicant, and that said property is not worth what the said Wiggins values it at, that between four and five hundred dollars is a fair price for said property and that if he was going to buy it he would not give more than $450.00 or $500.00 for it.

Sworn to and subscribed before me, this, the 8th day of November, 1910. E. O. Reagin Tax Collector, DeKalb County, Ga.

James R. George Ordinary.

NAME Wiggins, W. J. YEAR 1911 COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of Georgia since August 12th 1845. 65 years.

ENLISTED WHEN AND WHERE? October 1863, Stone Mountain.

RANK

COMPANY AND REGIMENT? Company B, Lee's Battn.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Sick while in service.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? August 10th 1864, Atlanta, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? I was in Jonesboro in hospital. Left command July 1864 at Atlanta, Georgia.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. W. H. Wiggins- Same command- No data.
J. M. Wiggins- Personal knowledge-

CB

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 _____ 1905.

_____ [L. S.]

Executed in presence of

_____

Wilder Elizabeth
Dekalb County

To Those Heretofore Paid.

1905.

No. 190

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs. Elizabeth Wilder

OF Dekalb County,

Widow of S. A. Wilder

Co. D Regiment 9 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/23 1905.

AND HANDED TO [illegible]

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

23 dy. of Jany 1905
Monday

23 dy of Jany 1905
Monday

Wilder, Elizabeth
DeKalb County

To Those Heretofore Paid.

1905.

No. 190

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. Elizabeth Wilder

OF

DeKalb County,

Widow of S. A. Wilder

Co. D Regiment 9 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/23 1905.

AND HANDED TO

Afh

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

STATE OF GEORGIA,
_____ COUNTY. }

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

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

_____ [L. S.]

Executed in presence of

Wilder, Elizabeth
DeKalb Co

To Those Heretofore Paid.

1906.

No. 158

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs Mrs Elizabeth Wilder

OF

DeKalb County,

Widow of S. A. Wilder

Co. _____ Regiment _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/22 1906,

AND HANDED TO

Afh

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

STATE OF GEORGIA,
_____ COUNTY. }

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

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

_____ [L. S.]

Executed in presence of

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. Elizabeth Wilder

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since ____. That she is the Widow of J A Wilder who was a soldier in Company I of the 9 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 lost his life on the ____ day of ____ 18__. *(State here particulars of the husband's death, when, where and from what cause.)* Died from bowel trouble

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 12 day of Jany 1905. James R George Ordinary. } Elizabeth Wilder Post-Office Faith Ga

State of Georgia, DeKalb County. } I, James R. George Ordinary of said County, certify that I am well acquainted with Mrs Elizabeth Wilder 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 12 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 De Kalb } PERSONALLY COMES MRS. Elizabeth Wilder

who, being sworn, says on oath that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since ____. That she is the Widow of J A Wilder who was a soldier in Company D of the 9 Georgia Regiment of Volunteers, that he enlisted in said regiment on or about the month of ____ 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 from Bowel trouble

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

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

Sworn to and subscribed before me this 17 day of Jany 1906. James R George Ordinary. } Elizabeth Wilder Post Office ____

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

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

{ Official Seal } James R George Ordinary of De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, Elizabeth Wilder hereby authorize L. W. Allen to receive and receipt for the pension paid hereon, and request that he remit same to Elizabeth Wilder at

In Witness Whereof, I have hereunto set my hand and seal, this 8th day of January 1907.

x Elizabeth Wilder [L. S.]

Executed in presence of
James R George
Ordinary

Wilder, Elizabeth
De Kalb County
To Those Heretofore Paid.

1907.

No. 204

WIDOW'S PENSION

For Year ending Dec. 31, 1907.
PAID TO
Mrs. Elizabeth Wilder
OF
DeKALB. County,
Widow of S. A. Wilder
Co. L. Regiment 9th Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/21 1907,
AND HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of DeKALB.

PERSONALLY COMES MRS. Elizabeth Wilder

who, being sworn says on oath, that she is a bona fide resident of said County of DeKALB. State of Georgia, and that she has RESIDED in said State continuously ever since. That she is the Widow of J. A. Wilder who was a soldier in Company D. of the 9th, Ga Regiment of Volounteers, that he enlisted in said regiment on or about the month of 186__, and served in the Army up to 186__. That he lost his life on the day of 18__. (*State here particulars of the husband's death, when, where and from what cause.*)

Died from Bowel trouble

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 19 day of Jany 1907.
James R George Ordinary.

+ Elizabeth Wilder
Post Office

State of Georgia,
DeKALB. County.

I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth Wilder, 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 19 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.

Wiley, G. W.
DeKalb Co.
Oct 1914

No.

Confederate
Soldier's Application.

UNDER ACT 1910.

G. W. Wiley

County DeKalb County

Name G W Wiley

Company Georgia Reserves

Regiment

Approved Oct. 1937

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10/22/1913

Wiley, G. W.
Dekalb Co.
Oct 1914

No. .....

Confederate Soldier's Application.

UNDER ACT 1910.

County Dekalb County

Name G. W. Wiley

Company Georgia Reserves

Regiment .....

Approved .....

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10/22/1913

Questions for Applicants to Answer.

STATE OF GEORGIA,

Dekalb County.

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

1. What is your name and where do you reside? (Give County and Post-office) G. W. Wiley Dekalb Co Atlanta Ga R.F.D.

2. How long and since when have you been a continuous resident citizen of this State? 68 years May 12th 1845

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) May 1864 Hicky flat Terry Ky Co Ga [illegible]

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) April 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service? April 1865 Democklus Ala

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? di not leave

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

c. For what cause did you leave? Surrender

d. By whose authority did you leave?

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

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

g. In what way were you prevented? Surrender

h. What effort did you make to return?

i. Were you captured during the war? was not

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

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) nothing

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? Nothing

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). Nothing Save House Hold Good

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? Nothing

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? have not

Sworn to and subscribed before me, this the 1st day of July 1913

G. W. Wiley

James R. George Ordinary of Dekalb County.

STATE OF GEORGIA,
..... County.

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

1. What is your name and where do you reside? J. N. Simpson Cherokee Co Ga

2. How long and since when have you known ..... the applicant? all His life

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

4. When, where and in what Company and Regiment did G W Wiley enlist during war from 1861 to 1865? (Give date and place) Cherokee Co Ga May 1864 Co G 4th Ga reserves

5. How did you obtain your information of this Service? Enlisted with Him and Served with Him until Surrender

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) May 1864 to May 1865

7. When and where was his Command surrendered or discharged (give date and place) Surrendered at Demopilis Ala

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

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

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

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? Demopilis Ala for what cause did he leave? Surrendered 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 Enlisted with Him Served & Surendered 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 1" day of July 1913 J. N. Simpson

W. J. Webb Ordinary,
of Cherokee County.

I Certify that the witness is in good standing and worthy of believe W J Webb Ordinary

STATE OF GEORGIA,
..... County.

Personally before me comes ..... who on oath says that they are freeholders residing in said County and we know ..... the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.) No Property

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) .....

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

3. What was the price paid or stated to be paid? .....

4. What relation is the party to applicant? .....

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

6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension? .....

Sworn to and subscribed before me, this the ..... day of ..... 191...

..... Ordinary,
of ..... County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
..... County.

I, ... Ordinary of said County, certify that I know the applicant ..... for Pension is the person he represents himself to be and resides in said County. That I also know ..... the witness swearing to the service and ..... who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of No Property shows that ..... and wife value for tax is in 1908 $..... for 1909 $..... for 1910 $.....

Sworn under my hand and official seal of office this 21 day of Oct 1913.

James R George Ordinary,
of DeKalb County.

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

NAME Wiley, G. W. YEAR 1914 COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Georgia since May 12, 1845

ENLISTED WHEN AND WHERE? May 1 864, Hickory Flat Cherokee Co. Ga.

RANK:

COMPANY AND REGIMENT? Co. G, 4th Georgia Reserves.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? April 1865, Demopolis, Ala.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: I. H. Simpson - Served with applicant No data.

Wilkerson, Angie
DeKalb Co

O.K. For 1911

No.

Widow's Pension

UNDER ACT 1910.

County DeKalb

Name Angie Wilkerson

Widow of Leroy Wilkerson.

Guerrilla Reg.

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

10/3/10
5/16/11

5/15-1911

Pension Office, 11/21/10.

Applicant has been entitled to a pension under Indigent Law. Was she ever applied? Did she marry again after death of her Soldier husband? If so, make application on Pink Blank, and prove all those facts.

J.W. Lindsey, Com. of Pensions.

and? If so, make application on Pink Blank, and prove all those facts.

J.W. Lindsey, ComM. Of Pensions.

Wilkerson, Angie
DeKalb Co
Ga
No. 6M Par 1911

Widow's Pension

UNDER ACT 1910.

County DeKalb

Name Angie Wilkerson

Widow of Leroy Wilkerson

Co. G 45th Ala Reg

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer

6/15/11

STATE OF GEORGIA,
DeKalb County.

Personally before me comes Mrs Angie Wilkerson 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 Angie Wilkerson DeKalb Co Ga
2. How long and since when have you been a continuing resident in the State of Georgia? 71 years May 23rd 1839
3. When, where and to whom were you married? Jany 7th 1858 West Point 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.) March 11th 1862 Auburn Alabama, Company C. 45 Ala Regiment
5. When and where did the Commands of your husband surrender or discharge from the army?
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 dead.
8. Where was his Command when he left? Resaca Ga
   a. For what cause did he leave his command? Sick
   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? Dead
   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 husband die? Were you residing together when he died? If not, how long had you resided apart? June 12th 1864 Atlanta Ga we was
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.) None
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) none
11. What property of any description of any value have you now? none
    Give list and cash value?
12. What are your annual earnings or income and their value? None
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 2 day of Sept 1910

James R George

Mrs Angie Wilkerson.

Ordinary of DeKalb County.

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF ~~GEORGIA~~, Ala.
Barbour County.

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

3. How long and since when has she continuously resided in this State? (Give date.)
Don't know haven't seen her in number of years

4. When and to whom was she married? How do you know? Leroy Wilkinson (Don't know)

5. How long and since when did you know Leroy Wilkinson her husband? Not since I from Bayhood all through the war.

6. When, where and in what Company and Regiment did Leroy Wilkinson enlist? March 11th 1862 Co "C" 45 Ala Regiment

7. Were you a member of the same Company? Yes

8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From enlistment until his death

9. When, and where did his Command surrender, and was discharged? In North Carolina with Johnson's army

10. Were you personally present when it was surrendered? no If not where were you at home on Furlough and how came you there?

11. Was the husband of applicant personally present at surrender? Died June 12 1864 If not where was he? Died at hospital - Atlanta Ga when, where and for what cause did he leave Command? (Give date.) By whose authority did he leave his Command? and how long was he granted leave? How do you know all this? Do you state if of your own personal knowledge? (State all you know fully, and how you know it.)

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

13. What effort did he make to return to his Command and how do you know this? Of you own knowledge or how? ✓ The Company book gives all particulars as stated above and also recorded in our records in Montgomery, Ala. and in Washington D.C.

Sworn to and subscribed before me this the 6th day of Sept 1910

J. D. Mattox Probate Judge J. T. Edmonson Ordinary.

of Barbour County. Ala.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes R. S. Hunter & J. G. Ozmer who on oath says that they are freeholders of said County and that they know Mrs. Angie Wilkinson 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	$ None
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	$ None
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	$ None
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 2 day of Sept 1910

R. S. Hunter J. G. Ozmer

James R. George Ordinary.

of DeKalb County.

DeKalb County.

I James R. George Ordinary of said County do certify that, I know Mrs. Angie Wilkinson 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 also know the witness who swears to the service of husband, and R. S. Hunter J. G. Ozmer 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 DeKalb Returned for Tax is for 1908 $ None for 1910 $ None

Sworn under my hand and official seal of office this 9th day of Sept 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.

James R. George, Ordinary.
of DeKalb County.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, J. G. Ozmer, and being first duly sworn, according to law, deposes and says: That he has known Mrs. Angie Wilkinson for thirty-five years, that he knows that the said Mrs. Angie Wilkinson has never been married but one time, and that when he first knew her she was a widow and still is a widow

Sworn to and subscribed before me, this the 15th day of May, 1911.

J G Ozmer

James R George
Ordinary.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, Mrs. Angie Wilkinson, who being first duly sworn, according to law, deposes and says: That she was married to Leroy Wilkinson at West Point, Ga., January 7th 1859, and has never been married again, that since the death of her husband she has taught school and did not feel the need of a pension, but now that she is getting infirm and not physically able to teach, and believing under the law that she was entitled to a pension she makes her application.

Sworn to and subscribed before me, this the 15th day of May, 1911.

Mrs Angie Wilkerson

James R George
Ordinary.

STATE OF GEORGIA — COUNTY OF TROUP

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

Lee Wiseman and Angie Langford — 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 6th day of January 1858

Thos W. Evans (L.S.) Ordinary

CERTIFICATE

STATE OF GEORGIA. TROUP COUNTY.

I Certify that Lee Wiseman and Angie Langford were joined in Matrimony by me this 7th day of January 1858

A. Carmichael M G

Recorded ____ 19__

Ordinary.

State of Georgia, Troup County.

ORDINARY'S OFFICE SS.

I, H. 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 Lee Wiekerson and Angie Langford (except a few changes of the wording in then and now) 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 12th day of Sept 1910

H. Woodyard

Ordinary and ex officio C. C. O.

THE LAGRANGE GRAPHIC JOB PRINT

Wilkinson, Elizabeth
DeKalb Co

On C.R. for 1911
No.
~~[illegible]~~

Widow's Application

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

County DeKalb

Name Elizabeth Wilkinson

Widow of R. M. Wilkinson

K — 22 - Ga

Approved

J. W. LINDSEY
Commissioner of Pensions

Chas. P. Byrd, State Printer, Atlanta.

10/30/10

Wilkinson, Elizabeth
Dekalb Co

On C.K. Jan 1911
No. [illegible]

Widow's Application

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

County Dekalb

Name Elizabeth Wilkinson

Widow of R.M. Wilkinson

K-22 Ga

Approved

J. W. LINDSEY
Commissioner of Pensions

Chas. P. Byrd, State Printer, Atlanta.

Dekalb County.

Personally before me comes Elizabeth Wilkinson of said County, who, after being duly sworn, on oath says, that she is the widow of R.M. Wilkinson to whom in the County of Dekalb State of Georgia she was married on the 22 day of Oct 1868 and that she remained his wife, and resided with him to the date of his death in Feby 27 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 Indigent Pension Roll of the State and paid a pension of $60.00 in Dekalb County for 1908 per annum, on account of being a soldier in Company K-22 Ga Regiment Ga (Volunteers of State Militia.)

At the death of R M Wilkinson he was in the use and possession of the following property nuthing of the cash value of $

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

Acres land	$ None
Horses and Mules	$ —
Hogs, Cows, etc.	$ —
Total Cash value of all property	$ —

That she is now a bonafide resident citizen of said County of Dekalb and she has so continuously resided since 8 day of Oct 1840 Lin

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

Mrs Elizabeth Wilkinson
Mark

James R George Ordinary.
of Dekalb County.

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

STATE OF GEORGIA, Dekalb County.

J. B. Maulding X
J M Leftwich

Personally before me come J M Leftwich 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. Elizabeth Wilkinson who made the foregoing affidavit, is the lawful widow of R M Wilkinson who died in Dekalb County in said State of Georgia on 27 day of Feby 1908 and that she has not since remarried. That she became the wife of R M Wilkinson on the 22 day of Oct 1868 and that she and he had resided together as man and wife continuously since 22 day of Oct 1868 and that the R M Wilkinson 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 12 day of Sept 1910

J B Maulding
J M Leftwich

James R George Ordinary.
of Dekalb County.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes J B Maulding & J M Leftwich who after being sworn in oath says, that they are freeholders of said County, and that they know of said County and knew her said husband R M Wilkinson at his death on the 27 day of Feb 1908 that she and he were in the use, possession and control of the following property at his death to wit: nothing

of the value of $ — That she is now in the use, possession and control of the following property to wit: nothing

of the value of $ —

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

James R George Ordinary. J B Maulding
of DeKalb County. J M Leftwich

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb County.

I, James R George Ordinary of said County, do certify, that, I know Mrs Elizabeth Wilkinson 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 8th day of Nov 1906 1911

That I also know J B Maulding & J M Leftwich witness as to marriage and I also know J B Maulding & J M Leftwich 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. Elizabeth Wilkinson

That the tax Books of DeKalb County shows that Mrs Elizabeth Wilkinson returned property to the amount of — for 1908 $ none for 1909 $ none for 1910 $ none

Sworn under my hand and official seal of office this 12 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.

McDonough Ga
Aug 20. 1910.

This I hereby certify that the within is a true copy of marriage license of R. W. Wilkinson & Elizabeth S. Christian as remains on record in this office.

A. L. Harris
Ordinary Hwy 83

8/20/10

MARRIAGE LICENSE

OF

AND

Issued *190*

and recorded on page .....

Book ..... *of Marriage Licenses.*

Ordinary.

MARSHALL & BRUCE CO., NASHVILLE

Ordinary Hung Dz

8/20/1900

MARRIAGE LICENSE

OF

AND

Issued ..... *190*....

and recorded on page .....

Book ..... *of Marriage Licenses.*

Ordinary.

MARSHALL & BRUCE CO., NASHVILLE

195

MARRIAGE LICENSE

STATE OF GEORGIA — COUNTY OF HENRY

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

You are hereby authorized to join R. M. Wilkerson and Elizabeth A. Christian 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 6th day of OCT ~~1868~~ 1868

Geo M. Nolan (L.S.)
Ordinary

STATE OF GEORGIA — CERTIFICATE — HENRY COUNTY

I Certify that R M Wilkerson and Elizabeth A. Christian were joined in Matrimony by me this 22 day of OCT ~~1868~~ 1868

Recorded 19

David Nolan M.
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 _____ 1906.

_____ [L. S.]

Executed in the presence of

_____

Wilkerson, R. M.
De Kalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.) 3

No. 910 1905

INDIGENT
SOLDIER'S PENSION
1906.

Name R. M. Wilkerson
County De Kalb
Co. K Regiment 22 Ga

WARRANT ISSUED
1-23 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,
_____ 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. 910

INDIGENT SOLDIER'S PENSION 1906.

Name W M Wilkerson

County De Kalb

Co. K Regiment 22 Ga

WARRANT ISSUED 1/23 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 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. 10 854

INDIGENT SOLDIER'S PENSION 1907.

Name W M Wilkerson

County DeKALB.

Co. K Regiment 22 Ga

WARRANT ISSUED 1/22 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

State of Georgia,
De Kalb County.

Personally appears R M Wilkerson of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 4 day of Sept 1837; that he is 69 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 22th Regiment of Georgia; that his physical condition is as follows: Age & infirmity

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 19th day of January 1906.

James R George Ordinary. R M Wilkerson

State of Georgia,
De Kalb County.

I, James R George Ordinary of said County, do certify that I am well acquainted with Wilkerson R M 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.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
DeKALB. County.

Personally appears R M Wilkerson 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 4 day of Sept 1837; 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 22nd Regiment of ____ Ga; that his physical condition is as follows: Age & Infirmity

that his property consists of the following items: ____

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

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

Sworn to and subscribed before me, this the 10 day of Janu 1907.

James R George Ordinary. R M Wilkerson

State of Georgia,
DeKALB County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with R M Wilkerson 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 Janu 1907.

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, 1907.

I, James R George, Ordinary of said county, do certify that I personally know Mrs Elizabeth J Wilkenson, the applicant, and that she is the lawful widow of R M Wilkenson, and was on the Indigent Pension Roll of said Dekalb county, and was paid a Pension from Dekalb county for 1907, and at the time of his death on the ____ day of ____ 190__, there was due to him and unpaid his Pension of $60.00 dollars from the State of Georgia, and I know ____, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this ____ day of ____ 190__

James R George Ordinary,

Dekalb County.

Wilkinson, R. M.
Dekalb Co.

No. ____

1908

Application for Pension
Due Deceased Soldier
Under Act 1891.

BY

Mrs. Elizabeth. wilkenson

Widow of R. M. wilkenson

of County Dekalb

Co. K Reg't 2 2 Ga Vols.

Approved and Paid

190

J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, ____ County.

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

Witness my hand this ____ day of ____ 190....

Attested before me:

____

APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Dekalb County.

Personally before me come Mrs. Elizabeth Wilkerson of said county, after being duly sworn, on oath says that she is the widow of R. M. Wilkerson who was duly enrolled as a Indigent Pensioner from the county of Dekalb and was paid a Pension of Sixty $60 00 Dollars from Dekalb county for 1907, and that the said R. M. Wilkerson died in Dekalb county on the 27 day of Feby 1908, and at the time of his death a Pension of $60 00 was due him from Dekalb county and unpaid for 1908. Applicant further swears that she married the said R M Wilkerson on the 20 day of November 1868, in county and State of Georgia and resided with him from date of marriage to his death as his lawful wife, and is now his dependant widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 21 day of April 1908

James R George ORDINARY
Dekalb County.

Mrs. Elizabeth [illegible] Wilkerson
Mark

AFFIDAVIT OF WITNESS.

GEORGIA, Dekalb County.

Personally before me come _____, who on oath says that he knew R. M. Wilkerson while in life and that he knows Mrs Elizabeth Wilkerson the above applicant; that he knows that the said R. M. Wilkerson and Elizabeth Wilkerson were in due form of law married in the county of _____ in the State of Georgia on the _____ day of _____ 18__, and that they resided together as husband and wife from date of marriage to the day of his death on the _____ day of _____ 1908, and I now know that she is his dependant widow.

Sworn to and subscribed before me this 21 day of April 1908

James R George ORDINARY
Dekalb County.

Mrs A. M. George

NOTE 1st.—This form can be used by guardian of minor children where there is no widow.
2nd.—Ordinary must send in all cases certified copy of marriage license attached.

NOTE 1st.—This form can be used by guardian of minor children where there is no widow.
2nd.—Ordinary must send in all cases certified copy of marriage license attached.

GEORGIA, Henry County.

I, the undersigned, do certify that K M. Wilkerson now Indigent Pensioner of this county, is on the Pension roll and draws a pension of 60 00 Dollars for 1905. The bearer is the same man of ____ Company ____ Regiment, who enlisted on ____ day of ____ 186__, and was discharged on the ____ day of ____ 186__, was granted a pension $60 00 for 1905

Proven by ____ as witnesses.

Given under my hand and official seal this the 15 day of January 1906

E E Mears
Ordinary's L. S.
Henry Co Ga

(SEAL)

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George Ordinary of said County, do certify that I know Mrs Francis Williams 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 See Ordinary Cift 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 1 day of Oct 1919

(SEAL) James R George Ordinary,
DeKalb County.

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

Williams, Frances
DeKalb County
No. 7/13/20

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County DeKalb
Name Mrs Francis Williams
Widow of Doria R Williams
Company I
Regiment First Ga
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.
8/2-1920
11-1-19

Pension Office, Feb., 19, 1920
David R. Williams,
DeKalb Co.

Must submit some testimony to account for husband to the end of the war as stated in application. The witness submitted don't know anything as he was discharged and not with command at end of the war.

J.W. Lindsey
Com. of Pensions.

Statement is entitled to full faith and credit.
Sworn under my hand and official seal of Office this 1 day of October 1919

W. J. Tucker Ordinary
Dawson County

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George Ordinary of said County, do certify that I know Mrs Francis Williams 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 See ordinary Cift 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 1 day of Oct 1919

(SEAL) James R George Ordinary,
DeKalb County.

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

Williams, Francis C
DeKalb County No. 7/13-4-21

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County DeKalb
Name Mrs Francis Williams
Widow of Daria R Williams
Company I
Regiment First Ga
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.
8/2-1920
11-1-1919

Pension Office, Feb., 19, 1920
David R. Williams,
DeKalb Co.

Must submit some testimony to account for husband to the end of the war as stated in application- The witness submitted don't know anything- as he was discharged and not with command at end of the war.

J.W. Lindsey
Com. of Pensions.

Statement is entitled to full faith and credit.
Sworn under my hand and official seal of office
[illegible] day of October 1919

W. J. Tucker Ordinary
Dawson County

As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes Mrs Francis Williams 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 Francis Williams DeKalb Co
2. How long and since when have you been a continuing resident of the State of Georgia? 79 years all my life
3. When, where and to whom were you married? Nov 16th 1863. Hall County. David R Williams
a. Have you married since the death of first and soldier husband? have not
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) August 1864 Dowsonville Ga Company I 1st Ga Reg
5. When and where did the commands of your husband surrender or discharge from the army? April 1865 Kingston Ga
6. Was your husband personally present at the time of the surrender or discharge of this command? he was
7. If he was not present state clearly where he was? Present
8. Where was his command when he left?
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? 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? Jany 25th 1904
k. Were you residing together when he died? we was
l If not, how long had you resided apart?
m. Are you now a widow? I am
9. Have you or your husband heretofore been paid a pension by the State? have not
If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the 17 day of October 1919 } Mrs Francis Williams

James R George Ordinary
of DeKalb County.

(SEAL)

STATE OF GEORGIA,

Dawson COUNTY.

Personally before me comes J. J. Swafford 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. J. Swafford Dawson County Dawsonville Ga R.F.D. #2

2. How long and since when have you known Mrs Francis Williams applicant? 57 years Since 1862

3. How long and since when has she continuously resided in this State? (Give date.) 57 years Since 1862

4. When and to whom was she married? I do not know date of marriage she was How do you know?

5. How long and since when did you know David R. Williams her husband? 57 years Since 1862

6. When and where did ~~I do not know~~ David R. William the husband of applicant, die? I do not know

7. Were the applicant and her husband living together as husband and wife at the date of his death? I was informed that they were living together at his death.

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

9. When, where and in what Company and Regiment did David R. Williams enlist? August 1864 Dawsonville Ga Company I 1st Ga Regiment

10. Were you a member of the same Company? no

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? about Eight Months

12. When and where did his Command surrender, and was discharged? May 1865 Kingston Ga.

13. Were you personally present when it was surrendered? was not had been discharged If not, where were you and how came you there?

14. Was the husband of applicant personally present at surrender? I think he was If not where was he? When, where and for what cause did he leave Command? (Give date.) By whose authority did he leave his Command? And how long was he granted leave? How do you know all this?

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

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the 29th day of October 1919

W. J. Tucker Ordinary of Dawson County.

(SEAL)

J. J. Swafford

Georgia Dawson County

I W. J. Tucker Ordinary, do Certify that I know J. J. Swafford the witness who swears to the service of husband that he is a resident of said County and was duly sworn by me before signing the foregoing affidavit and that he is truthful, trustworthy, and his (own)

Living with David Williams in 1862 as his wife from [illegible] reputation [illegible]

(SEAL)

Swears to the service of [illegible]
that he is a resident of said County and was duly sworn by me before signing the foregoing affidavit and that he is truthful, trustworthy, and his (own)

Williams, Frances (Mrs.)
DeKALb Co.

For DeKalb County

1926

Application for Pension Due Deceased Pensioner

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

V. S. Morgan Ordinary

For Mrs Frances Williams

Date of Death May 31 1926

Amount $ 100.00

Approved and ordered paid

John W. Clark 1926
23 Sept 26 ~~N. E. HOBBS~~,
Commissioner of Pensions.

Received of V. S. Morgan Ordinary $100.00 Funeral Expense Mrs. Frances Williams Oct 1 1926.
[illegible] Prof
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.

(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 Harry G. Poole of said County, who, after being sworn, on oath says that he knew Mrs Frances Williams 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 31 day of May 1926, and that a Pension of One Hundred ($100.00) Dollars was due pensioner and unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me this 15 day of June 1926

V. L. Morgan Ordinary

DeKalb County

(Seal of Ordinary)

Harry G. Poole

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. L. Morgan, Ordinary of said County, do certify that I personally know Harry G. Poole, 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 Frances Williams while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of One Hundred Forty ($140.00) Dollars in said County for 1925, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 15 day of June, 1926

(Seal or Ordinary)

V. L. Morgan, Ordinary

DeKalb, County

INSTRUCTIONS:

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

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

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

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

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

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

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

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

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

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

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

HARRY G. POOLE

"FUNERAL HOME"

96 SOUTH PRYOR STREET

ATLANTA, GA.

Funeral Expenses of Mrs Frances Williams

May 31st	Casket and Box	$85.00
	Embalming and services	15.00
	Robe	12.50
	Hearse	10.00
		$122.50

Georgia
Fulton Co. Personally appeared before me Harry G. Poole who after being sworn says that the above account is just, true, due and unpaid and was for the burial of Mrs Francis Williams who died May 31st 1926 with out sufficient funds to pay her funeral expenses.

Harry G. Poole

J. P. Bruce
Notary Public
Fulton County
6-15-26

7th. *The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.*
8th. Accept no bills for nursing until you write the Pension Department, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
9th. Return this application, and attached bills, with your final settlement, to the Pension Department.
10th. Ordinary should see that the back of this blank, when folded, is filled out.

Georgia, Dawson County,

Personally appeared before me, an officer authorized to administer an oath, J.J. Swafford, who on oath says "I got my discharge some four or six weeks before D.R. Williams got his discharge and I came on home from four to six weeks before D.R. Williams arrived who had his discharge to my personal knowledge, as we resided in the same county and settlement."

J.J. Swafford

Sworn to and subscribed before me, this the 6th day of August 1920.

W.J. Tucker
Ordinary
Dawson Co. Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA.
De Kalb County.

I, Mary E. Williams hereby authorize W. M. Ragsdale of ..... County, to receive and receipt for the pension allowed and that he remit the same to me at ..... by his check or registered mail.

Witness my hand this 25 day of Feb 1901

Executed in presence of
..... Ordinary,
L. L. Williams County.

Mary E. her x mark Williams L. S.

SEAL

Williams, Mary E.
De Kalb Co

No. .....

WIDOW'S
Indigent Pension.
1901.

Name Mary E Williams
County De Kalb
Widow of James T. Williams
B - 42 Ga
Approved 4/18 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

..... 1901.

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

3/14/01

STATE OF GEORGIA.

De Kalb County.

I, Mary E. Williams hereby authorize W. M. Ragsdale

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

Witness my hand this 25 day of Feb 1901.

Executed in presence of

Ordinary,

L. L. Williams County.

Mary E. her X mark Williams L. S.

SEAL

Williams, Mary E.
De Kalb Co.

No.

WIDOW'S Indigent Pension. 1901.

Name Mary E Williams

County De Kalb

Widow of James T. Williams

B - 42 Ga

Approved 4/18 1901.

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

3/14/01

De Kalb County.

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

1. What is your name and where do you reside? (Give State, County and Post Office.) Mary E Williams In De Kalb County. Lithonia Ga.

2. How long and since when have you been a resident of this State? Sixty Seven years Since 1833.

3. When and where were you born? Sept 16" 1833. In De Kalb Co.

4. When and where was your husband born—state his full name, and when were you and he married? In 10th Sept 1836. in Gwinnett, James Thomas Williams Married Nov 25th 1860.

5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? In March 1862 At Lawrenceville Ga. Co B 42 Ga Reg

6. How long did your husband serve in said Company and Regiment? Over three years

7. When and where did your husband's Company and Regiment surrender and was discharged? In April 1865 at Bentonville N.C.

8. Was your husband present at the time and place when his Company and Regiment surrendered? Yes

9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority? X

10. When and where did your husband die? Died Feb 19th 1893. In De Kalb County

11. Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infirmity and Poverty, or Third—Blindness and Poverty? Age & Poverty and Infirmity

12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight. For past fifteen years have been unable to work

13. What has been your occupation since your husband's death? Nothing but doing my house work part of the time

14. How much can you earn gross, by your own exertion or labor? Nothing

15. What property, real or personal, or income do you have or possess, and its gross value? None No income.

16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? None made no disposition of any

17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation? In De Kalb Co. None

18. How have you been supported since death of husband, and especially for 1899 and 1900? By my son

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? Seventy five or Eighty Dollars Nothing

20. What was your employment during 1899 and 1900—how much did you receive for each year? Had none.

21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property? No family

22. Have you ever made an application for pension before? No

23. How many applications have you made for a Pension, and under what class? None

Sworn to and subscribed before me this 25th day of February 1901.

Mary E. her X mark Williams

W. M. Ragsdale Ordinary,

of De Kalb County.

STATE OF GEORGIA,
De Kalb County.

J. L. McGuffey Leroy Freeman of said State and County, having been presented as a witness in support of the Application of Mrs. Mary E. Williams for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. L. McGuffey and Leroy Freeman. In De Kalb Gwinnett
2. Are you acquainted with the applicant, Mrs. Mary E. Williams If so, how long have you known her? Yes. for Sixty years
3. Where does she reside, and how long and since when has she been a resident of this State? In De Kalb Co. All her life for Over Sixty years.
4. When and where was she born? In 18 in De Kalb Co.
5. Were you ever acquainted with her husband? Yes
6. Where did he reside in 1861? In Gwinnett County
7. When and to whom was he married? Mary E. McGuffey Nov 25th 1863.
8. When and where was he born?
9. How long have you known him? For over Sixty years
10. When and where did James T. Williams enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? In March 1862 at Lawrenceville Ga. Co B 42 Ga. We were there.
11. Were you a member of the same Company and Regiment? Yes
12. How long did he perform regular military duty? Over three years up to time of surrender
13. When and where was his Company and Regiment surrendered and discharged from service? Surrendered at Bentonville N.C.
14. Were you with the command when it surrendered?
15. Was James T. Williams the husband of applicant present? He was
16. If not present, where was he? X
17. When and where did he leave his Command? X
For what cause? X
By whose authority he left? X
How do you know all this? (State fully and clearly.) We were with the Co & Regiment
18. When and where did James T. Williams die? In 1893, In De Kalb County
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? In De Kalb County. All his life
20. Do you of your own knowledge know that applicant is the lawful widow of We do.
21. Has she remained unmarried since her soldier husband's death, and is now his widow? No. She is now his widow
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? None No income
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? None made no disposition of any
24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? No
25. What is applicant's physical condition and her chances and ability to earn a support? She is old and suffers from disease so she can not work
27. How was she supported for 1899 and 1900? By her son
28. How much did applicant contribute to her support for last two years? Nothing
29. Give a full and complete statement of applicant's physical condition? She is suffering from disease and not able to work.
30. What interest have you in the recovery of this pension by the applicant? None

Sworn to and subscribed before me this 25th day of Feb 1901
W. M. Ragsdale Ordinary,
De Kalb County.

J. L. McGuffey
Leroy his X mark Freeman
Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA,
De Kalb County.

Personally before me comes J. T. Grace and Joe A. Farmer both known to me te be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. Mary E. Williams applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this She has frequent attacks of Inflamation of the Kidneys and Bladder and this together with old age renders her unable to earn a suport for her self.

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 25th day of Feb 1901
W. M. Ragsdale Ordinary
De Kalb County.

J. T. Grace M.D.
Joe A. Farmer M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
De Kalb County.

I, W. M. Ragsdale, Ordinary in and for said county, hereby certify that the applicant, Mrs. Mary E. Williams resides in said county, and has been a bona fide resident of this State since 16" day of Sept 1833, and that the witnesses, Mr. J. L. McGuffey and Leroy Freeman are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of De Kalb county shows that applicant returned for taxation in her own name in 1899 None dollars worth of property, and in 1900 None dollars worth of property.

Witness my hand and official seal, this 25" day of Feb 1901.

{SEAL}

W. M. Ragsdale Ordinary,
De Kalb County.

NOTES—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 26th April, 1865, not entitled.
5. ..... Witnesses and two Physicians are necessary to make out claims.

Williams Mary E.
De Kalb County

To Those Heretofore Paid.

1902.

No. 205

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs Williams Mary E.

OF

De Kalb County,

Widow of Jas T. Williams

Co. B 42d Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/20 1902

AND HANDED TO

[illegible]

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County. }

I, Mrs Mary E. Williams, hereby authorize
L M Mitchell of De Kalb
to receive and receipt for the pension paid hereon, and request that he remit same to
at

In Witness Whereof, I have hereunto set my hand and seal, this 17
day of Jan 1902.

her
Mary E. X Williams [L. S.]
mark

Executed in presence of
W M Ragsdale
Ordinary

Williams, Mary E.
De Kalb County

To Those Heretofore Paid.

1903.

No. 134

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs Mary E. Williams

OF

De Kalb County,

Widow of Jas T Williams

Co. B 42d Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/23 1903

AND HANDED TO

[illegible]

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

[illegible] Mitchell

230

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County. }

I, Mary E. Williams, hereby authorize
L. M. Mitchell 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 9
day of Jan 1903.

her
Mary E. X Williams [L. S.]
mark

Executed in the presence of
L L Williams
W M Ragsdale
Ordinary

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of De Kalb } PERSONALLY COMES MRS. Mary E. Williams

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 Sept 16" 1833. That she is the Widow of James Thomas Williams who was a soldier in Company B of the 42 d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 1861, and served in the Army up to April 1865. That he died on the 19" day of Feb 1893.

From age and poverty unable to make a support

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 1860.

I have been allowed an Indigent pension as a resident of De Kalb County, under Act 1900, for the year 1902, 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. } Mary E. her X mark Williams Post-Office

State of Georgia, De Kalb County. } I, W M Rogsdale Ordinary of said County, certify that I am well acquainted with Mrs. Mary E. Williams, 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 16 day of Sept 1833.

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

W M Rogsdale

Official Seal.

Ordinary of De Kalb County.

NOTE.—All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1902.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of De Kalb } PERSONALLY COMES MRS. Mary E. Williams

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 Sept 16" 1833. That she is the Widow of Jas Thomas Williams who was a soldier in Company B of the 42 d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 1861, and served in the Army up to April 1865. That he died on the 19" day of Feb 1893.

From old Age and poverty unable to make a support

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 1860.

I have been allowed an Indigent pension as a resident of De Kalb County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this 10 day of Jan 1903. W M Rogsdale, Ordinary. } Mary E her X mark Williams Post-Office Lithonia

State of Georgia, De Kalb County. } I, W M Rogsdale Ordinary of said County, certify that I am well acquainted with Mrs. Mary E. Williams, 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 16" day of Sept 1833

Given under my official signature and seal, this the 10 day of Jan 1903.

W M Rogsdale

Official Seal.

Ordinary of De Kalb County.

NOTE.—All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb COUNTY.

I, Mary E. Williams hereby authorize L. D. Williams 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 13 day of January 1904.

Mary E. her Mark Williams [L. S.]

Executed in presence of
James R George
Ordinary

Williams Mary E.
Dekalb County

TO THOSE HERETOFORE PAID.

1904.

No. 118

INDIGENT WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO Mrs Mary E Williams OF Dekalb County, Widow of Jas Thomas Williams Co. 13 42 Regiment.

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/25 1904, AND HANDED TO L. D. Williams

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,
Dekalb COUNTY.

I, Mary E Williams, hereby authorize L. D. Williams of Lithonia Ga to receive and receipt for the pension paid hereon, and request that he remit same to Mary E. Williams at Lithonia Ga

In Witness Whereof, I have hereunto set my hand and seal, this 10th day of January 1905.

Mary E her Mark Williams [L. S.]

Executed in presence of
James R George
Ordinary

Williams Mary E.
Dekalb County

To Those Heretofore Paid.

1905.

No. 199

INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs Mary E. Williams OF Dekalb County, Widow of James L Williams Co. 13 42 Regiment.

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/23 1905. AND HANDED TO L. D. Williams

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of DeKalb } Personally comes Mrs. Mary E Williams

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 Sept 16, 1833. That she is the Widow of Jas Thomas Williams who was a soldier in Company B of the 42" Regiment of Mich Volunteers, that he enlisted in said regiment on or about the month of April 1861, and served in the Army up to April 1865. That he died on the 19 day of Feby 1893

Age and Poverty

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 1860

I have been allowed an Indigent pension as a resident of DeKalb County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 13 day of Jany 1904. James R George Ordinary.

Mary E her mark Williams
Post Office Lithonia Ga

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Mary E Williams 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 16 day of Sept 1833

Given under my official signature and seal this the 13 day of Jany 1904.

James R George
Ordinary of DeKalb County

Official Seal

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

STATE OF GEORGIA, County of DeKalb } Personally comes Mrs. Mary E. Williams

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 James T. Williams who was a soldier in Company B of the 42 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to Close of War 186. That he died on the day of 18.

Age & poverty

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

I have been allowed an Indigent pension as a resident of DeKalb County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905

Sworn to and subscribed before me, this 10 day of Jany 1905. James R George Ordinary.

Mary E her mark Williams
Post-Office Lithonia Ga

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. Mary E. Williams 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 1905.

James R George
Ordinary of DeKalb County.

Official Seal

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Mary E. Williams, hereby authorize
L. D. Williams of Lithonia

to receive and receipt for the pension paid hereon, and request that he remit same to
Mary E Williams at Lithonia Ga

In Witness Whereof, I have hereunto set my hand and seal, this 9th
day of January 1906.

Mary E Williams [L. S.]
her
Mark

Executed in presence of
James R George
Ordinary

To Those Heretofore Paid.

1906.

No. 1852

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO
Mrs Mary E Williams
OF
DeKalb County,
Widow of J. T. Williams
Co. B 42nd Ga Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/22 1906,

AND HANDED TO
L D Williams

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, Mary E. Williams, hereby authorize
L D Williams of Lithonia Ga

to receive and receipt for the pension paid hereon, and request that he remit same to
Mary E Williams at Lithonia

In Witness Whereof, I have hereunto set my hand and seal, this 10
day of January 1907.

Mary E her Williams [L. S.]
Mark

Executed in presence of
James R George
Ordinary

Williams Mary E
DeKalb County

To Those Heretofore Paid.

1907.

No. 2449

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1907.

PAID TO
Mrs. Mary E. Williams
OF
DeKALB. County,
Widow of James T. Williams
Co. B 42nd Ga Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/29 1907.

AND HANDED TO
L D Williams

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of De Kalb } PERSONALLY COMES MRS. Mary E Williams

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since _____ That she is the Widow of James T. Williams who was a soldier in Company B of the 42 Georgia Regiment of _____ Volunteers, that he enlisted in said regiment on or about the month of _____ 186 2, and served in the Army up to Close War 186 _____ That he died on the _____ day of _____ 18 _____.

Age & poverty

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

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

Sworn to and subscribed before me this 9th day of Jany 1906. James R George Ordinary. } Mary E Williams her Mark Post Office Lithonia Ga

State of Georgia, De Kalb County. } I James R George Ordinary of said County, certify that I am well acquainted with Mrs. Mary E Williams, 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 9th day of Jany 1906.

{ Official Seal } James R George Ordinary of De Kalb County.

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of DeKALB. } PERSONALLY COMES MRS. Mary E. Williams

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 James T. Williams who was a soldier in Company B. of the 42nd Ga Regiment of _____ Volounteers, that he enlisted in said regiment on or about the month of _____ 186 _____, and served in the Army up to _____ 186 _____ That he died on the _____ day of _____ 18 _____

age and poverty

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 _____ day of Jany 1907. _____, Ordinary. } Mary E Williams her Mark Post Office Lithonia Ga

State of Georgia, DeKALB. County. } I James R George Ordinary of said County, certify that I am well acquainted with Mrs. Mary E. Williams, 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 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.

Vouchers and Affidavits must bear date after January 1st, 1906.

Williams, Mary E.
DeKalb Co.

1917

Application for Pension Due Deceased Pensioner Under Act 1904.

James R. George Ordinary

For Mary E. Williams

of DeKalb County

of Co. ..... Regiment

Approved and ordered paid

50 00

..... 1917.

J. W. LINDSEY,
Commissioner of Pensions.

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 191...., now deceased, who was on the ..... Pension Roll from said County at his death.

Witness my hand and seal, this ..... day of ..... 1917.

ATTEST BY

.....

.....

Note 1.—Use this blank only when the Pension is wanted to pay funeral expenses.



Granite Bank

J. STEVE McCURDY, PREST. J. R. IRVIN, CASHIER
E. J. SPRATLING, VICE-PREST.

Stone Mountain, Ga.

May 24th, 1917.

Estate of Mrs. Mary E. Williams, Dec'd.

~~Judge Jas. R. George, Ordinary,~~
~~Decatur, Ga.~~

In Account with J. Steve McCurdy.

Apr. 8th, 1917 to Casket for ~~Xxxxx~~ Mrs. Mary E. Williams, $49.00
For Burial Expenses, Mrs. Mary E. Williams,

Georgia, DeKalb County,

Personally appeared before me, J. Steve McCurdy, who on oath deposes and says the above account is true and correct and unpaid.

J Steve McCurdy

Sworn to and subscribed before me this 24th day of May 1917.

E H Mason
Notary Public State at large.

Application for Pension Due to a Deceased Pensioner

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

Georgia, DeKalb County.

Personally before me, the Ordinary of said County, comes G. L. Johnson of said County, who, after being sworn, on oath says that he knew Mary E. Williams of said County, and that he was on the ..... Pension Roll ..... County at the time of his death, which occurred in DeKalb County, in this State, on the 8 day of April 1917, and that a Pension of Seventy ($70.00) Dollars was due ~~him~~ her and unpaid at the time of ~~his~~ her death. That he left no ~~widow or~~ dependent children surviving ~~him~~ her, and no estate of any value sufficient to pay ~~his~~ her funeral expenses, which amounted to the sum of $49.00 Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me this 25 day of May 1917.
James R. George Ordinary
DeKalb County

G. L. Johnson

Georgia, DeKalb County.

I, James R. George Ordinary of said County, do certify that I personally know G. L. Johnson, 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 Mary E. Williams while in life; that he was the same person whose name appears on the ..... Pension Roll of DeKalb County, and was paid a Pension of Seventy ($70.00) Dollars in said County for 1917, and I now believe him to be dead.

Given under my hand and official seal, this 25 day of May 1917

James R. George Ordinary,
DeKalb County.

Williams, William J.
#66B

Williams, Wm. J.

No. 488 DeKalb Co

APPLICATION FOR

Arm

FOR CONFEDERATE SOLDIER.

Applicant Wm J Williams

County De Kalb

Limb Arm above elbow

Amount $60

Date of Warrant Nov 29th/79

Page

Ca. 38th
Rep Ga. Inf

E/952

STATE OF GEORGIA.

De Kalb County.

Personally appeared before me William J. Williams of the county of De Kalb, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a Private in Company "D" Regiment of 38" Georgia Regt, Volunteers that while engaged in such military service, to-wit: at the battle or engagement of Second Manassas in the State of Virginia on the 28" August ~~day of~~ 1862 he was wounded in the Right Arm and that the same was amputated above the Elbow that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has not supplied himself with an artificial Arm; or that, not having done so, he prefers to supply himself with an artificial Arm.

Sworn to and subscribed before me this the 11" day of Nov. 1879

Wm A Wright Compt. Genl

W. J. Williams

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

De Kalb County.

Personally came before me ..... of the county of ..... State of Georgia, who, being duly sworn, deposes 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.

Williams, William J.
#66B
Williams, Wm. J.
No. 488 DeKalb Co.

APPLICATION FOR

Arm

FOR CONFEDERATE SOLDIER.

Applicant Wm J. Williams

County De Kalb

Limb Arm above Elbow

Amount $60

Date of Warrant Nov 29th/79

Page

Cy 38th
Reg Ga Inf

AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877:

SECTION I. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars: Provided the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

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

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

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

HENRY R. GOETCHIUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 0th, 1879.

A. O. BACON,
Speaker House Representatives.
RUFUS E. LESTER,
President Senate.

ALFRED. H. COLQUITT, *Governor.*

STATE OF GEORGIA,
DeKalb County.

Personally came C J Carroll John N Dodgen & S H Braswell who, being duly sworn, depose and say they are acquainted with W J Williams and know that he lost a arm in the military service during the late war; that said arm was amputated in Virginia; 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 17 day of November 1879

C J Carroll
J N Dodgen
S H Braswell

E G Flowers N P

STATE OF GEORGIA,
County,

I, Hendley V Bayne Ordinary of DeKalb county, do certify that I am well acquainted with W J Williams 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 C J Carroll John N Dodgen & S H Braswell the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.

Given under my hand and official seal, this 17th day of November 1879

H V Bayne
Ordinary
of DeKalb Co Ga

Williams, W. J.
De Kalb Co

No. 1040

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1889.

FOR

Loss of Right Arm

Applicant W. J. Williams

County DeKalb

Amount 100.

Date of Warrant Mch 21

Entered on Record,

Mch 2 1889

W H H

SECRETARY EXECUTIVE DEPARTMENT.

No additional data
Applicant

De Kalb County.

PERSONALLY appears W. J. Williams of De Kalb county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continuously since the day of 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 D, of 38 th Regiment of Georgia Volunteers Gordons 's Brigade; that whilst engaged in such military service, at the battle of 2d Manass in the State of Virginia, on the 27 day of August 1862, he was wounded as follows: With a minnie ball in right arm causing total loss of said arm.

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

Sworn to and subscribed before me, this the 1st day of March 1889

W. J. Williams

W M Ragsdale
Ordinary
De Kalb Co.

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

STATE OF GEORGIA,

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:

Sworn to and subscribed before me, this day of 188

ORDINARY.

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

STATE OF GEORGIA,
DeKalb County.

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

are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this 17 day of March 1884

W. M. Ragsdale,
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:

)
)

DIRECTION:

Send money to me as follows, by

to P. O.
County, Georgia.

NOTES.

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

STATE OF GEORGIA,
De Kalb County.

I, W. M. Rogsdale, Ordinary of said county, do certify that I am well acquainted with W. J. Williams 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. Rogsdale
Ordinary De Kalb County.

Williams, W. J. Co.
Williams, W. J.

1890.

No. 448

APPLICATION FOR ALLOWANCE.

FOR YEAR ENDING OCTOBER 26, 1890.

Loss of Arm

Applicant, W. J. Williams
County, De Kalb
Amount, 100
Date of warrant, Feby 7

Entered on record Feby 7 1890
W. H. H.
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO
Applicant

STATE OF GEORGIA,
De Kalb Connty.

I, W. M. Rogsdale, Ordinary of said County, do certify that I am well acquainted with W. J. Williams 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 2d day of March 1891.

W. M. Rogsdale
Ordinary De Kalb County.

De Kalb Co.
Williams, W. J.

1891.

No. 1731

Application for Allowance

FOR THE YEAR ENDING OCTOBER 26, 1891.

FOR
Loss of Arm

Applicant, W. J. Williams
County, De Kalb
Amount, 100
Date of Warrant, Mch 21
Entered on record 189
W. H. H.
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO
Applicant

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appears W. J. Williams of DeKalb county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the 15 day of June 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 D, of 38th Regiment of Georgia Volunteers Gordons 's Brigade; that whilst engaged in such military service, at the battle of 2d Manassas in the State of Va, on the 28th day of Aug 1862 he was wounded as follows: Shot with minnie ball in right arm near shoulder causing loss of arm by amputation.

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 One Hundred dollars.

Sworn to and subscribed before me, this the 6th day of Feb 1890. W. J. Williams

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,
DeKalb County.

PERSONALLY appears W. J. Williams 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 15" day of June 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 D, of 38th Regiment of Ga Volunteers Lawton 's Brigade; that whilst engaged in such military service at the battle of 2d Manassas in the State of Va, on the 27 day of Aug 1862 he was wounded as follows: Shot in right arm causing the loss of the same at the above mentioned point

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 2d day of March 1891. W. J. Williams

W. M. Rogsdale, Ord'nary.

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, W. M. Rosdale Ordinary of said county, do certify that I am well acquainted with W. J. Williams 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 11 day of March 1892.

W. M. Rosdale
Ordinary De Kalb County.

De Kalb Co
Williams W. J.

No. 1199

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name W. J. Williams
County De Kalb
Disability Loss of arm
Amount $ 100
Entered on record Mch 11 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.
Applicant

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

Know all Men by these Presents, That I ..... of ..... 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
Williams W. J.

1893.

No. 834

Application for Allowance

For the Year Ending October 26, 1893.

FOR

Loss of arm
Applicant, W. J. Williams
County, De Kalb
Amount, 100
Date of Warrant,
Entered on record, 3/20 1893.

W. H. H.
Secretary Executive Department.

WARRANT HANDED TO
Applicant

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

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears W. J. Williams 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 15th day of June 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 D, of 38 th Regiment of Ga Volunteers Gordon's Brigade; that whilst engaged in such military service at the battle of 2d Manassas in the State of Va, on the 27th day of August 1862, he was wounded as follows: Shot with minnie ball in right arm causing the loss of the arm

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 arm.

Sworn to and subscribed before me this the 11th day of March 1892. W. J. Williams

W. M. Rogdale, 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.

For Applicants heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears W. J. Williams 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 15th day of June 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 D, of 38 th Regiment of Ga Volunteers Gordon's Brigade; that whilst engaged in such military service at the battle of 2 Manassas in the State of Va, on the 27th day of Aug 1862, he was wounded as follows: Shot with a minnie ball in the right arm causing the loss of the arm

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 arm.

Sworn to and subscribed before me, this, the 20th day of March 1893. W. J. Williams

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

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

Given under my official signature and seal, this 20th day of March 1893.

W. M. Rogdale
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. 801

Soldier's Pension.

1894.

Name Williams W.J.

County DeKalb

Disability Loss of Arm

Amount, $ 100 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 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.

Williams W.J.

DeKalb Co

(For Those Already Enrolled.)

No. 276

SOLDIER'S PENSION.

1895.

Name W.J. Williams

County DeKalb

Disability Loss of Arm

Amount, $ 3/4

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Applt.

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA. }
De Kalb County. }

PERSONALLY appears W J Williams 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 June 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 D, of 38th Regiment of Ga Volunteers Gordon's Brigade; that whilst engaged in such military service at the battle of 2d Manassas in the State of Va on the 27 day of Aug 1862, he was wounded as follows: Shot in the right arm causing loss of some

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 6th day of March 1894. } W J Williams

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 J Williams 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 Ragsdale

Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears W J Williams 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 1862; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company D, of 38th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service at the battle of 2d Manassas in the State of Va on the 27 day of Aug 1862, he was wounded as follows: Shot with minnie ball in right arm causing loss of some

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 189

Sworn to and subscribed before me, this, the 14th day of Feb 1895. } W J Williams

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 J Williams 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 14th 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. 2894

SOLDIER'S PENSION.

1896.

Name W. J. Williams

County DeKalb

Disability Loss of Arm

Amount, $ 100.00

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 24 OCT., 1887.
(For Those Already Enrolled.)

No. 1854

INVALID

SOLDIER'S PENSION.

1897.

Name W. J. Williams

County DeKalb

Disability Loss of Arm

Amount, $ 100.00

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. J. Williams 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 15 day of June 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 D, of 38 th Regiment of Ga Volunteers, Lawton 's Brigade; that whilst engaged in such military service in the State of Va, on the 27th day of Aug 1862, he was wounded, injured or diseased as follows: Was shot with a minnie ball in right arm at the 2d battle of Manassas. causing the loss of Arm

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 One Hundred dollars, for the year 1895.

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

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 W. J. Williams 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.

W M Rogsdale.

Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears W. J. Williams 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 15th day of June 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 D, of 38th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 27th day of July 1862, he was wounded, injured or diseased of follows: Was shot at the 2d Battle of Manassas in the right Arm causing loss of Arm by amputation

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 One Hundred Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 23d day of Feb 1897. W. J. Williams POST OFFICE Lithonia Ga

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 W. J. Williams 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 Feb 1897.

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 _____ 1898.

[L. S.]

Executed in presence of

Williams, W. J.
DeKalb Co

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 2535

INVALID
SOLDIER'S PENSION.
1898.

Name W. J. Williams
County DeKalb
Disability Loss of Arm
Amount, $ 100.00
2/18 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
A. L.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Mdeta

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

Williams, W. J.
DeKalb Co.

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 3201

INVALID
SOLDIER'S PENSION.
1899.

Name W. J. Williams
County DeKalb
Disability Loss of Arm
Amount, $ 100.
3/1 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
A. L.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears W. J. Williams 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 15 day of June 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 D, of 38 th Regiment of Ga Volunteers, Lodge's Brigade; that whilst engaged in such military service in the State of Va, on the 27 day of Aug, 1862, he was wounded, injured or diseased as follows: Was shot in 2d battle of Manassas in right arm causing 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 pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of DeKalb county been allowed an invalid pension of One Hundred Dollars, for the year 189__.

Sworn to and subscribed before me, this the 15 day of Oct 1898. W J Williams, 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 W. J. Williams 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 Oct 1898.

Affix your seal here.

W M Ragsdale, Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears W. J. Williams 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 15 day of June 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 D, of 38 th Regiment of Ga Volunteers, Gordon'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: At 2d battle of Manassas was shot in right arm causing loss of same.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of DeKalb County been allowed an invalid pension of One Hundred Dollars, for the year 189 8.

Sworn to and subscribed before me, this the 31 day of Jan 1899. W. J. Williams, POST-OFFICE Lithonia 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 W. J. Williams 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

_____

Williams, W. J.
DeKalb County

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 295

INVALID
SOLDIER'S PENSION.
1900.

Name W. J. Williams
County DeKalb
Disability Arm Loss
Amount, $ 100.
Warrant issued June 6 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]
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 _____ 1901.

_____ [L. S.]

Executed in presence of

_____

DeKalb Co.
Williams, W. J.

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 350

DISABLED
SOLDIER'S PENSION.
1901.

Name W. J. William
County DeKalb
Disability Arm
Amount, $ 100.
Jany 31 1901.

JOHN W. LINDSEY,
[redacted]
Commissioner of Pensions.

WARRANT HANDED TO
[signature]
Geo. W. Harrison, State Printer, Atlanta.
No data

For Applicants Heretofore Allowed Pensions.

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

Personally appears W. J. Williams 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 15 day of June 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 D, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 27 day of Aug 1862, he was wounded, injured or diseased as follows:

has shots in battle of 2d Manassas in right arm 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 De Kalb County been allowed an invalid pension of One Hundred Dollars, for the year 189 7.

Sworn to and subscribed before me, this the day of Jan 1900. W. J. Williams POST OFFICE Lithonia, Ga.

W. M. Rogdace

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. Rogdace Ordinary of said County, do certify that I am well acquainted with W. J. Williams 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. Rogdace
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

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

Personally appears W. J. Williams 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 15 day of June 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 D, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 27 day of Aug 1862, he was wounded, injured or diseased as follows:

At 2d battle of Manassas was shot in right arm causing loss of same

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 One Hundred Dollars, for the year 1900.

Sworn to and subscribed before me, this the 9th day of Jan 1901. Postoffice Lithonia Ga.

W. M. Rogdace 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.** W. J. Williams

I, W. M. Rogdace Ordinary of said County, do certify that I am well acquainted with W. J. Williams 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. Rogdace
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

_____

Williams, W. J.
De Kalb Co

CODE SECTION 1256.
(FOR THOSE ALREADY ENROLLED.)
No. 606

DISABLED
SOLDIER'S PENSION
1902.

Name Williams W.S.
County DeKalb
Co. D Regiment 38th
Disability Loss of Leg
Amount, $ 100. 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
_____

Geo. W. Harrison, State Printer, Atlanta.

Williams W. J.

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

_____

Williams, W. J.
DeKalb Co

CODE SECTION 1256.
(FOR THOSE ALREADY ENROLLED.)
No. 197

DISABLED
SOLDIER'S PENSION
1903.

Name Williams W.S.
County DeKalb
Co. D Regiment 38th
Disability Loss of Arm
Amount, $ 100. 1903.

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 W. J. Williams 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 5 day of June 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 D, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 29 day of Aug 1862, he was wounded, injured or diseased as follows:

At 2nd battle of Manassas was shot in right arm causing loss of same

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 One Hundred Dollars, for the year 1901.

Sworn to and subscribed before me, this the 15 day of Jan 1902. Post-office W. J. Williams Lithonia

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 W. J. Williams 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. Rogsdale
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 W. J. Williams 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 15 day of June 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 D, of 38 th Regiment of Ga Volunteers, Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 29 day of Aug 1862, he was wounded, injured or diseased as follows:

At Battle of Manassas was wounded in right arm 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 DeKalb County, been allowed an invalid pension of One Hundred Dollars, for the year 1902.

Sworn to and subscribed before me, this the 9 day of Jan 1903. Post-office W. J. Williams Lithonia Ga

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

Given under my official signature and seal, this 9 day of Jan 1903.

Affix your seal here

W. M. Rogsdale
Ordinary DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1904.

_____ [L. S.]

Executed in presence of

Williams, W. J.
DeKalb County

CODE SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 423

DISABLED
SOLDIER'S PENSION
1904.

Name W. J. Williams
County DeKalb
Co. D Regiment 38th Ga
Disability Loss of Arm
Amount, $ 100.00
Feb 1904.

JOHN W. LINDSEY,
Commissioner 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 _____ 1905.

_____ [L. S.]

Executed in the presence of

Williams W. J.
DeKalb County

CODE SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 274

DISABLED
SOLDIER'S PENSION
1905.

Name W. J. Williams
County DeKalb
Co. D Regiment 38 Ga
Disability
Amount, $ 100.00
January 4 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

No date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears W. J. Williams 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 15 day of June 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 Pri in Company D, of 38 th Regiment of Ga. Vols Volunteers Gordon 's Brigade; that whilst engaged in such military service in the State of Va, on the 17 day of Aug 1862, he was wounded, injured or diseased as follows:
Shot in Right arm causing loss

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 One Hundred Dollars, for the year 1903.

Sworn to and subscribed before me, this the 19 day of January 1904.
James R George Ordinary

W J Williams
Post-office Lithonia

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

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

James R George
Ordinary DeKalb County.

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. J. Williams 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 D, of 38 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:
Last right arm, 2 Manassas, Aug 22 186[illegible]

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 10th day of January 1905.
James R George Ordinary

Post-office

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

STATE OF GEORGIA,
DeKalb COUNTY.

W J Williams

I, James R George Ordinary of said County, do certify that I am well acquainted with W. J. Williams 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 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.

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

_____

Williams, W. J.
DeKalb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 208

DISABLED
SOLDIER'S PENSION
1906.

Name W. J. Williams
County DeKalb
Co. D Regiment 38 Ga
Disability Right Arm
Amount, $ 100.00
1/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Aff

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

_____

Williams, W. J.
DeKalb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED)

No. 279

DISABLED
SOLDIER'S PENSION
1907.

Name W. J. Williams
County DeKALB.
Co. D Regiment 38th Ga
Disability Loss of Right Arm
Amount, $100
1/24 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Aff

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb County.

Personally appears W J Williams 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 15 day of June 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 D, of 38 th Regiment of Georgia Volunteers Gordon 's Brigade; that whilst engaged in such military service in the State of 2 Manassas, on the 27 day of Aug. 1862, he was wounded, injured or diseased as follows:
Shot in right arm causing loss

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 One Hundred Dollars, for the year 1905.

Sworn to and subscribed before me, this the 2 day of January 1906.
James R George Ordinary

W J Williams
Post-Office Lithonia

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

Given under my official signature and seal, this 2 day of January 1906.

James R George
Ordinary De Kalb County.

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 J Williams 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 D., of 38 th Regiment of Georgia Volunteers Gordon 's Brigade; that whilst engaged in such military service in the State of , on the 27th day of August 1862, he was wounded, injured or diseased as follows:
Lost right arm 2nd Manassas

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 One Hundred 100 Dollars, for the year 1906.

Sworn to and subscribed before me, this the 10 day of January 1907.
James R George Ordinary

W J Williams
Postoffice Lithonia

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 J Williams 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 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, 1906.

Audited Mch 2 1889.

Wm A Wright

COMPTROLLER-GENERAL.

He Kalb

Maimed Soldiers.

Voucher No. 1040.

Amount. $ 100.

Paid to W. J. Williams

For Loss of right Arm

Mch. 2, 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

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

Applicant

Audited 18

COMPTROLLER-GENERAL.

He Kalb

Maimed Soldiers.

Voucher No. 448

Amount $ 100

Paid to W. J. Williams

For Loss of Arm

Feby 7 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

Applicant.

No. 1040.

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. } Atlanta, Ga. March 21 1889

Mr. W. J. Williams of the County of DeKalb having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act. Dec. 24, 1888, and the same having been allowed for Loss of Right leg

He is entitled to receive the sum of One Hundred 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. Hanson
CLERK EXECUTIVE DEPARTMENT.

$100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred 00/ Dollars,
per above voucher, this 2 of March 1889.
W. J. Williams

No. 448

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. } Atlanta, Ga. Feby 7 1890

Mr. W. J. Williams 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 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, 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. H. Hanson
CLERK EXECUTIVE DEPARTMENT.

$100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred 00/ Dollars,
per above voucher, this 7 of Feby 1890
W. J. Williams

NAME, Williams, Wm. J YEAR 1879 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co D 38th Georgia Regt. Vols

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Second Manassas, Va. - August 29, 1862 - Right arm above elbow.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. C J Carroll, John N Dodgen and S H Braswell

No data

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

Know all Men by these Presents, That I, H. C. Williamson of De Kalb County, in said State, do hereby appoint Geo. T. Williamson 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 16" day of April 1891.

Mrs. H. C. Williamson [L. S.]

Executed in the presence of us:

J. M. Stanley
W. M. Rogstade

DIRECTIONS.

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

Williamson, H. C.
De Kalb County
1891.
No. 1403

Widows' Pension

PAID TO
Mrs. H. C. Williamson
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, H. C. Williamson of De Kalb County, in said State, do hereby appoint Geo. T. Williamson 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 16" day of April 1891.

Mrs. H. C. Williamson [L. S.]

Executed in the presence of us:
J. M. Stanley
W. M. Rogsdale

DIRECTIONS.

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

Williamson, H. C.
De Kalb County
1891.
No. 1403

Widows' Pension
—PAID TO—
Mrs. H. C. Williamson
—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. H. C. Williamson, who being sworn according to law, says under oath that she is the widow of Thomas F. Williamson who was a soldier in the service of the Confederate States, and served as a member of Company E, of the 56" Regiment of Georgia Volunteers; that he enlisted in said service on or about the ..... day of May 1862, and was in the Confederate Army up to Jan 1863 That while in the Army, he was on the ..... day of ..... 186..., (See Note No. 1)

He had Fever while in service was carried to a hospital near Jackson, Miss. where he died of the disease in about two weeks after his arival on the 30th of Jan 1863.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 17 th day of Nov 1852, and that she has resided in Georgia continuously since the 11 day of Jan 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 16" day of April 1891.

Mrs. H. C. Williamson

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 J. M. Stanley, Jeremiah Golden and T. J. Ragland (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. H. C. Williamson, of the County of De Kalb, State of Georgia, is the widow of Thomas F. Williamson, who was a soldier in Company E of the 56 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 May 1862 That while in said service, or by reason of said service in the Army, he lost his life as follows:

He had fever while in service was carried to a hospital near Jackson, Miss. and died in about two weeks after being carried there on the 30th day of January 1863.

We further swear that Mrs. H. C. Williamson 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 16" day of April 1891.

W. M. Rogsdale.
Ordinary.

J. M. Stanley
Jeremiah his mark Golden.
T. J. Ragland

Sworn to and subscribed before me by T. J. Ragland April 25th 1891
W. L. Calhoun
Ordinary Fulton Co

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. H. C. Williamson 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 Jeremiah Golden and J. M. Stanley whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 25th day of April 1891.

SEAL

W. M. Rogsdale.
Ordinary.

Georgia - Fulton County - I, W. L. Calhoun Ordinary of said County, certify that the certificate and witnesses is true as to the witness T. J. Ragland given under my official signature and seal this April 25th 1891.
W. L. Calhoun
Ordinary

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

If witnesses live in another County from that wherein applicant resides, they must *go before the Ordinary* 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. M C Williamson 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 Thomas F Williamson 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 27th day of January 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 M C Williamson of De Kalb County in said State, do hereby appoint D F Williamson 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 27th day of Jan 1894.

Mrs M C Williamson [L. S.]

Executed in the presence of us:

A R Thompson

W M Ragsdale

Ordinary.

DIRECTIONS.

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

Williamson M C County

DeKalb County

FOR THOSE HERETOFORE PAID.

1894.

No.

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs M C Williamson

—OF—

De Kalb County.

WARRANT ISSUED

1894,

AND HANDED TO

D F Williamson

GEO. W. HARRISON, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. F. C. Williamson

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 Thomas J. Williamson who was a Soldier in Company E of the 56th 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 Jan 1863. That he lost his life on the 30th day of Jan 1863. (*State here full particulars of the husband's death, when, where and from what cause.*) (Had Typhoid fever and died at Jackson Miss on date above stated)

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 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 25th day of Jan 1894.
W. M. Rogsdale Ordinary.

Mrs. F. C. Williamson
Post-office Conley, 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. Hannah C. Williamson 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 Thomas F. Williamson 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. Rogsdale Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs Hannah C Williamson of DeKalb County, in said State, do hereby appoint George T Williamson 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 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 January 1893

Mrs H. C. Williamson [L. S.]

Executed in the presence of us:
John B. Stewart
J. A. Burgess, Clerk S.C.
DeKalb Co. Ga.

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

Williamson, Hannah C.
De Kalb County.
FOR THOSE HERETOFORE PAID.
6,56 1893.
No. 1045
Widows' Pension,
for year ending February 15th, 1893.
—PAID TO—
Mrs Hannah C. Williamson
—OF—
De Kalb County.
Warrant Issued
31 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. H. C. Williamson 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 Thos F. Williamson 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 29th day of Jan 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 H. C. Williamson of De Kalb County in said State, do hereby appoint Geo. T. Williamson 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 29th day of Jan 1895.

Mrs H. C. Williamson [L. S.]

Executed in the presence of us:
W. M. Weaver
W. M. Rogsdale
Ordinary

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

Williamson, H. C. (Mrs)
De Kalb C.
FOR THOSE HERETOFORE PAID.
1895.
No. 1003
WIDOW'S PENSION,
for year ending Febuary 15th, 1895.
—PAID TO—
Mrs H. C. Williamson
—OF—
De Kalb County.
widow of Thos F. Williamson
WARRANT ISSUED
28 Jan 1895.
AND HANDED TO
G. T. W. Ay
Geo. W. Harrison, State Printer,

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally comes Mrs. Hannah C Williamson

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 the year 1838 That she is the Widow of Thomas F Williamson who was a Soldier in Company E of the 56th Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of May 1862 and served in the Army up to Jany 1863 That he lost his life on the 30th day of Jannay 1863 (*State here full particulars of the husband's death, when, where and from what cause.*) (died the 30th day of Jannay 1863. In Hospital at Jackson Mississipi Cause Feavor)

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1852 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this 26th day of January 1893. W M Rogsdale Ordinary. } Mrs. H. C Williamson Post-office Conley Ga

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. H. C. Williamson

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 Jan 11th 1838 That she is the Widow of Thomas F Williamson who was a Soldier in Company E of the 56th 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 Jan 1863. That he lost his life on the 30th day of January 1863. (*State here full particulars of the husband's death, when, where and from what cause.*) (Had fever while in service and died at Jackson Miss on the 30th day of January 1863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1852, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 29th day of Jan 1895. W M Rogsdale Ordinary. } Mrs H. C. Williamson Post-office Conley, 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. H.C. Williamson 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 Thomas F. Williamson 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 H.C. Williamson hereby authorize Geo. F. Williamson 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 27th day of Jan 1896.

Mrs H. C. Williamson [L.S.]

Executed in the presence of

J. D. Kerr.
W. M. Ragsdale,
Ordinary.

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. H.C. Williamson 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 Thos F Williamson 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, DeKalb County.

I, H.C. Williamson hereby authorize G.F. Williamson 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 21st day of Jan 1897.

Mrs H. C. Williamson [L. S.]

Executed in the presence of

J. D. Kerr.
W. M. Ragsdale,
Ordinary.

FOR THOSE HERETOFORE PAID.

1896.

No. 961

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Mrs. H.C. Williamson

OF

DeKalb County.

widow of Thos F. Williamson,

WARRANT ISSUED 2/1 1896.

AND HANDED TO

GEO. W. HARRISON, State Printer.

Williamson H.C. Widow DeKalb County

FOR THOSE HERETOFORE PAID.

1897.

No. 2497

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs. H.C. Williamson

OF

DeKalb County.

widow of Thos F. Williamson,

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED 2/3 1897,

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Williamson H. C. Widow DeKalb County

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. H C Williamson

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 Thomas H Williamson who was a Soldier in Company E 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 Jan 1863, That he lost his life on the 30th day of Jan 1863, (State here full particulars of the husband's death, when, where and from what cause.) (

Had fever while in service and died at Jackson Miss 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 1852, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this 27th day of Jan 1896.
W M Redwine, Ordinary.

Mrs H C Williamson
Post-office Conley Ga

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. H C Williamson

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Jan 1838 That she is the Widow of Thomas H Williamson who was a Soldier in Company E of the 36 Regiment of Ga Volunteers, that enlisted in said regiment on or about the month of May 1862 and served in the Army up to Jan 1863 That he lost his life on the 30th day of Jan 1863 (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 at Jackson Miss,

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1852, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 2-1st day of Jan 1897.
W M Redwine, Ordinary.

Mrs. H. C. Williamson
Post-office Conley, Ga

POWER OF ATTORNEY.

State of Georgia, DeKalb County.

I, Mrs H.C. Williamson hereby authorize G.T. Williamson 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 7th day of Jan 1898.

Mrs. H. C. Williamson [L. S.]

Executed in the presence of

W.H. Wright

For Those Heretofore Paid.

1898.

No. 3290

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. H.C. Williamson

OF

DeKalb County,

Widow of Thos. H. Williamson

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

27 1898.

AND HANDED TO

G.T. Williamson

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Williamson H.C. Mrs
DeKalb Co Ga

POWER OF ATTORNEY.

State of Georgia, DeKalb County.

I, H.C. Williamson hereby authorize G.T. Williamson 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 10 day of Jan 1899.

Mrs H. C. Williamson [L. S.]

Executed in presence of

W.M. Ragsdale
Ordinary.

For Those Heretofore Paid.

1899.

No. 3344

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. H.C. Williamson

OF

DeKalb County

Widow of Thos. H. Williamson

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/9 1899.

AND HANDED TO

G.T. Williamson

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. H C Williamson

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Jan 11th 1838 That she is the Widow of Thos B Williamson who was a Soldier in Company E of the 56th 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 Jan 1863 That he lost his life on the 30th day of Jan 1863 (State here full particulars of the husband's death, when, where and from what cause.)

Had fever and died while in service at Jackson, Miss.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852.

I have been 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 22d day of Jan 1898. W M Ragsdale Ordinary.

Mrs. H. C. Williamson

Post-Office Conley, Ga.

State of Georgia, De Kalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. H C Williamson 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 22d day of Jan 1898.

W M Ragsdale

Ordinary of De Kalb County.

{ Official Seal. }

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. H C Williamson

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Jan 11 1838 That she is the Widow of Thomas B Williamson who was a soldier in Company E of the 56 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 Jan 1863 That he lost his life on the 30 day of Jan 1863 (State here full particulars of the husband's death, when, where and from what cause.)

Had fever and died at Jackson Miss

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852.

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

Sworn to and subscribed before me, this 9th day of Jan 1899. W M Ragsdale Ordinary.

Mrs. H. C. Williamson

Post-Office Conley Ga.

State of Georgia, De Kalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. H C Williamson who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 11 day of Jan 1838.

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

W M Ragsdale

Ordinary of De Kalb County.

{ Official Seal. }

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, H C Williamson hereby authorize G. T. Williamson of De Kalb to receive and receipt for the pension paid hereon and request that he remit same to at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17" day of Jan 1900.

Mrs H C Williamson [L. S.]

Executed in presence of
J L Johnson
J. W. McRagsdale,
Ordinary.

Williamson H C Mrs
De Kalb County

To Those Heretofore Paid.

1900.

NO. 1527

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. H C Williamson
OF
De Kalb County,
Widow of G T Williamson

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feb 15 1900,
AND HANDED TO
G T Williamson

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,
De Kalb County.

I Mrs H C Williamson hereby authorize G T Williamson 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 14" day of Jan 1901.

Mrs H C Williamson [L. S.]

Executed in presence of
W M Ragsdale
Ordinary.

Williamson, Hannah
DeKalb Co

To Those Heretofore Paid.

1901.

No. 1775

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. H C Williamson
OF
De Kalb County.
Widow of Thos G Williamson

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Jan 21 1901,
AND HANDED TO
H C Williamson

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. H.C. Williamson

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 Jan 11th 1838. That she is the Widow of Thos F. Williamson who was a soldier in Company F of the 56th 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 Jan 1863 That he lost his life on the 30th day of Jan 1863 (State here particulars of the husband's death, when, where and from what cause) Had fever while in service and died at Jackson, Miss.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852.

I have been 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.

Mrs. H.C. Williamson. Post Office

State of Georgia, DeKalb County. } I W.M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. H.C. Williamson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 11 day of Jan 1838

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

W.M. Ragsdale Ordinary of DeKalb County.

Official Seal.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. H.C. Williamson

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 Jan 11th 1838. That she is the Widow of Thos F. Williamson who was a soldier in Company F of the 56" Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Aug 1862 and served in the Army up to Jan 1863 That he lost his life on the 30" day of Jan 1863 (State here particulars of the husband's death, when, where and from what cause) Had fever while in service and died at Jackson Miss.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852.

I have been allowed a pension as a resident of DeKalb 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 12th day of Jan 1901. W.M. Ragsdale Ordinary.

Mrs H.C. Williamson Post Office Conley Ga.

State of Georgia, DeKalb County. } I W.M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. H.C. Williamson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 11 day of Jan 1838.

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

W.M. Ragsdale Ordinary of DeKalb County.

Official Seal.

POWER OF ATTORNEY

STATE OF GEORGIA,
De Kalb County.

I, Mrs H. C. Williamson, hereby authorize G. T. Williamson 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 15 day of Jan 1902.

Mrs H. C. Williamson [L. S.]

Executed in presence of
W. M. Ragsdale
Ordinary.

Williamson, Hannah C.
De Kalb County

To Those Heretofore Paid.

1902.

No. ~~294~~ 296

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs Williamson H. C.
OF
De Kalb County,
Widow of Thos. T. Williamson
Co. E Regiment 56th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/17 1902

AND HANDED TO
G. T. Williamson

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

STATE OF GEORGIA,
De Kalb County.

I, Mrs H. C. Williamson, hereby authorize G. T. Williamson 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 12 day of Jan 1903.

Mrs H. C. Williamson [L. S.]

Executed in presence of
W. C. Bruce
W. M. Ragsdale
Ordinary.

Williamson, Hannah C.
De Kalb County

To Those Heretofore Paid.

1903.

No. 267

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. H. C. Williamson
OF
De Kalb County,
Widow of Thos. T. Williamson
Co. E Regiment 56th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/23 1903.

AND HANDED TO
G. T. Williamson

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, Mrs H. C. Williamson, hereby authorize G. T. Williamson 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 15 day of Jan 1902.

Mrs H. C. Williamson [L. S.]

Executed in presence of

W. M. Rogsdale
Ordinary.

Williamson, Hannah C.
De Kalb County

To Those Heretofore Paid.

1902.

No. ~~294~~ 296

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs Williamson H. C.

OF

De Kalb County,

Widow of Thos T. Williamson

Co. E Regiment 56th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/17 1902

AND HANDED TO

G. T. Williamson

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, Mrs H. C. Williamson, hereby authorize G. T. Williamson 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 12 day of Jan 1903.

Mrs H. C. Williamson [L. S.]

Executed in presence of

W. C. Bruce

W. M. Rogsdale
Ordinary.

Williamson, Hannah C.
De Kalb County

To Those Heretofore Paid.

1903.

No. 267

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. H. C. Williamson

OF

De Kalb County,

Widow of Thos T. Williamson

Co. E Regiment 56th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 1/23 1903.

AND HANDED TO

G. T. Williamson

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } PERSONALLY COMES MRS. H. C. Williamson

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Jan 11th 1838. That she is the Widow of Thos F. Williamson who was a soldier in Company E of the 56 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 Jan 1863. That he lost his life on the 30 day of Jan 1863. (State here particulars of the husband's death, when, where and from what cause) Had fever while in service died at Jackson Miss.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852.

I have been paid a pension as a resident of De Kalb County for the year ending December 31, 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. } Mrs H. C. Williamson Post-Office

State of Georgia, De Kalb County. } I, W M Rogsdale Ordinary of said County, certify that I am well acquainted with Mrs. H. C. Williamson, 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 11th day of Jan 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.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } PERSONALLY COMES MRS. H. C. Williamson

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Jan 11" 1838. That she is the Widow of Thos F. Williamson who was a soldier in Company E of the 56th 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 Jan 1863. That he lost his life on the 30" day of Jan 1863. (State here particulars of the husband's death, when, where and from what cause.) Had fever and died at Jackson Miss

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852

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

Sworn to and subscribed before me, this 10 day of Jan 1903. W M Rogsdale, Ordinary. } Mrs. H. C. Williamson Post-Office Conley Ga.

State of Georgia, De Kalb County. } I, W M Rogsdale Ordinary of said County, certifiy that I am well acquainted with Mrs. H. C. Williamson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 11 day of Jan 1838

Given under my official signature and seal, this the 10 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, H. C. Williamson hereby authorize G. T. Williamson of Dekalb county to receive and receipt for the pension paid hereon, and request that he remit same to H. C. Williamson at Connolly Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20 day of January 1904.

H. C. Williamson [L. S.]

Executed in presence of
James R George
Ordinary

Williamson, Hannah C
Dekalb County

TO THOSE HERETOFORE PAID.

1904.

No. 221

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO Mrs. H. C. Williamson

OF Dekalb County,

Widow of Thos T. Williams

Co. E Regiment 56"

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/25 1904,

AND HANDED TO [illegible]

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,
Dekalb COUNTY.

I, Hannah Williamson, hereby authorize G. T. Williamson of County Ga to receive and receipt for the pension paid hereon, and request that he remit same to Hannah Williamson at

In Witness Whereof, I have hereunto set my hand and seal, this 19th day of January 1905.

Mrs H. C. Williamson [L. S.]

Executed in presence of
James R George
Ordinary

Williamson, Hannah
Dekalb County

To Those Heretofore Paid.

1905.

No. 217

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs. Hannah Williamson

OF Dekalb County,

Widow of Thos. T. Williamson

Co. E Regiment 56 Ga

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/23 1905.

AND HANDED TO G. T. Williamson

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. H. C. Williamson

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 Jan 11. 1838. That she is the Widow of Thoms. F. Williamson who was a soldier in Company E of the 56 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 Jan 1863. That he lost his life on the 30 day of Jan 1863 (*State here particulars of the husband's death, when, where and from what cause.*)

Had fever died at Jackson Miss

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852

I have been paid a pension as a resident of 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 20 day of Jany 1904. James R. George Ordinary. } H. C. Williamson Post Office. Connally Ga

State of Georgia, DeKalb County. } I, James R. George Ordinary of said County, certify that I am well acquainted with Mrs. H. C. Williamson who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 11 day of Jan 1838

Given under my official signature and seal, this the 20 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. Hannah Williamson

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 Thos. F. Williamson who was a soldier in Company E of the 56 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to 186 . That he lost his life on the day of 18 (*State here particulars of the husband's death, when, where and from what cause.*)

Died in hospital Jackson Miss Jan 1863

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

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

Sworn to and subscribed before me, this 19 day of Jany 1905. James R. George Ordinary. } Mrs. H. C. Williamson Post-Office Conley

State of Georgia, DeKalb County. } I, James R. George Ordinary of said County, certify that I am well acquainted with Mrs. Hannah Williamson 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 19 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.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Dekalb County.

I, Hanna Williamson, hereby authorize G.T. Williamson of Dekalb County to receive and receipt for the pension paid hereon, and request that he remit same to Hanna Williamson at East Atlanta Ga

In Witness Whereof, I have hereunto set my hand and seal, this 17 day of January 1906.

H. H. E. Williamson [L. S.]

Executed in presence of
James R George
Ordinary

Williamson, Hannah E
Dekalb

To Those Heretofore Paid.

1906.

No. 216

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs Hannah Williamson
OF
Dekalb County,
Widow of T.F. Williamson
Co. G Regiment 56 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/22 1906,
AND HANDED TO
G.T. Williamson

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. County.

I, Hannah Williamson hereby authorize George T. Williamson to receive and receipt for the pension paid hereon, and request that he remit same to Hannah Williamson at

In Witness Whereof, I have hereunto set my hand and seal, this 18 day of January 1907.

Hannah Williamson [L. S.]

Executed in presence of
James R George
Ordinary

Williamson, Hannah E
Dekalb County

To Those Heretofore Paid.

1907.

No. 199

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO
Mrs Hannah Williamson
OF
DeKALB County,
Widow of Mrs T. F. Williamson
Co. E Regiment 56th Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/31 1907,
AND HANDED TO
G T Williamson

Geo W Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } PERSONALLY COMES MRS. Hannah Williamson

who, being sworn, says on oath that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Jan 11, 1838. That she is the Widow of Thos F. Williamson who was a soldier in Company E of the 56 Georgia Regiment of Volounteers, that he enlisted in said regiment on or about the month of May 186 2, and served in the Army up to Jan 186 3. That he lost his life on the day of Jan 18 63 (*State here particulars of the husband's death, when, where and from what cause.*) Died in hospital, Jackson Miss

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

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

Sworn to and subscribed before me this 17 day of Jany 1906. James R George, Ordinary.

Mrs H C Williamson

Post Office East Atlanta Ga

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

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

{ Official Seal }

James R George
Ordinary of De Kalb County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKALB. } PERSONALLY COMES MRS. Hannah Williamson

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 Thos F. Williamson who was a soldier in Company E of the 56th Ga Regiment of Volounteers, 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 in hospital Jackson, Miss. Jany 1863

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

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

Sworn to and subscribed before me this 18 day of Jany 1907. James R George, Ordinary.

Mrs H C Williamson

Post Office

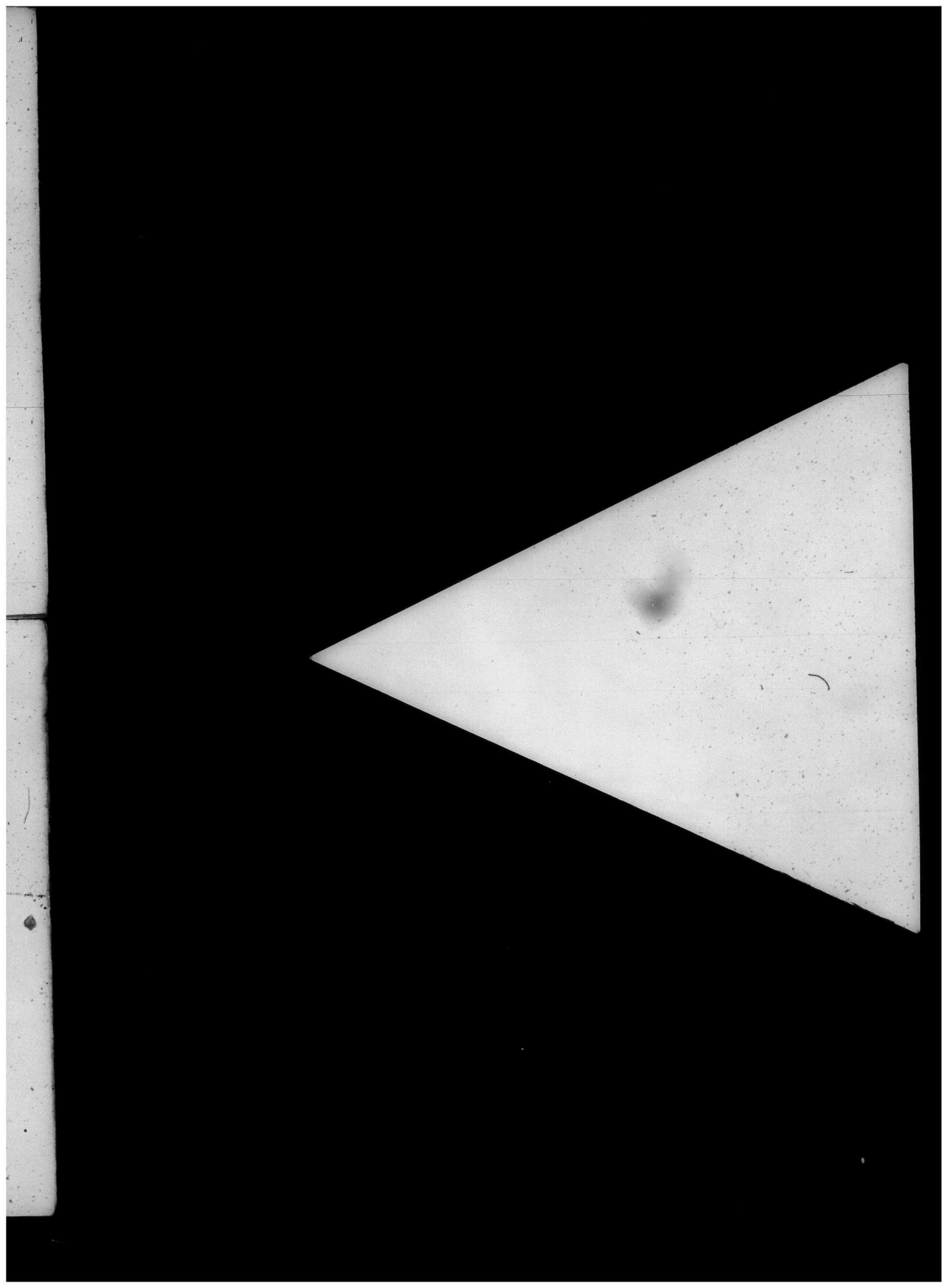
State of Georgia, DeKALB County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs Hannah Williamson, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she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

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



Pension office 12-8-1910.
Must state and prove when husband left hsi command and where and with what sick,how sick-and in what way was his physical condition effected him to prevent his returning to his command.

J.W.Lindsey Com.Of Pens.

Willingham, B. H. Mrs
Dekalb, County 1912

No.

Widow's Pension

UNDER ACT 1910.

Renewal filed in Roster Office

County Dekalb 11/30-1917

Name Mrs B.H. Willingham

Widow of J.T. Willingham

C 12th Ga-Bat

ENTERED ROSTER OFFICE

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

7/7/11

Phone 41/38
Bruce Lee

condition effected him to prevent his returning to his command.

.W. Lindsey Com. Of Pens.

Willingham B. H. Mrs
Dekalb Co Ga 1912

No.

Widow's Pension

UNDER ACT 1910.

County Dekalb

Name Mrs B. H. Willingham

Widow of J. O. Willingham

6 12 49 - 30 Oct

ENTERED ROSTER OFFICE

L. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

7/11

STATE OF GEORGIA,
Dekalb County.

Personally before me comes Mrs Barbara H Willingham 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 Barbra H Willingham
2. How long and since when have you been a continuing resident in the State of Georgia? 76 years May 20th 1834
3. When, where and to whom were you married? Dec 18th 1856 Dekalb Co
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) April 1862 Stone Mountain Ga Company C - 12 Ga Bat Confed States
5. When and where did the Commands of your husband surrender or discharge from the army? April 9th 1865 Appotox C H Va
6. Was your husband personally present at the time of the surrender or discharge of this Command? was not
7. If he was not present state clearly where he was? At Home on Furlough
8. Where was his Command when he left? Shortate NC
a. For what cause did he leave his command? Sick
b. By whose authority did he leave his Command? Doctors & officers in command
c. For how long was he granted leave of absence? do not know
e. What was his physical condition when he left his Command? was sick not able for duty
f. What effort did he make to return to his command? not able to make Exp Duty
g. In what way was he prevented from going back to Command? not able
h. Was he captured by the enemy at any time? was not
i. If so, when and where captured and where held as a prisoner, and when and for what cause released? —
j. When and where did your husband die? June 9th 1886
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.) One House and Lot in Stone Mountain - Val $700.00 5 acres of land V 250.00 Value ($950.00 Total)
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None
11. What property of any description of any value have you now? One House and Lot in St Mt Val 700.00 5 acres Val 250 Total $950.00
Give list and cash value?
12. What are your annual earnings or income and their value? Rent of $100.00
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 9 day of Nov 1910

Mrs Barbara H + Willingham

James R George Ordinary,
of Dekalb County.

J. O. Willingham

STATE OF GEORGIA,
DeKalb County.

Personally before me comes N M Langford & W P Brown 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? N M Langford & W P Brown DeKalb Co
2. How long and since when have you known Barbara N Willingham applicant?
3. How long and since when has she continuously resided in this State? (Give date.) 55 years all her life
4. When and to whom was she married? J P Willingham How do you know? from General Reputation Sworn to by them both & Neighbors of time
5. How long and since when did you know J P Willingham her husband? 55 years
6. When and where did J P Willingham die? June 6th 1886 Stone Mountain Ga the husband of Applicant die? J P Willingham died as above Stated
7. Was the Aplicant 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 J P Willingham enlist? April 1862 Stone Mountain Company C 12 Georgia Battalion
10. Were you a member of the same Company? We was
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From April 1862 to April 1865
12. When, and where did his Command surrender, and was discharged? April 9th 1865 Appomatox C H Va
13. Were you personally present when it was surrendered? I was If not where were you Present and how came you there? ——
14. Was the husband of applicant personally present at surrender? Was not If not where was he? Home on Sick Furlough when, where and for what cause did he leave Command? (Give date.) Sick By whose authority did he leave his Command? Officers in command and how long was he granted leave? do not remember How do you know all this? Was Present Know of our own Knowledge
15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? Was never able to return to command on account of Sickness
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? He was never able to go back to the Army

Sworn to and subscribed before me this the 9 day of Nov 1910
N M Langford
W P Brown
James R George Ordinary,
of DeKalb County.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes G L Johnson & Arendell who on oath says that they are freeholders of said County and that they know Mrs Barbara N Willingham 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	$ None
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	$ None
Money, Notes and accounts	$

Schedule (C).

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

One House & Lot in Stone Mountain	$ 700.00
~~Horses and Mules~~ 5 acres Land in the Country	$ 250.00
Cows and Hogs	$
Other property	$
income and earnings	$
Total Value of all property and effects	$

Sworn and subscribed before me this the 9 day of Nov 1910
G L Johnson
J L Arendell
James R George Ordinary.
of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb County.

I James R George Ordinary of said County do certify that, I know Mrs Barbara N Willingham 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 N M Langford & W P Brown the witness who swears to the service of husband, and G L Johnson & J L Arendell 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 DeKalb County Returned for Tax is for 1909 $ 700.00 for 1910 $ 700.00

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

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.

of DeKalb County.

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

Willingham, B. H. (Mrs.)
DeKalb Co.

1917

Application for Pension Due Deceased Pensioner Under Act 1904.

James R. Lyons Ordinary

For Mrs. B. H. Willingham

of DeKalb County

of Co. ..... Regiment

Approved and ordered paid

..... 1917.

J. W. LINDSEY,
Commissioner of Pensions.

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 191...., now deceased, who was on the ..... Pension Roll from said County at his death.

Witness my hand and seal, this ..... day of ..... 1917.

ATTEST BY

.....

.....

Note 1.—Use this blank only when the Pension is wanted to pay funeral expenses.

H. M. PATTERSON & SON

FUNERAL DIRECTORS

96 NORTH FORSYTH STREET

ADJOINING CARNEGIE LIBRARY

Atlanta, Ga., Feb. 15. 1917.

Sold to Funeral expenses of Mrs. B. H. Willingham.

Casket and Box	50		
Transfer to office and union depot	4		
Embalming and dressing	10		
Robe	7		
			71

Fulton Co. Georgia } Personally appeared before me H. M. Patterson who on oath swears that this account is correct due and unpaid

Sworn to before me this May 30, 1917.

H. M. Patterson & Son

H. M. Patterson Notary Public Fulton Co. Ga.

Application for Pension Due to a Deceased Pensioner

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

Georgia, DeKalb County.

Personally before me, the Ordinary of said County, comes Mrs E A McClelland of said County, who, after being sworn, on oath says that he knew Mrs B H Willingham of said County, and that She was on the Pension Roll DeKalb County at the time of her death, which occurred in DeKalb County, in this State, on the 17 day of February 1917, and that a Pension of Seventy $70.00 Dollars was due her and unpaid at the time of her death. That She left no children surviving her and no estate of any value sufficient to pay his funeral expenses, which amounted to the sum of..... Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me this 25 day of May 1917.
James R George Ordinary
DeKalb County

Mrs E A McClelland

Georgia, DeKalb County.

I, James R George Ordinary of said County, do certify that I personally know Mrs E A McClelland, 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 B H Willingham while in life; that She was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Seventy ($70.00) Dollars in said County for 1917 and I now believe her to be dead.

Given under my hand and official seal, this 25 day of May 1917

James R George Ordinary,
DeKalb County.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, an officer authorized by law to administer oaths, take acknowledgments, etc., N. M. Lankford ans W. P. Brown, who both being first duly sworn, depose and say on oath, that J. T. Willingham with several others of the company, was stricken with sickness at Charlotte, N. C. in September, 1864, and that he was sent home on sick furlough and did not recover from said sickness until the surrender in April, 1865, and was prevented on this account from returning to his command. We were never informed as to what the nature of the sickness was and do not know what caused it.

Said Willingham was 1st Lieutenant of Company C. 12th Ga., Regt., and would have been Capt., of said Company if he had returned.

Sworn to and subscribed before me, this the 9th day of June, 1911.

N. M. Lankford

W. P. Brown

James R. George
Ordinary, DeKalb County, Georgia.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, Mrs. Barbara H. Willingham, and being by me duly sworn, deposes and says on oath, that her husband J. T. Willingham was sent home on sick furlough from Charlotte N. C., and that his sickness weakened him and kept him in such a weak and debilitated condition that he was never able to return to his command, and further that the said sickness hastened the death of her said husband by reason of the fact that he never did entirely recover from the effects of it.

Sworn to and subscribed before me, this the 15 day of June, 1911.

her
Mrs. B. H. Willingham
Mark

James R. George
Ordinary.

Georgia, DeKalb County.

To any Minister of the Gospel, Judge, Justice of the Inferior Court or Justice of the Peace: You are hereby authorized to join J. T. Willingham and Miss Barbara A. Hadden according to the Constitution and Laws of this State and for so doing this shall be your sufficient License.

Given under my hand and seal this Dec. 15th, 1856.

Alex Johnson, Ordy (L.S.)

Georgia, DeKalb County.

I do certify that John T. Willingham and Miss Barbara A. Hadden were duly joined in matrimony by me this 18th Dec. 1856.

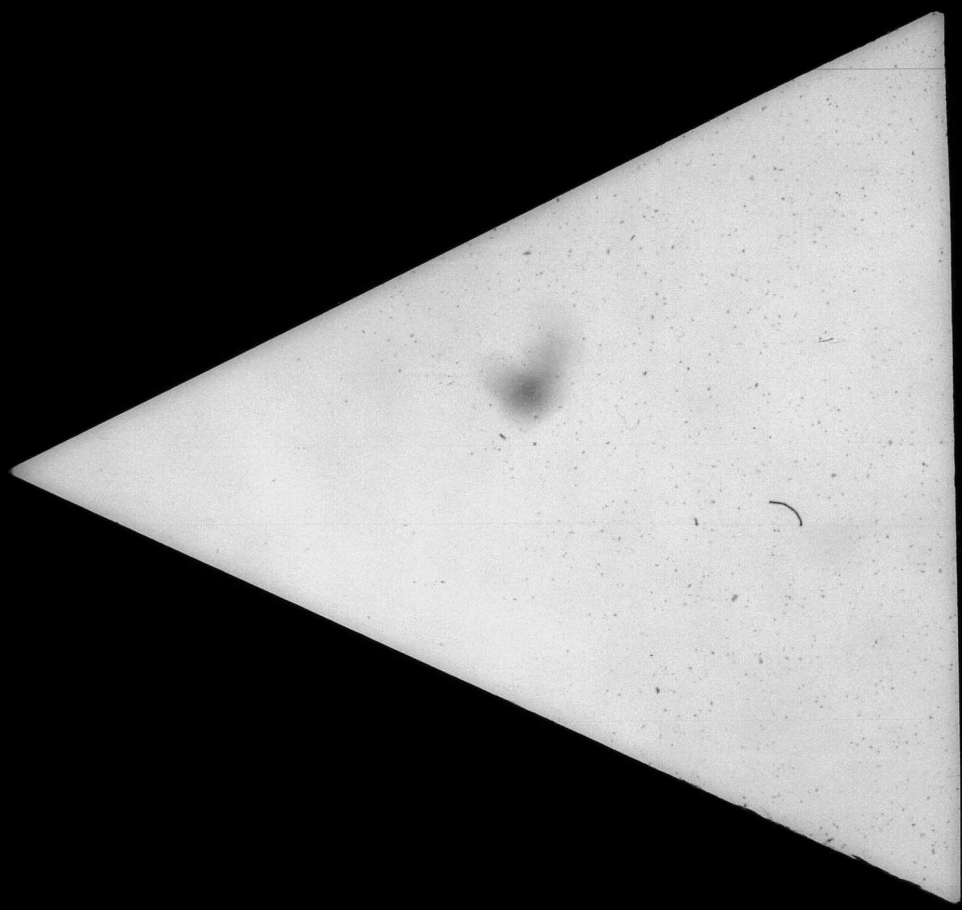
John S. Willson, D. D.

Georgia, DeKalb County.

I, James R. George, Ordinary in and for said county, do hereby certify that the above and foregoing copy of marriage license and certificate of marriage of J. T. Willingham and Miss Barbara A. Hadden are true, correct and complete copies of said license and certificate as the same appear of record in my office in Book A-2 Record of Marriages, Page 365.

In Witness Whereof, I have hereto set my hand and affixed the seal of said Court of Ordinary, this the 9th day of November, 1910.

James R. George
Ordinary, DeKalb County, Georgia.



Wilson, Amanda C.

DeKalb Co 1917

No.

Omit [illegible]

Widow's Pension

UNDER ACT 1910

(Disabled)

County DeKalb

Name Mrs Amanda C Wilson

Widow of J. S. C Wilson

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer

10 28/16.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes Mrs Amanda E Wilson 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 Amanda E Wilson DeKalb Co
2. How long and since when have you been a continuing resident of the State of Georgia? all my life
3. When, where and to whom were you married? October 6th 1869 DeKalb County Ga John S Wilson
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.) Company C 11th Ga Regiment
5. When and where did the Commands of your husband surrender or discharge from the army? at Appomatox Va April 9th 1865
6. Was your husband personally present at the time of the surrender or discharge of this Command? I was
7. If he was not present state clearly where he was? was present
8. Where was his command when he left? Have left
a. For what cause did he leave his Command? Have left
b. By whose authority did he leave his Command? Have left
c. For how long was he granted leave of absence? Na
e. What was his physical condition when he left his Command? Badly crippled
f. What effort did he make to return to his Command?
g. In what way was he prevented from going back to Command?
h. Was he captured by the enemy at any time? Yes at Gettysburg Pa
i. If so, when and where captured and where held as a prisoner, and when and for what cause released? Was Captured at Gettysburg Pa Prisoner of War Dec 1863 Released May War Exchange
j. When and where did your husband die? May 20 1918 near Rex Ga
k. Were you residing together when he died? Yes
l. If not, how long had you resided apart? Have resided together
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 and where situated) Nothing
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) Nothing
11. What property of any description of any value have you now? Nothing
Give list and cash value
12. What are your annual earnings or income from any source and their value? Have None
13. Have you or your husband heretofore been paid a pension by the State? Husband was
If so, when and for what cause were you or your husband placed on the Roll? A Disabled Soldier of the Confederate States service

Sworn to and subscribed before me this the 24 day of October 1916

Amanda E Wilson

James R George Ordinary.
of DeKalb County.

Mrs Amanda E Wilson
DeKalb Co
1916

No. ____

Widow's Pension

UNDER ACT 1910

County DeKalb

Name Mrs Amanda E Wilson

Widow of J. S. Wilson

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer

STATE OF GEORGIA,
Fulton County

Personally before me comes V. A. Wilson 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? V. A. Wilson, East Point
2. How long and since when have you known Mrs Amanda C Wilson applicant? Since 1865
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. C. Wilson How do you know? of My personal knowledge
5. How long and since when did you know J. C. S. Wilson her husband? all my life, he being my brother
6. When and where did J. C. S. Wilson the husband of applicant die? May 20th 1916 in DeKalb County
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? Were living together Were they divorced? No
9. When, where and in what Company and Regiment did J. C. S. Wilson enlist? Co. G. 11th Ga Infantry in 1861
10. Were you a member of the same Company? No
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? up to the surrender at Appomatox Va.
12. When and where did his Command surrender, and was discharged? Appomatox Va. April 9th 1865
13. Were you personally present when it was surrendered? No If not where were you was captured at Farmville Va. April 7 1861 and how came you there? was with My Company (Co. F. 2nd Ga.) and was captured here
14. Was the husband of applicant personally present at surrender? to the best of my knowledge he was present If not where was he? he was present When, where and for what cause did he leave Command? (Give date.) Never left his Command By whose authority did he leave his Command? Never left And how long was he granted leave? Never left How do you know all this? he was my brother and was with him every few days and at every opportunity
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? Never left his command
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Never left

Sworn to and subscribed before me this the 25 day of October 1916 V A Wilson

Arthur R. Marbut Clerk Court of Ordinary,
of Fulton County.

DeKalb County

Personally before me comes T. C. Mason & D. C. Thompson 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 Nov. 4, 1908, and its cash value to be set out by Schedule (A) as follows Nothing

Personal property	Nothing	$ —
Notes and accounts due		$ —
Total		$ —

Schedule (B).

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

Personal property	$ Nothing
Money, Notes and Accounts	$

Schedule (C).

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

Acres of land worth	Nothing	$
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 26 day of October 1916 Thos C. Mason, D. C. Thompson

James R George Ordinary
of DeKalb County.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
DeKalb County

I, James R George Ordinary of said County do certify that I know Mrs Amanda C Wilson the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov., 1908 Nothing

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 Nothing Returned for Tax is for 1908 $ for 1910 $ for 1911 $ for 1912 $ for 1913 $

Sworn under my hand and official seal of office this 26 day of October 1916

(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 first January, 1870, are entitled.
4 All affidavits must be made before the Ordinary.
5 Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

State of Georgia,)
DeKalb County.)

To any Minister of the Gospel, Judge of the Superior Court, or Justice of the Peace to celebrate:

You are hereby authorized and permitted to join in the Honorable State of Matrimony John S. C. Wilson and Amanda C. Mason, according to the Rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State; and for so doing this shall be your sufficient License.

Given under my hand and seal of office, this fifth day of October 1869.

Jas. L. Wilson,
Clk Ct Ordy.

I hereby certify that Jno. S. C. Wilson and Amanda C. Mason were joined together in the Holy Bans of Matrimony on the 6th day of October 1869 by me.

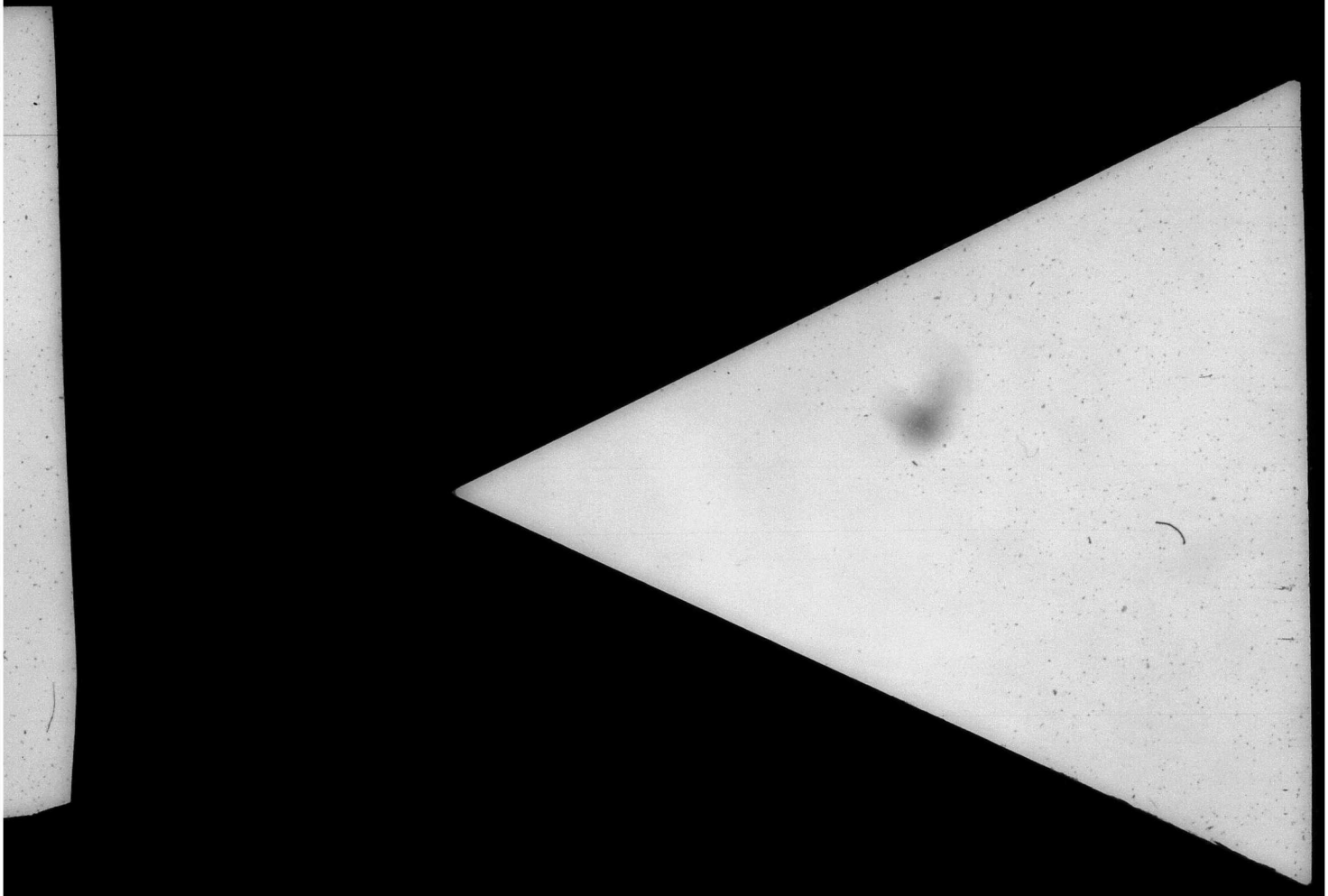
M. D. Wood, M.G.

Georgia, DeKalb County.

I, James R. George, Ordinary in a nd for sadd County, do hereby certify that the above and foregoing Marriage License and Certificate of Marriage of John S. C. Wilson and Amanda Mason, is a true, correct and complete copy of said marriage license and certificate of marriage, as the same appears of record in my office, in Book "B", Record of Marriages, Page 320.

Witness my hand and the Seal of said Court of Ordinary, at Decatur, Ga., this the 9th day of June, 1916.

James R. George
Ordinary DeKalb County, Georgia.



ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George Ordinary of said County, do certify that I know Mrs. Henrietta Wilson 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 all her life day of 19

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

Sworn under my hand and official seal of office this 12 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. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Endorse Ord Fond 1920 Wilson, Henrietta
No. DeKalb County

Widow's Application

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

County DeKalb
Name Mrs. Henrietta Wilson
Widow of R. C. Wilson 1914
Company R
Regiment 20 Ga
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9-16-1919

STATE OF GEORGIA,
DeKalb COUNTY.

I, James R George Ordinary of said County, do certify that I know Mrs. Henrietta Wilson 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 all her life day of 19

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

Sworn under my hand and official seal of office this 12 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. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Ordered 1920 Wilson, Henrietta
No. DeKalb County

Widow's Application

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

County DeKalb
Name Mrs. Henrietta Wilson
Widow of R. C. Wilson 1914
Company B
Regiment 20 Ga
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9-16-1919

State of Georgia, DeKalb County.

To any Minister of the Gospel, Judge of Superior Court, or Justice of the Peace - to Celebrate:

You are hereby authorized and permitted to join in the Honorable State of Matrimony, Robert C. Wilson and Henrietta Eidson, according to the Rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State, and for so doing, this shall be your sufficient license.

Given under my hand and seal, this 24th day of Feby 1873.

John B. Steward (SEAL)
Ordinary.

I hereby certify that Robert C. Wilson and Henrietta Eidson were joined together in the Holy Bans of Matrimony on the 25th day of February 1973, by me.

John McElroy, M. G.

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 are true, correct, and complete copies of the marriage license and certificate of marriage of Robert C. Wilson and Henrietta Eidson, as the same appear of record in Book "C", Record of Marriages, Page 13.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court of Ordinary, at Decatur, Georgia, this 9th day of September, 1919.

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

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes Mrs Henrietta Wilson of said County, who, after being duly sworn, says that she is the widow of R. C. Wilson to whom, in the County of DeKalb State of Georgia she was married on the 25 day of Dec 1873 and that she remained his wife, and resided with him to the date of his death in Oct 19 1914 and that she has not since his death remarried. At the time of his death he was a resident of DeKalb County, in said State of Georgia, and he was on the Indigent 1910 Pension Roll of the State and paid a pension of $ 60.00 in DeKalb County for 19 per annum, on account of being a soldier in Company R Regiment 20 Ga (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of DeKalb and she has so continuously resided since 24 day of May 1857 19

Sworn to and subscribed before me, this the 8 day of Sept 1919
James R George Ordinary
of DeKalb County.
(SEAL)

Mrs Henrietta Wilson
her
Mark

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

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes Mrs L M Check known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs Henrietta Wilson, who made the foregoing affidavit, is the lawful widow of R. C. Wilson who died in DeKalb County in said State of Ga on 19 day of October 1914 and that she has not since remarried. That she became the wife of Robert C Wilson on the 19 day of Dec 18 73 and that she and ~~he~~ had resided together as man and wife continuously since 25 day of Dec 18 73 and that the R C Wilson 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 8 day of Sept 1919
James R George Ordinary
of DeKalb County.
(SEAL)

L M Check

Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DeKalb County:

Before me, the Ordinary of said County, comes Blanchard Bros, Inc. by W. J. Warren, of said County, who, after being duly sworn, on oath says that he knew Mrs. Henrietta Wilson 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 $ 350.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me, this the 27 day of July, 1935.
V. A. Morgan Ordinary.

Blanchard Bros
By W J Warren.

CERTIFICATE OF THE ORDINARY

GEORGIA, DeKalb County.

I certify that W. J. Warren 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. Henrietta Wilson 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 27 day of July, 1935.

(Seal of Ordinary) V. A. Morgan, Ordinary.

INSTRUCTIONS:

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

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

3rd. Each account must be sworn to before the Ordinary, and in the following form:

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

4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.

5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.

6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.

9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

of DeKalb County.

(SEAL)

widow, nor if the pensioner left any estate of any [illegible] outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

July 30

VETERANS SERVICE OFFICE
A. L. HENSON, Director

Wilson, Henrietta (Mrs.) 30.00
vs. DeKalb Co.

For DeKalb County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

V. S. Morgan, Ordinary

For: Mrs. Henrietta Wilson
(Name of Pensioner)

Date of Death: July 23, 1935

Amount: $ 30.

PAID TO ORDINARY ON THIS CLAIM:

DATE 1935	FUND FROM WHICH PAID	$
8-27	C & C	30 00
8-31-36	C & C	150 00
		180 00
	TOTAL	~~35 00~~

Approved, and ordered paid,

AUG 26 1935, 193

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

Received of V. O. Morgan Ordinary
Check for $30.00 funeral ex pense
for Mrs. Henrietta Wilson, Sept 18, 1935
Blanchard Bro. Inc.,
By Mrs. E. C. Blanchard

VETERANS SERVICE OFFICE
A. L. HENSON, Director

WILSON, HENRIETTA (Mrs.) 30.00
V. DeKALB CO.

For DeKalb County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

V. S. Morgan, Ordinary

For: Mrs. Henrietta Wilson
(Name of Pensioner)

Date of Death: July 23, 1935

Amount: $ 30.

PAID TO ORDINARY ON THIS CLAIM:

DATE 1935	FUND FROM WHICH PAID	$
8-27	C & C	30 00
8-31-36	C & C	150 00
		180 00
	TOTAL	30 00

Approved, and ordered paid,
AUG 26 1935
, 193

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

Received of V. S. Morgan Ordinary
Check for $30.00 funeral ex pense
for Mrs. Henrietta Wilson, Sept 18, 1935
Blanchard Bros.
By Mrs. E. E. Blanchard

Received of V. S. Morgan, Ordinary, DeKalb County, Georgia, One Hundred Fifty and no/100 ($150.00) Dollars in full settlement for funeral expenses of Mrs. Henrietta Wilson, deceased.

This 17th day of September, 1936.

Blanchard Bros. Gillman Incorporated

Wilson, Henrietta (Mrs.) DeKalb Co.

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

V. S. Morgan, Ordinary

For: Mrs. Henrietta Wilson
(Name of Pensioner)

Date of Death: July 23, 193 5.

Amount: $ 30.

For DeKalb County

PAID TO ORDINARY ON THIS CLAIM:

DATE 1935	FUND FROM WHICH PAID	$
8-27	C & C	30 00
8-31	C & C	15 00
	TOTAL	45 00

Approved, and ordered paid,

, 193

R. L. HENSON,
Director, Veterans Service Office.

Received of V. S. Morgan Ordinary Check for $30.00 funeral expense for Mrs. Henriette Wilson. Sept 18, 1935

Blanchard Bros Inc.,
By Mrs. C. C. Blanchard

ATLANTA, GA. 7-26-35 193

Mrs. C. B. Henderson

Doraville, Ga., Route # 1.

IN ACCOUNT WITH

BLANCHARD BROS., INC.

FUNERAL HOME

1088 PEACHTREE STREET, N. E.

HE 6984 6985

FUNERAL EXPENSE OF MRS. HENRIETTA WILSON

Grey Half-Shrine Casket	$ 270. 00
Embalming Remains	15. 00
Hearse Service From Residence To Doraville Cemetery	15. 00
Steel Burial Vault	50. 00
Complete Funeral	$ 350. 00

This Bill Is Just Due And Unpaid.
Blanchard Bros; Inc.
By Henry M. Blanchard
Sec & Treas

Georgia, DeKalb County.
The above and foregoing account is rendered for funeral expenses of Mrs. Henrietta Wilson, who died without owning sufficient property to pay this bill.

C. Blanchard Bros
By M. J. Warren

Sworn to and subscribed before me this 27th day of July, 1935.

Katherine Eddleman
N. P. DeKalb County, Ga.

CERTIFICATE OF DEATH

GEORGIA STATE BOARD OF HEALTH

Bureau of Vital Statistics

Registered No. 312

1. PLACE OF DEATH

County DeKalb, Militia District (Number and Name) State of Georgia

City or Town Doraville, Ga. Length of residence in this city or town: Yrs. Mos. Ds. NON-RESIDENT (Yes or No.)

Street and Number (No. (Street) R. F. D. # 1 Ward

(If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME Mrs. Henriett Wilson,

Residence (City or Town) Doraville, Ga. (Street and Number) R. F. D. # 1 (State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. Single, Married, Widowed, Divorced (write the word)
female	white	widowed

6. DATE OF BIRTH (month, day, year)

7. AGE | Years 84 | Months | Days | If less than one day: Hours Minutes

8. OCCUPATION

(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.

(c) Date deceased last worked at this occupation (month and year)

(d) Total years spent in this occupation

9. BIRTHPLACE Ga.,

(P. O. Address)

FATHER

10. NAME J. Eidson,

11. BIRTHPLACE Ga.,

(P. O. Address)

MOTHER

12. MAIDEN NAME Herritt Hardiman,

13. BIRTHPLACE Ga.,

(P. O. Address)

14. INFORMANT G. R. Sayre

(Signed)

(Address) 911 Moreland Ave. NE.

19. BURIAL PLACE

(Cemetery) Doraville Cem,

(Postoffice) Doraville, Ga (Date) 7/25/35

20. UNDERTAKER

(Signed) Blanchard Bros. Atlanta, Ga.,

(Address) by W.J. Warren, Jr.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 7/22/35 (Month, Day, Year) 19..., at 10:35 P. M. (Hour)

17. I HEREBY CERTIFY, That I attended the deceased from Aug. 1932 to 7/22/35 19...

I last saw her alive on 7/22/35 19..., death is said to have occurred on the date and hour stated above.

The principal cause of death and related causes of importance in the order of onset and duration of each:

acute lobar pneumonia,

chronic interstitial nephritis,

Organic heart disease

Other contributory causes of importance:

What test confirmed diagnosis? clinical.

(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) M. P. Pentecost, M. D.

(Address) 478 Peachtree St.,

15. FILED 7/25/35 19...

(Signed) Dr. J. R. Evans M. D. Local Registrar DeKalb Co. Ga.

OFFICE OF THE REGISTRAR OF VITAL STATISTICS

For the City of Atlanta

GEORGIA,
FULTON COUNTY.

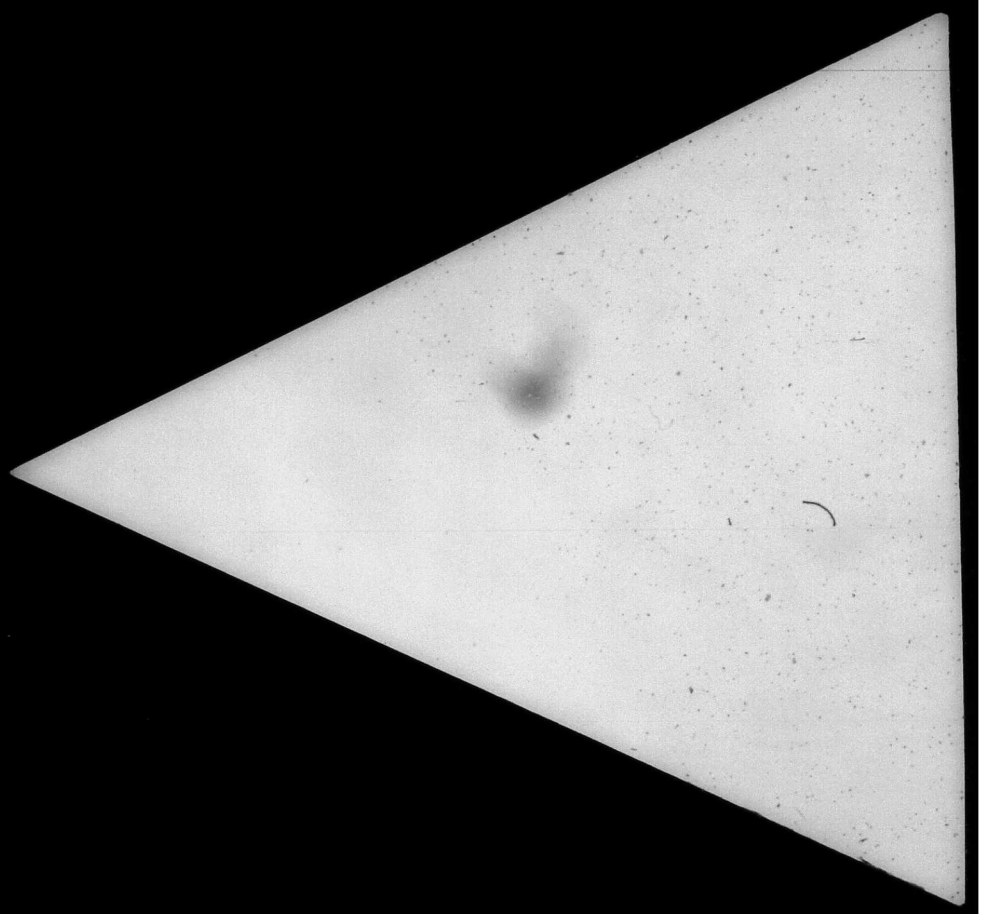
Atlanta, Ga., 7/27/35

I hereby certify that the foregoing is a true and correct copy of the record of death Number 312 of the series of 1935 for Mrs. Henrietta Wilson as appears on file in the office of the Registrar of Vital Statistics of the City of ~~Atlanta~~ Decatur

(Signed) Dr. J. R. Evans M. D.

SEAL

DeKalb Co. Ga. LOCAL REGISTRAR.



POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb 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

_____

Wilson, John H.
DeKalb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED)

F. Co. 30th Ga. Co. 1907

DISABLED
SOLDIER'S PENSION
1907.

Name John H. Wilson
County De Kalb
Co. G Regiment 2nd Ga
Disability
Amount, $50.00
1/31 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no data

GEORGIA, Rockdale County.

I, the undersigned, do certify that John H Wilson now Invalid Pensioner of this county, is on the Pension roll and draws a pension of fifty Dollars for 1906. The bearer is the same man of G Company 2 Regiment, who enlisted on — day of — 186—, and was discharged on the day of 186—, was granted a pension of $50 for 1906

Proven by _____ as witnesses.

Given under my hand and official seal this the 12 day of Jan 1907

E F Cook
Ordinary's L. S.

(SEAL)

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

DeKalb County.

Personally appears John H. Wilson 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 Private in Company D, of 2nd ~~th~~ Regiment of Ga Volunteers _____'s Brigade; that whilst engaged in such military service in the State of _____, on the _____ day of _____ 186__, he was wounded, injured or diseased as follows:

Transferred from Rockdale Co.

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 _____ Dollars, for the year 1906.

Sworn to and subscribed before me, this the 14th day of Jany 1907.

James R George Ordinary

J H Wilson

Postoffice Lithonia Ga

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

State of Georgia,

DeKalb County.

I, James R George Ordinary of said County, do certify that I am well acquainted with John H Wilson 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 Jany 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.

Invalid Roll 1915
Wilson, John H.
Co. G, 66th Ga. Inf.
Rejected for 1915
No. 1915

Confederate Soldier's Application.

UNDER ACT 1910.

County. DeKalb

Name. J. H. Wilson

Company. G

Regiment. 66th Ga Inf

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. P. BYRD, State Printer, Atlanta.

10/26/1912

ENTERED ROSTER OFFICE

STATE OF GEORGIA,

DeKalb County.

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

1. What is your name and where do you reside? (Give County and Post-office) J. H. Wilson DeKalb Co Lithonia Ga

2. How long and since when have you been a continuous resident citizen of this State? 68 years Born 22nd 1845

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Sept 1862 Newton County Company G - 2 Ga

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) 2 years

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

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 I was at Home wounded Wounded at Battle of Jonesboro Ga

a. Where was your Command when you left it? Jonesboro Ga

b. When did you leave the Command? 1864 at Jonesboro Ga

c. For what cause did you leave? Wounded

d. By whose authority did you leave? Doctors in command & furlow

e. For how long was your leave granted? In what way? 60 days Furlow

f. Why did you not return to your Command after leave expired? Furlow was Expired

g. In what way were you prevented? Wounded

h. What effort did you make to return? Made no Effort not able to return

i. Were you captured during the war? was not

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

9. What property of every description was owned, in the use, possession and control of yourself and ~~wife~~ and its cash value on the 4. Nov. 1908? (Make list by items and value.) one House one Buggy 5 Head of Hogs Household Goods all of the Value of $150.00

10. What property of any kind have you or your ~~wife~~ disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? Nothing

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and ~~wife~~ and its cash value? (Make itemized list). one House one Buggy 5 Head of Hogs Household Goods all the Value of $150.00

12. What annual or monthly income or earnings of yourself and ~~wife~~ and the source derived have you? I Rent Land and some no Income

13. Are you drawing a pension of any amount from this State or the United States? Not so Invalid

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

Sworn to and subscribed before me, this the 26 day of October 1912

James R George Ordinary DeKalb County.

J H Wilson

Rockdale County | County do Certify that I personally
Know W S Veal & John M Leftwich
and their Statements are entitled to full faith and
Credit - Given under my Hand and Official Signature
Oct 21 21 - 1912 E F Cook Ordinary

NAME ~~Wilson~~, J. H. YEAR 1913. COUNTY DeKalb.

WHEN AND WHERE BORN? Born Feb. 22, 1845, in Ga. (68 yrs.)

ENLISTED WHEN AND WHERE? Sept. 1863, Newton County,

RANK:

COMPANY AND REGIMENT? Co. G, 2d Ga.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Wounded in 1864 at the battle of Jonesboro, Ga.
Was given a 60 day wounded furlough.

CAPTURED, WHEN AND WHERE?

RELEASED;

WHEN AND WHERE SURRENDERED? Command surrendered in 1865, Columbus, Ga.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home wounded.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: W. S. Veal - & - John M. Leftwich--Same Command--No data.

, mt.

STATE OF GEORGIA,
Rockdale County.

W S Veal & J M Leftwich of said State and County is hereby presented as a witness in support of the application of John H Wilson for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows:

1. What is your name and where do you reside? W S Veal Corps Ga
John M Leftwich Corps Ga

2. How long and since when have you known John H Wilson the applicant?
49 Years

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? DeKalb Co since war I have Lived near him ever Since war

4. When, where and in what Company and Regiment did John H Wilson enlist during war from 1861 to 1865? (Give date and place) With Co G 2 Ga Rem Sept 1863 when I went

5. How did you obtain your information of this Service? I was with Co G 2 Ga for Sept 1863

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) fall of 1864 he was shot in Nee

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

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

9. If not, where were you and how came you there? Present
Mr John M Leftwich went to Co Jan 1864 Mr Wilson

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

11. If not where was he and how came him there? he was shot in Nee at Jonesboro Ga - Sept 1864

12. When did he leave his Command? I never saw him after the fight Where was his Command when he left it? Jonesboro Ga for what cause did he leave? Shot in Nee
By whose authority did he leave he was shot and how long was he granted leave? I dont know How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I was with Mr Wilson from Sept 1863 to 1st day Sept 1864

13. In what way was he prevented from returning to his Command? he was shot
How do you know? I was in same fight

14. What effort did he make to return to his Command and how do you know? I do not know

15. Was applicant captured as a prisoner No If so, when and where? No
In what prison was he held? Non and when released
Mr Leftwich Corrobrates all the statements of Mr Veal after Jan 1864

Sworn to and subscribed before me, this the 21st day of Oct 1912
W S Veal
J M Leftwich
E F Cook Ordinary,
of Rockdale County.

was there when I went to their

STATE OF GEORGIA.
DeKalb County.

Personally before me comes E O Reagin & D C Thompson who on oath says that they are freeholders residing in said County and we know J H Wilson the applicant for pension and we know the property that is now in the use, possession and control of himself and ~~wife~~ and of its cash value to wit: (Make List by items and value.)
one House one Buggy 5 Head of Hogs
House Hold googs Value of $150.00

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

2. When and to whom was it sold or given to? None Sold

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant? None

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

6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension?

Sworn to and subscribed before me, this the 26 day of Oct 1912
E. O. Reagin & D C Thompson
James R George Ordinary
of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb County.

I, James R George Ordinary of said County, certify that I know the applicant J H Wilson for Pension is the person he represents himself to be and resides in said County. That I also know J M Leftwich & W S Veal the witness swearing to the service and E O Reagin & D C Thompson who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of ..... shows that ..... and wife value for tax is in 1908 $..... for 1909 $..... for 1910 $.....

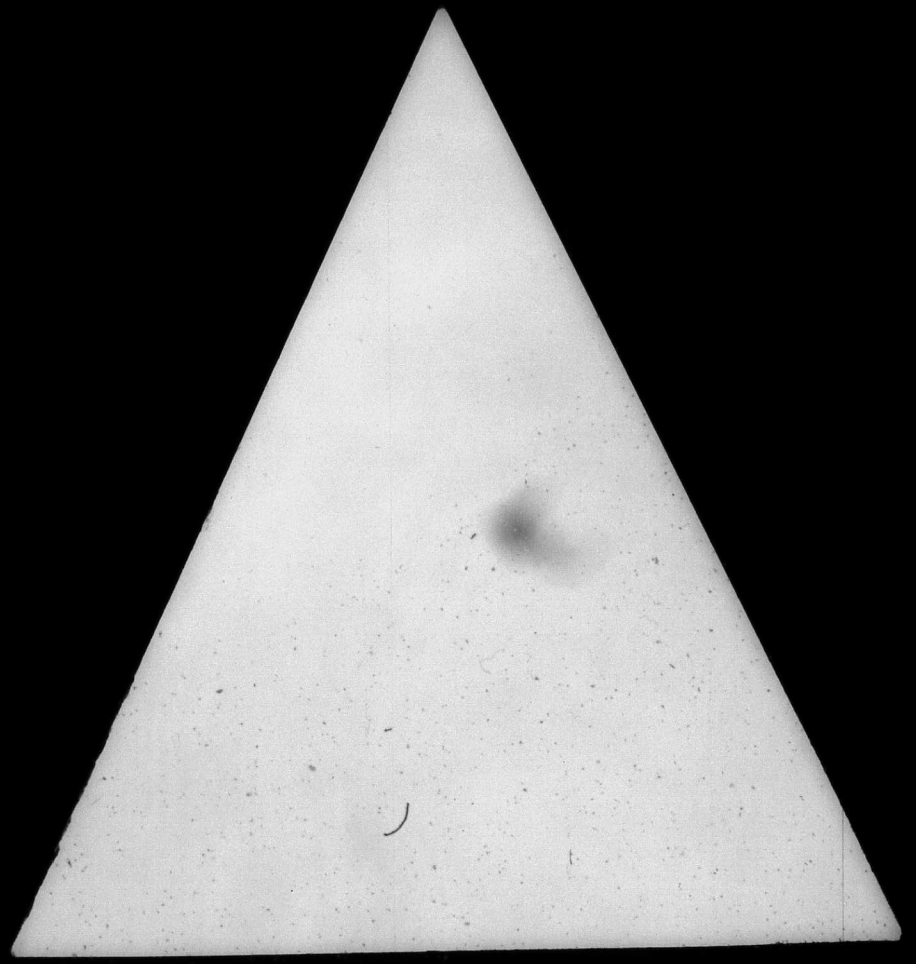
Sworn under my hand and official seal of office this ..... day of ..... 191 ....

..... Ordinary,

of ..... County.

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

of [illegible] County.



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 he remit same to _____ by _____
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 190__

_____ [L. S.]

Executed in the presence of

_____

Pension office
July 20-1904

App'l - does not make such a claim by his Com. Student nor by his Attorney as will authorize the grant to claim of a Disabled Pension

Disapproved
J. H. Lindsey
Com. of Pensions

Wilson, J. R. W. - DeKalb Co.
Disapproved July 20-1904

Code Section 1250.

No. _____

INVALID
SOLDIER'S PENSION,
190__

Name J. R. W. Wilson
County DeKalb
Co. D-15-South Carolina Regt.
Disability _____
Amount, $ _____ 190__

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

10/14/03

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

_____

Persons J.K.W. Wilson
July 20-1903
Appl. does not wish his
claim sent by this Com
desires sent by this
Attorney to whom
authority to receive is given
Persons J.K.W. Wilson
Dec'd prior
J.A. Lindsey
Com'r of Pensions

Wilson J.R.W. - DeKalb Co.
Application
July 20-1903

Code Section 1230.

No. _____

INVALID

SOLDIER'S PENSION,

190__

Name of Applicant J.R.W. Wilson
County DeKalb
Co'd 15th South Carolina Regt.
Disability _____
Amount, $ _____ 190__

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

10/14/03

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 J.R.W. Wilson of said

County, State of Georgia, who being duly sworn, says on oath that he was born on the 21 day of June 1839, that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the 28 day of Oct 1901, that he enlisted in the military service of the Confederate States (or the State of _____) on the _____ day of _____ 1861, during the war between the States, and served in Company D of the 15 South Carolina th Regiment of _____ Volunteers Kershaw Brigade, and was honorably discharged on the _____ day of _____ 186____; that whilst engaged in such military service, and in line of duty in the State of Va, on the 19 day of Oct 1864 he was disabled or wounded as follows: I was wounded in right Arm Just below the Elbow fracture the large bone of the Arm was wounded Battle of Cedar run. Va. I was Injured in my back in a Collision at Orange Court House, While in Military Servis and disables from doing Manual labor to a great extent

Where was command surrendered? at Appomattox Court House

Applicant present? he was not If not, where was he? At home on wounded Furlow How come there? Wounded

And by whose authority? State fully: by the Doctors of the Hospitals And was at on Furlow as a wounded Soldier

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 17 day of Sept 1903

Jas. R. George Ordinary.

J K W Wilson

Post Office Stone Mountain 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~~ South Carolina
Fairfield County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County J. W. Wilson and M. E. Walling 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 J. R. W. Wilson whose application is herewith presented for a pension, that he has resided in this State ~~continuously~~ since the _____ day of _____ 1901, that he served in Company D of the fifteenth Regiment of Kershaw 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 wounded in right arm at the battle of Cedar Run Va ~~[illegible]~~ wounded in a collision of the cars near Orange Court house, Va. Since which time he has never been able to do but little or no manual labor.

Where was applicant's command surrendered? Appomattox Court house Va

Was he with it? no Were all of you present? Yes

If not, where was he? At home in S.C. on disabled furlough

Where were you all? At Appomattox with Lees Army

How do you know the facts you state to be true? From personal auction

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 1864. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 9th day of October 1903

J W Wilson ~~[illegible]~~ Sergt
Mary E Walling

D A Broom
Judge of Probate Ordinary.

NOTE 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.
2.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
3.—All blank spaces *must* be filled when signed.
4.—Three witnesses are required.

STATE OF GEORGIA,
_____ County.

PERSONALLY comes before me _____ Ordinary of said County, W. S. Ansley and W. J. Houston, both known to me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully examined J. R. W. Wilson and after such personal examination, say that the present condition of applicant is as follows: Wound in right arm, Fracturing ulna Lumbago, from concussion of spinal column.

and that such condition is permanent. Said condition arises from the following facts: Wound in right forearm and lumbago from wrench in railroad accident.

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 14 day of Oct 1903

W. J. Houston M.D.
W. S. Ansley M.D.

Jas R George
Ordinary.

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, James R George, Ordinary of said County, do certify that I am well acquainted with J. R. W. Wilson 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 29 day of oct 1901

I also certify that the witnesses, to-wit: I do not know witness 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 14 day of Oct 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.

DISAPPROVED

NAME Wilson, J. R. W. YEAR 1904 COUNTY DeKalb

WHEN AND WHERE BORN? June 21, 1839 - Resident of Georgia since October 29, 1901

ENLISTED WHEN AND WHERE? 1861

RANK.

COMPANY AND REGIMENT? Company D, 15th South Carolina Vols.

NAME OF CAPTAIN AND COLONEL?

At battle of Cedar Run

WOUNDED? October 19, 1864 in Virginia wounded in right arm just ~~x~~ below the elbow, fracturing the large bone of the arm. Was injured in back in a collision at Orange Court House while in military service.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

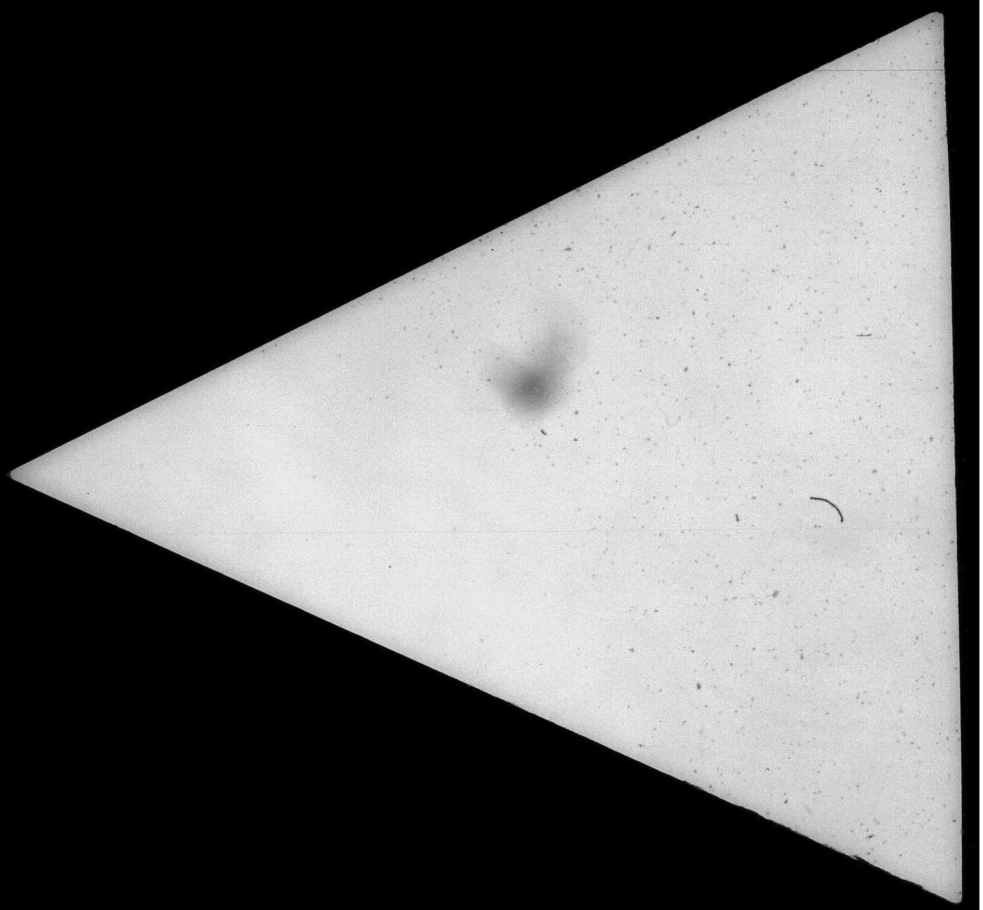
IF NOT PARROLLED AT SURRENDER, WHERE WERE YOU? At home on wounded furlough

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J. W. Wilson, Orderly Sergeant, M. E. Walling - same command No data.

lw



Form 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 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 ..... 1895.

..... [L. S.]

Executed in presence of us:
.....
.....

DIRECTIONS.

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

.....

app 10 June 1895
Rich Johnson
Wilson, J. S. C.
No. 3481
Dekalb Co

SOLDIER'S PENSION

1895.

Name R. Johnson
County Dekalb
Disability Leg Wound
Amount, $ 50
April 8th to 10 June 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
W. M. Ragsdale

Geo. W. Harrison, State Printer, Atlanta.

Form 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 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 _____ 1895. _____ [L. S.]

Executed in presence of us:

_____

_____

_____

DIRECTIONS.

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

_____

_____

apl 10 June 1895
Rich Johnson
Atlanta Ga
No. 3481
Madison Ga
DeKalb Co

SOLDIER'S PENSION

1895.

Name J S C Wilson
County DeKalb
Disability Leg Wound
Amount, $ 50
April 8 to 10 June 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
W. M. Ragsdale

Geo. W. Harrison, State Printer, Atlanta.

Form 1.

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appears J. S. C. Wilson of DeKalb County, State of Georgia, who being duly sworn says on oath that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the 17th day of August 1865; that he enlisted in the military service of the Confederate States (or the State of _____) during the war between the States, and served as a Private in Company G, of 11 th Regiment of Ga Volunteers Andersons Brigade; that whilst engaged in such military service, at the battle of Gettesburg in the State of Pa, on the 3rd day of July 1863, he was disabled as follows: Shot with a minnie ball through the right thigh fracturing the bone causing splinters of bone to work out through the wound. The main leader was also cut and muscles so torn that it caused constant cramping - so that applicant can not hold out to work or stand for any length of time. Wound is permanent and renders the leg substantially and essentially useless.

Deponent desires to participate in the benefits of the Act approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26th, 1895.

J. S. C. Wilson

Sworn to and subscribed before me, this the 8th day of April 1895.

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. If claim is based on disease, give *full and connected history* of disease, tracing it directly to the service.
NOTE.—Do not trouble to mention wounds which do not disable.

AFFIDAVIT FOR WITNESSES.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears before me, the undersigned, Ordinary in and for said County, James Hunter R. F. Davis and V. A. Wilson each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with J. S. C. Wilson whose application is herewith presented for a pension, and that they served with him in the army, and from our personal knowledge he was injured by the service as follows: (*give full statement, and tell in your own language how badly applicant is disabled from work. If he does any labor, or can do any, state what.*) He was shot with a minnie ball through the right thigh which fractured the bone and cut the leaders and muscles. The wound is permanent and renders the applicant unable to perform hard manual labor necessitating the constant use of a stick

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1860. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 8 day of April 1895.
W. M. Rogsdale, Ordinary.

James Hunter
Robt. F. Davis
V. A. Wilson

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

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY comes before me W. M. Rogsdale Ordinary of said County, A. S. Mayson and J. H. Goss, both known to me as reputable physicians of said county, who being severally sworn, say on oath, that they have carefully examined J. S. C. Wilson, and after such personal examination, say that the applicant has been injured as follows:

Gun Shot wound in wright thigh fracturing the ~~[illegible]~~ thigh bone causing contraction of muscles rendering him unfit to perform active manual labor & requiring the constant use of a stick for support in our opinion the leg is substantially & essentially useless

We have treated applicant professionally for ~~[illegible]~~ years.

Sworn to and subscribed before me, this 8th day of April 1895.
W. M. Rogsdale, Ordinary.

A. S. Mayson M.D.
J. H. Goss, 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.

Form 4.

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal this 8th day of April 1895.
W. M. Rogsdale
Ordinary De Kalb County.

Wilson, J. S. C.
De Kalb Co
ACT OF 21 OCT., 1887.
(For Those Already Enrolled.)

No. 541

SOLDIER'S PENSION.

1896.

Name J. S. C. Wilson
County De Kalb
Disability ~~Wound~~ Leg
Amount, $ 50.00
Feb 25th 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Appet

Geo. W. Harrison, State Printer, Atlanta.

No Data

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1896.

Executed in presence of us

[L. S.]

De Kalb Co.
Wilson, J. S. C.
ACT OF 21 OCT., 1887.
(For Those Already Enrolled.)

No. 1791

INVALID SOLDIER'S PENSION.

1897.

Name J. S. C. Wilson
County De Kalb
Disability Leg Wound
Amount, $ 50.00
2/23 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appet

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No Data

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

I, _____ hereby authorize _____
of _____
to receive and receipt for the pension 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.

Executed in presence of

[L. S.]

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears J.S.C. Wilson of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Aug 1835; 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 G, of 11 th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Pa, on the 3rd day of July 1863, he was wounded, injured or diseased as follows:
Was wounded at the battle of Gettesburg Pa through the right thigh rendering the leg substantiacy and essentiacy useless

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

Sworn to and subscribed before me, this the 11th day of Feb 1896.
J.S.C. Wilson
W.M. Rapsdale, 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. Rapsdale Ordinary of said County, do certify that I am well acquainted with J.S.C. Wilson 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 Feb 1896.

Affix your seal here.

W.M. Rapsdale
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears J.S.C. Wilson of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Aug 1835; 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, of 11 th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Pa, on the 3d day of July 1863, he was wounded, injured or diseased of follows:
Was wounded at the battle of Gettesburg with minnie ball in the right thigh fracturing bone and rendering the leg Substantiacy and essentiacy useless

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

Sworn to and subscribed before me, this the 9th day of Feb 1897.
J.S.C. Wilson
POST OFFICE
W.M. Rapsdale 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. Rapsdale Ordinary of said County, do certify that I am well acquainted with J.S.C. Wilson 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.

W.M. Rapsdale
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
_____

Wilson, J. S. C.
DeKalb Co.

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 1952

INVALID
SOLDIER'S PENSION.
1898.

Name J. S. C. Wilson
County DeKalb
Disability Leg
Amount, $ 50.00
2/14 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appel

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 _____ 1899.

_____ [L. S.]

Executed in presence of
_____

Wilson, J. S. C.
DeKalb Co.

CODE SECTION 1250.
(For Those Already Enrolled.)

No. 2696

INVALID
SOLDIER'S PENSION.
1899.

Name J. S. C. Wilson
County DeKalb
Disability Leg Wound
Amount, $ 30.
2/20 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appel

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb **County.**

Personally appears J.C. Wilson 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 Aug 1835; 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 Pvt in Company G, of 11 th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Pa, on the 3d day of July 1863, he was wounded, injured or diseased as follows:

Was wounded in the right thigh at the battle of Gettysburg causing same to be substantially and essentially useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 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 1st day of Feb 1898.

J S C Wilson
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.S.C. Wilson 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 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.S.C. Wilson 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 15 day of Aug 1835; 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 G, of 11 th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Pa, on the 3 day of July 1863, he was wounded, injured or diseased as follows:

Was wounded in the right thigh at the battle of Gettysburg causing same to be 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 31 day of Jan 1899.

J S C Wilson
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.S.C. Wilson 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 1259.
(For Those Already Enrolled.)
No. 2289

INVALID SOLDIER'S PENSION. 1900.

Name J. S. C. Wilson
County DeKalb
Disability Leg Wound
Amount, $ 50.
Warrant issued Nov 12 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 1259.
(For Those Already Enrolled.)
No. 3274

DISABLED SOLDIER'S PENSION. 1901.

Name J. S. C. Wilson
County DeKalb
Disability Leg
Amount, $ 50.
Jan 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 J. S. C. Wilson 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 15 day of Aug 1835; 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 G, of 11 th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Pa, on the 3d day of July 1863, he was wounded, injured or diseased as follows: Was wounded in the right thigh at battle of Gettysburg, rendering the leg substantially and essentially useless.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of De Kalb County been allowed an invalid pension of Fifty Dollars, for the year 1897.

Sworn to and subscribed before me, this the 15 day of Jan 1900. J S C Wilson POST OFFICE

W. M. Ragsdale, Ordinary.

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

STATE OF GEORGIA,
De Kalb County.

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acquainted with J. S. C. Wilson 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 De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears J. S. C. Wilson 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 15 day of Aug 1835; 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, of 11 th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Pa, on the 3d day of July 1863, he was wounded, injured or diseased as follows: Was wounded in the right thigh fracturing bone rendering leg substantially and essentially useless

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

Sworn to and subscribed before me, this the 9th day of Jan 1901. J S C Wilson Postoffice Lithonia

W. M. Ragsdale, Ordinary.

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

STATE OF GEORGIA,
De Kalb County.

I, W. M. Ragsdale Ordinary of said County, do certify that I am well acqainted with J. S. C. Wilson 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. 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

_____

Wilson, J. S. C.
DeKalb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 487

DISABLED
SOLDIER'S PENSION
1902.

Name Wilson J. S. C.
County DeKalb
Co. G Regiment 11th
Disability Leg Wound
Amount, $ 50.

1/20 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Affs
Geo. W. Harrison, State Printer, Atlanta.

Wilson, J. S. C.
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 _____ 1903.

_____ [L. S.]

Executed in presence of

_____

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 346

DISABLED
SOLDIER'S PENSION
1903.

Name Wilson J. S. C.
County DeKalb
Co. G Regiment 11th
Disability Leg
Amount, $ 50.

1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Affs
Geo. W. Harrison, State Printer, Atlanta

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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

Personally appears J. C. Wilson 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 15 day of Sept 1835; 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 G, of 11 th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Pa, on the 3 day of July 1863, he was wounded, injured or diseased as follows: Was wounded in right thigh at battle of Gettesburg rendering leg substantially useless

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

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

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,
De Kalb **County.**

I, W M Rogsdale Ordinary of said County, do certify that I am well acquainted with J. C. Wilson 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 Rogsdale
Ordinary De Kalb County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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

Personally appears J. C. Wilson 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 15 day of Aug 1835; 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, of 11 th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Pa, on the 3 day of July 1863 he was wounded, injured or diseased as follows: At battle of Gettesburg was wounded in right thigh, fracturing bone and rendering leg substantially and essentially useless.

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

Sworn to and subscribed before me, this the 7 day of Jan 1903. J. C. Wilson, Post-office Lithonia Ga

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,
De Kalb **County.**

I, W M Rogsdale Ordinary of said County, do certify that I am well acquainted with J. C. Wilson 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 Rogsdale
Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY.

I, _____ hereby authorize

_____ of _____

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

_____ by _____

at _____

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

day of _____ 1904.

_____ [L. S.]

Executed in presence of

Wilson, J. S. C.
DeKalb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 235

DISABLED
SOLDIER'S PENSION
1904.

Name J. S. C. Wilson
County DeKalb
Co. G Regiment 11"
Disability wounded thigh
Amount, $ 50.00
1/35 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Aff

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 _____ 1905.

_____ [L. S.]

Executed in the presence of

Wilson, J. S. C.
DeKalb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 250

DISABLED
SOLDIER'S PENSION
1905.

Name J. S. C. Wilson
County DeKalb
Co. G Regiment 11 Ga
Disability In Leg
Amount, $ 50.00
1/23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Aff

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

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears J. S. C. Wilson 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 15 day of Aug 1835; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Pri in Company G, of 11 th Regiment of Ga Vols Volunteers Anderson 's Brigade; that whilst engaged in such military service in the State of , on the 3 day of July 1863, he was wounded, injured or diseased as follows:
was wounded in right thigh

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

Sworn to and subscribed before me, this the 2 day of January 1904.
James R George Ordinary

J. S. C. Wilson
Post-office Morrow

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

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this 2 day of January 1904.

Affix your Seal here.

James R George
Ordinary DeKalb County.

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

STATE OF GEORGIA,
Dekalb COUNTY.

Personally appears J. S. C. Wilson 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 G, of 11 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:
Disabled leg Gettysburg Va

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

Sworn to and subscribed before me, this the 18 day of January 1905.
James R George Ordinary

J. S. C. Wilson
Post-office Decatur R F D

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

STATE OF GEORGIA,
Dekalb COUNTY.

I, James R George Ordinary of said County, do certify that I am well acquainted with J. S. C. Wilson 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 1905.

Affix your Seal here.

James R George
Ordinary Dekalb County.

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

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

_____

Wilson, J. L. C.
De Kalb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 231

DISABLED
SOLDIER'S PENSION
1906.

Name J. S. C. Wilson
County DeKalb
Co. G Regiment 11 Ga
Disability Right thigh
Amount, $ 50.00
1/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]

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

no data

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

_____

Wilson, J. S. C.
DeKalb Co.

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED)

No. 298

DISABLED
SOLDIER'S PENSION
1907.

Name J. S. C. Wilson
County DeKALB
Co. G Regiment 11th Ga
Disability Disabled Leg
Amount, $ 50.00
1/31 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
De Kalb County.

Personally appears J S C Wilson 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 15 day of Aug 1835; 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, of 11 th Regiment of Georgia Volunteers Anderson's Brigade; that whilst engaged in such military service in the State of Gettysburg on the 3 day of July 1863, he was wounded, injured or diseased as follows:

Wounded in right thigh.

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 16 day of January 1906.
James R George Ordinary

J S C Wilson
Post Office Lithonia Ga R F D 6

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

State of Georgia,
DeKalb County.

I, James R George Ordinary of said County do certify that I am well acquainted with J. S. C. Wilson 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 1906.

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, 1906.

State of Georgia,
DeKALB. County.

Personally appears J S C Wilson 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 11 th Regiment of Georgia Volunteers Anderson's Brigade; that whilst engaged in such military service in the State of , on the 3rd day of July 1863, he was wounded, injured or diseased as follows:

Disabled Leg Gettysburg Va

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 10 day of January 1907.
James R George

J. S. C. Wilson
Postoffice

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

State of Georgia,
DeKALB. County.

I, James R George Ordinary of said County, do certify that I am well acquainted with J S C Wilson 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 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.

NAME Wilson, J S C YEAR 1895 COUNTY DeKalb

WHEN AND WHERE BORN? Resident Ga since August 13, 1835

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co C 11th Regt. Ga. Vols
Anderson's Brigade

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Gettysburg, Pa. - July 3, 1863 - shot through right thigh, fracturing bone causing splinters of bone to work out and muscles so torn that it causes constant cramping so that applicant cannot hold out or stand any length of time.

CAPTURED, WHEN AND WHERE?

RELEASED.

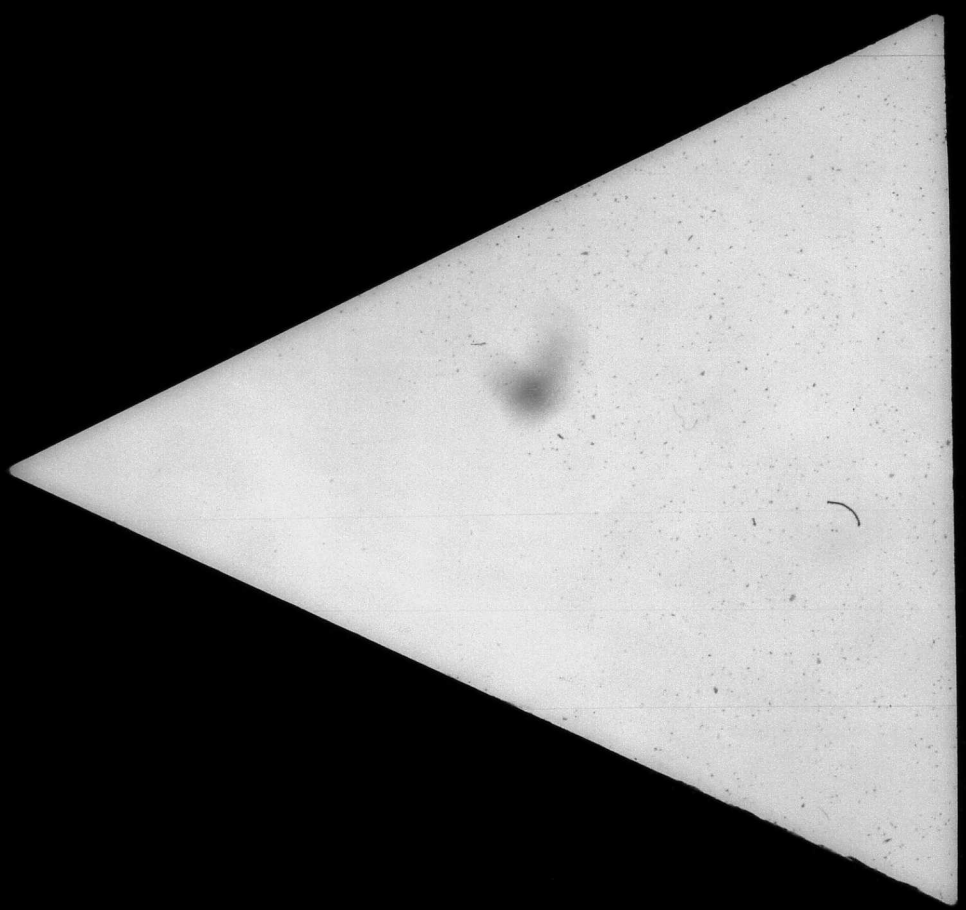
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. James Hunter, Robert F Davis, V A Wilson No data



Approved (4)
Wilson, Nancy Elizabeth
1927
DeKalb County

No.

Wilson, Benjamin F.

Private. Co. B. Cobb Guards, temporarily attached to 22nd. Battn. Ga. Heavy Artillery.
Enlisted Aug. 12, 1864.
Surrendered Greensboro.

(W.R.)

WITNESS

Daniels, Jerry M.,
Private Co. B. Cobb Guards.
Temporarily attached to 22nd. Battn. Ga. Heavy Artillery.
Enlisted Apr. 13, 1864.
Surrendered Greensboro, N. C.

(W.R.)

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County DeKalb

Name Mrs. Nancy Elizabeth Wilson

Widow of Benjamin F. Wilson

Company B.

Regiment 22nd Georgia ~~Inf.~~ Heavy artillery

Approved John W. Clark
28 Oct. 27

~~XXXXXX~~
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

8-16-27 E

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb COUNTY.

I, W. A. Morgan, Ordinary of said County, do certify that I know Nancy Elizabeth Wilson 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. M. Daniel the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 15 day of Oct. 1927.

W. A. Morgan Ordinary.
(SEAL)
DeKalb County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to 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.

STATE OF GEORGIA,
DeKalb COUNTY.

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

Sworn under my hand and official seal of office this 15 day of Aug. 1927

(SEAL)

V. A. Morgan Ordinary,
DeKalb. County.

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

Wilson, Nancy Elizabeth
DeKalb County

Widow's Pension
Under Act 1910—as Amended by Act of 1919.

No.

County DeKalb

Name Mrs. Nancy Elizabeth Wilson

Widow of Benjamin F. Wilson

Company B. Regiment 22nd Georgia Inf. Heavy artillery

Approved [illegible]
28 Oct. 27

Last pay [illegible]

Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

8-16-27

Wilson, Benjamin F.
Private. Co. B. Cobb Guards, temporarily attached to 22nd. Batln. Ga. Heavy Artillery.
Enlisted Aug. 12, 1864.
Surrendered Greensboro.
(W.R.)

WITNESS
Daniels, Jerry M.
Private Co. B. Cobb Guards.
Temporarily attached to 22nd. Batln. Ge. Heavy Artillery.
Enlisted Apr. 13, 1864.
Surrendered Greensboro, N. C.
(W.R.)

As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes Mrs. Nancy Elizabeth Wilson 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? Nancy Elizabeth Wilson Atlanta, DeKalb Co. Ga
2. How long and since when have you been a continuing resident of the State of Georgia? Sixty years
3. When, where and to whom were you married? Nov. 10th 1872, Henry Co, Ga. Benj. F. Wilson
   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.) 1864 Co. B. 22nd Georgia
5. When and where did the commands of your husband surrender or discharge from the army? Greensboro, N. C.
6. Was your husband personally present at the time of the surrender or discharge of this command? Yes
7. If he was not present state clearly where he was? Present
8. Where was his command when he left? Did not leave
   a. For what cause did he leave his command? —
   b. By whose authority did he leave his command? —
   c. For how long was he granted leave of absence? —
   e. What was his physical condition when he left his command? Present not sick
   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? No.
   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? July 28, 1915
   k. Were you residing together when he died? We lived
   l If not, how long had you resided apart?
   m. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State? No.

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

Sworn to and subscribed before me this the 11th day of August 1927

V. A. Morgan Ordinary
of DeKalb. County.

(SEAL)

Nancy Elizabeth Wilson
110 Do. Moreland ave.
Atlanta Ga

STATE OF GEORGIA,
DeKalb COUNTY.

Personally before me comes J. M. Daniell 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. M. Daniell Fulton Co., Ga.

2. How long and since when have you known Mrs Nancy Elizabeth Wilson applicant? 17 years

3. How long and since when has she continuously resided in this State? (Give date.) Ever since I have known her.

4. When and to whom was she married? Benj F. Wilson How do you know? I

5. How long and since when did you know Benj F Wilson her husband? Since 1864.

6. When and where did Benj. F. Wilson the husband of applicant, die? July 28th 1912 Atlanta DeKalb Co. Ga

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

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

Were they divorced? No

9. When, where and in what Company and Regiment did Benj F Wilson enlist? 1864 Co. B 22nd Georgia

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? About Twelve months

12. When and where did his Command surrender, and was discharged? Greensboro N.C.

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

14. Was the husband of applicant personally present at surrender? He was If not where was he? When, where and for what cause did he leave Command? (Give date.) By whose authority did he leave his Command? And how long was he granted leave? How do you know all this?

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

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the 11th day of August 1917

J. M. Daniell

U. D. Morgan Ordinary of DeKalb County.

(SEAL)

On Roll 1913

July 15
Aug 30
Apl 2
75

FILED
OCT 25 1934
VETERAN SERVICE OFFICE
A. L. HENSON, Director

1588.50

TO PAY-
1930, $127
Cig. & C. Tax. 3
TOTAL

Received of V. S. Morgan, Ordy. check for $127.00 for funeral expenses for Mrs. Nancy E. Wilson. 3/6/35
J Austin Dillon Co.
Mrs J Austin Dillon

Wilson, Nancy E. 265
Ex DeKalb Co.

For DeKalb County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

V. S. Morgan, Ordinary

For: Mrs Nancy ~~Elizabeth~~ Wilson
(Name of Pensioner)

Date of Death: Sept 24, 1934

Amount: $ ~~100~~ 75 — 1
127

PAID TO ORDINARY ON THIS CLAIM:

DATE 1934	FUND FROM WHICH PAID	$
12-29	C x C	75 00
12-25-35	1930	127 00
8-31-36	C x C	63 00
		265 00
X163	TOTAL	

265
207
63

Approved, and ordered paid,
DEC 27 1934, 193
A. L. HENSON,
Director, Veterans Service Office.

Receipt of V. S. Morgan Ordinary check for $75.00 for funeral expenses of Mrs Nancy Elizabeth Wilson 4/2/35
J Austin Dillon Co
Mrs J Austin Dillon

ATLANTA, GA. Oct. 23 1934. 193

M For Funeral Expenses of Mrs. Nancy Elizabeth Wilson

J. AUSTIN DILLON COMPANY
FUNERAL DIRECTORS
502 PRYOR STREET, S. W.

PHONES { MAIN 4680 / MAIN 4681 } PRIVATE AMBULANCE

Sept. 24 1934.

Casket & Box,
Embalming & Services.
Pallbearers Gloves.
Funeral Notices.
Box to cemetery.
Hearse. $ 265.00

The above and foregoing account is rendered for services in the ~~last illness and~~ funeral expenses of Mrs. Nancy Elizabeth Wilson, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me, this 24th day of October, 1934.

V. S. Morgan
Ordinary.

J Austin Dillon
Pres.

Received of V. S. Morgan, Ordinary, DeKalb County, Georgia, Sixty-three and 00/100 ($63.00) Dollars in full settlement for funeral expenses of Mrs. Nancy E. Wilson, deceased.

This 11th day of September, 1936.

J. Austin Dillon Co.
A. J. Kendall.

Application for
Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DeKalb County:

Before me, the Ordinary of said County, comes J. Austin Dillon, Pres., of said County, who, after being duly sworn, on oath says that he knew Mrs. Nancy Elizabeth Wilson 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 $ 265.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,
this the 24th day of October, 1934.
V. S. Morgan, Ordinary.

J. Austin Dillon
Pres

CERTIFICATE OF THE ORDINARY

GEORGIA, DeKalb County.

I certify that J. Austin Dillon, Pres. 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 Elizabeth Wilson 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 24th day of October, 1934.

(Seal of Ordinary) V. S. Morgan, Ordinary.

INSTRUCTIONS:

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

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

3rd. Each account must be sworn to before the Ordinary, and in the following form:

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

4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.

5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.

6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.

9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

State of Georgia
Pension Department
Atlanta

JOHN W. CLARK
COMMISSIONER OF PENSIONS

October 24, 1927.

Hon. A. G. Harris,
Ordinary of Henry County,
McDonough, Ga.

My dear Judge:

Will you not kindly examine your records of marriages in the Seventies and advise the date of the marriage of Benjamin F. Wilson and Nancy Elizabeth Wilson. There is some variation in the affidavits of the witnesses concerning the marriage. The applicant gives the year as 1872 and we would like to verify this;

Your co-operation in this will be appreciated.

With kind regards,

Very truly yours,

John W. Clark

Commissioner of Pensions

A

By Margaret W. Arnold
Clerk

RJR

I find no record in this office of above named marriage.

Oct 28/27.

Yours
A. G. Harris
Ord
McDonough Ga

Georgia, Fulton County.

In person appeared before me, the undersigned officer, W. F. George, and being first duly sworn, deposes and says on oath: That he knows Mrs. Nancey Elizabeth Wilson, applicant for a pension, and was well acquainted with her husband, Benjamin F. Wilson in his lifetime; That he knows of his own knowledge that they lived together as man and wife for fifty years, and were never separated, and that when said Benj. F. Wilson died in July 1910, they were living together as man and wife. Further that said Mrs. Nancey Elizabeth Wilson has never re-married since the death of said Benj. F. Wilson Wilson.

W. F. George

Sworn to and subscribed before me,
this 11th day of August, 1927

Notary Public, Fulton County, Georgia.

October 24, 1927.

Hon. A. G. Harris,
Ordinary of Henry County,
McDonough, Ga.

My dear Judge:

Will you not kindly examine your records of marriages in the Seventies and advise the date of the marriage of Benjamin F. Wilson and Nancy Elizabeth Wilson. There is some variation in the affidavits of the witnesses concerning the marriage. The applicant gives the year as 1872 and we would like to verify this;

Your co-operation in this will be appreciated.

With kind regards,

Very truly yours,

John W. Clark

Commissioner of Pensions

A

By _____
Clerk

Georgia, Fulton County.

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Sworn to and subscribed before me, this 11th day of August, 1927

W. F. George

B. F. Wall

Notary Public, Fulton County, Georgia.

October 24, 1927.

Hon. A. G. Harris,
Ordinary of Henry County,
McDonough, Ga.

My dear Judge:

Will you not kindly examine your records of marriages in the Seventies and advise the date of the marriage of Benjamin F. Wilson and Nancy Elizabeth Wilson. There is some variation in the affidavits of the witnesses concerning the marriage. The applicant gives the year as 1872 and we would like to verify this;

Your co-operation in this will be appreciated.

With kind regards,

Very truly yours,

John W. Clark

Commissioner of Pensions

A

By _____ Clerk

Georgia, Fulton County.

In person appeared before me, the undersigned officer, W. F. George, and being first duly sworn, deposes and says on oath: That he knows Mrs. Nancey Elizabeth Wilson, applicant for a pension, and was well acqainted with her husband, Benjamin F. Wilson in his lifetime; That he knows of his own knowledge that they lived together as man and wife for fifty years, and were never separated, and that when said Benj. F. Wilson died in July 1910, they were living together as man and wife. Further that said Mrs. Nancey Elizabeth Wilson has never re-married since the death of said Benj. F. Wilson.

W. F. George

Sworn to and subscribed before me,
this 11th day of August, 1927

J. P. Wall

Notary Public, Fulton County, Georgia.

Georgia, Fulton County.

Personally appeared before me, the undersigned officer, L. Mood Porter, who being first duly sworn, deposes and says: that he is well acquainted with Mrs. Nancey Elizabeth Wilson, and was well acquainted with her husband, Benjamin F. Wilson deceased, in his lifetime; that he knows that they were man and wife and lived together as such, until the death of said Benjamin F. Wilson, and they lived together as man and wife for forty years.

L. Mood. Porter.

Sworn to and subscribed before me,
this 12th day of August, 1927.

A. Mc Waldrip

Notary Public, Fulton County, Georgia
N. P. For the State at Large

422

23425

945

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

Registered No. 4097

1. PLACE OF DEATH

County DeKalb Militia District (Number and Name) 1061 State of Georgia

City or Town Atlanta Length of residence in this city or town: Yrs. Mos. Ds. NON-RESIDENT (Yes or No)

Street and Number (No.) 110 Moreland Ave S. E. Ward

(If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME Mrs. Nancy Elizabeth Wilson

Residence (City or Town) 110 Moreland Ave S. E. (Street and Number) (State)

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): Don't know
7. AGE: Years 89 | Months | Days | If less than one day Hours Minutes
8. OCCUPATION
   (a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
   (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.
   (c) Date deceased last worked at this occupation (month and year)
   (d) Total years spent in this occupation
9. BIRTHPLACE (P. O. Address): S. C.

FATHER
10. NAME: Ben F. Crymes
11. BIRTHPLACE (P. O. Address): S. C.

MOTHER
12. MAIDEN NAME: Nancy Little
13. BIRTHPLACE (P. O. Address): S. C.

14. INFORMANT (Signed) x Mrs. J. P. Waldrip
(Address) 110 Moreland Ave S. E.

19. BURIAL PLACE (Cemetery) Sylvester Cem.
(Postoffice) DeKalb County Date 9-26-34

20. UNDERTAKER (Signed) J. Austin Dillon Co.
(Address) Atlanta, Ga.
A. J. Kendall

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September 24 1934 at 5;30 A. M
(Month, Day, Year) (Hour)

17. I HEREBY CERTIFY, That I attended the deceased from Sept. 22, 1934 to Sept. 24 1934

I last saw her alive on Sept. 24 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 the order of onset and duration of each:

Cerebral Hemorrhage

Other contributory causes of importance:

Uremia

What test confirmed diagnosis? Signs & Symptoms
(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) F. C. Mims M.D.
(Address) Mortgage Guarantee Bldg. Atlanta, Ga.

15. FILED Sep. 24, 1934 19

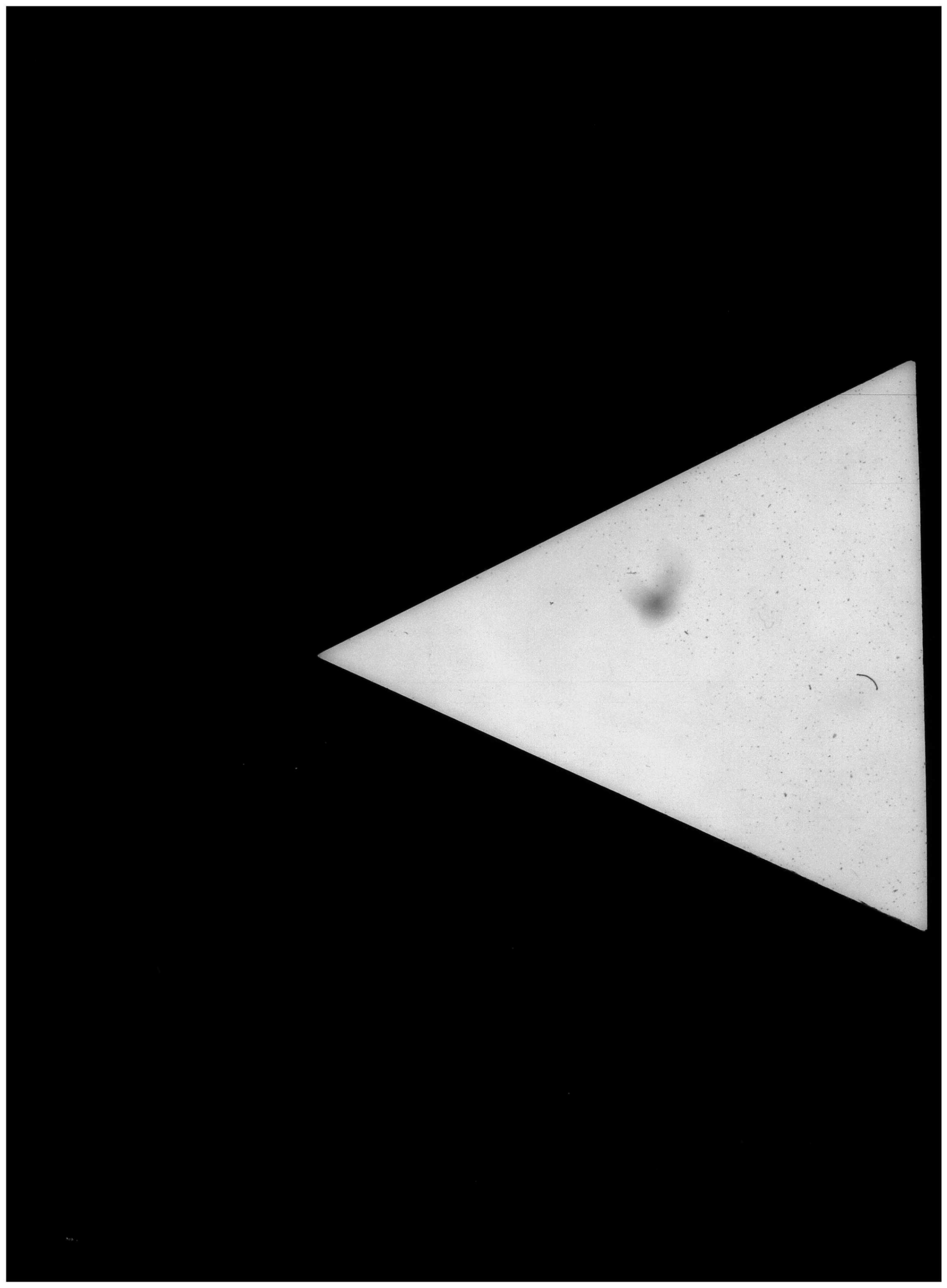
(Signed) L. Thornton
(Local Registrar)

THIS IS TO CERTIFY: That the certificate attached hereto is a true and correct copy of those items prescribed by the State Statutes, as shown on the original, which has become a perpetual record in the archives of the Georgia Department of Public Health.

Signed F. Abercrombie
Director.

Atlanta, Ga. Per Butler Toombs
Chief, Bureau Vital Statistics.

Date Dec. 26 1934



Wilson R. C.
De Kalb County

OK for 1911

No.

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name R. C. Wilson

Company R E

Regiment 20 Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

11/30/10

Wilson R. C.
De Kalb County

OK for 1911

No. .....

Confederate Soldier's Application.

UNDER ACT 1910.

County De Kalb

Name R. C. Wilson

Company R

Regiment 20 Ga

Approved .....

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

11/30/10

Questions for Applicants to Answer.

STATE OF GEORGIA,
DEKALB County.

R. C. Wilson 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) Robert C. Wilson, Doraville, DeKalb County, Georgia.

2. How long and since when have you been a continuous resident citizen of this State? Since 1852, in DeKalb County, Georgia.

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? In the Confederate Army in March 1864.

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) About the 1st of March 1864, Savannah, Ga, Co. E. 20th Ga. Battalion Cavalry Cavalry.

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) From March 1st 1864, till April 25th 1865.

6. When and where was your Company and Regiment surrendered or discharged from the Service? April 25th 1865, At Greensboro or High Point N. C.

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

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

a. Where was your Command when you left it? Did not leave my command

b. When did you leave the Command? I did not leave my command

c. For what cause did you leave?

d. By whose authority did you leave?

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

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

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? I was never captured

9. What property of every discription was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) 75 acres of land value $1,200.00 household goods value $50.00

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

11. What property of any discription of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). 75 acres of land in DeKalb County, value $1,200.00 Household goods value $50.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? Nothing only from the farm, about $200.00

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

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Have never applied before.

Sworn to and subscribed before me, this the 14 day of Sept 191 } R. C. Wilson

James R. George Ordinary,
of DeKalb County.

STATE OF GEORGIA,

DEKALB County.

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

1. What is your name and where do you reside? J. W. F. Tilly, Donaville, DeKalb County, Georgia.
2. How long and since when have you known R. C. Wilson the applicant? Since 1860.
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? Donaville, DeKalb County, Georgia.
4. When, where and in what Company and Regiment did R. C. Wilson enlist during war from 1861 to 1865? (Give date and place). About March 1st, 1864, Savannah, Ga. Co. I. 20th Ga Battalion Cavalry
5. How did you obtain your information of this Service? I was a member of the same Company and Regiment.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) From March 1st 1864 till April 25th 1865
7. When and where was his Command surrendered or discharged (give date and place) April 25th 1865 at Greensboro or High Point, N. C.
8. Were you personally present at the Surrender? Yes
9. If not, where were you and how came you there? I was personally present
10. Was the applicant personally present with his Command at surrender? I did not see him, but I am satisfied he was present.
11. If not where was he and how came him there? He was somewhere around camp, cannot say just where at the time,
12. When did he leave his Command? He did not leave 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) All that I have stated is of my own knowledge. I was present myself and know
13. In what way was he prevented from returning to his Command? He never left. How do you know? I was with him most of the time.
14. What effort did he make to return to his Command and how do you know? None because he never left.
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 14 day of Sept 1910

James R George Ordinary.

J. W. F. Tilly

of County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

DeKalb County.

Personally before me comes J. W. F. Tilly & J. T. Adams who on oath says that they are free holders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.) 75 acres of Land Val $1200.00 House Hold Goods Val $60.00 Total Val $1260.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov
2. When and to whom was it sold or given to?
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 14 day of Sept 1910

James R George Ordinary.

J. W. F. Tilly

J. T. Adams

of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb County.

I, James R George Ordinary of said County, certify that I know the applicant R C Wilson for Pension is the person he represents himself to be and resides in said County. That I also know J W F Tilly the witness swearing to the service and J W F Tilly 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 Co shows that R C Wilson and wife value for tax is in 1908 $ 700.00 for 1909 $ 700.00 for 1910 $ 700.00

Sworn under my hand and official seal of office this 14 day of Sept 1910

James R George Ordinary.

of DeKalb County.

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

NAME Wilson-R. C. YEAR 1911 COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of Georgia, DeKalb County since 1852.

ENLISTED WHEN AND WHERE? March 1st, 1864 Savannah, Georgia.

RANK

COMPANY AND REGIMENT? Company E.20th Georgia, Battn. Cavalry

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

PARDONED.

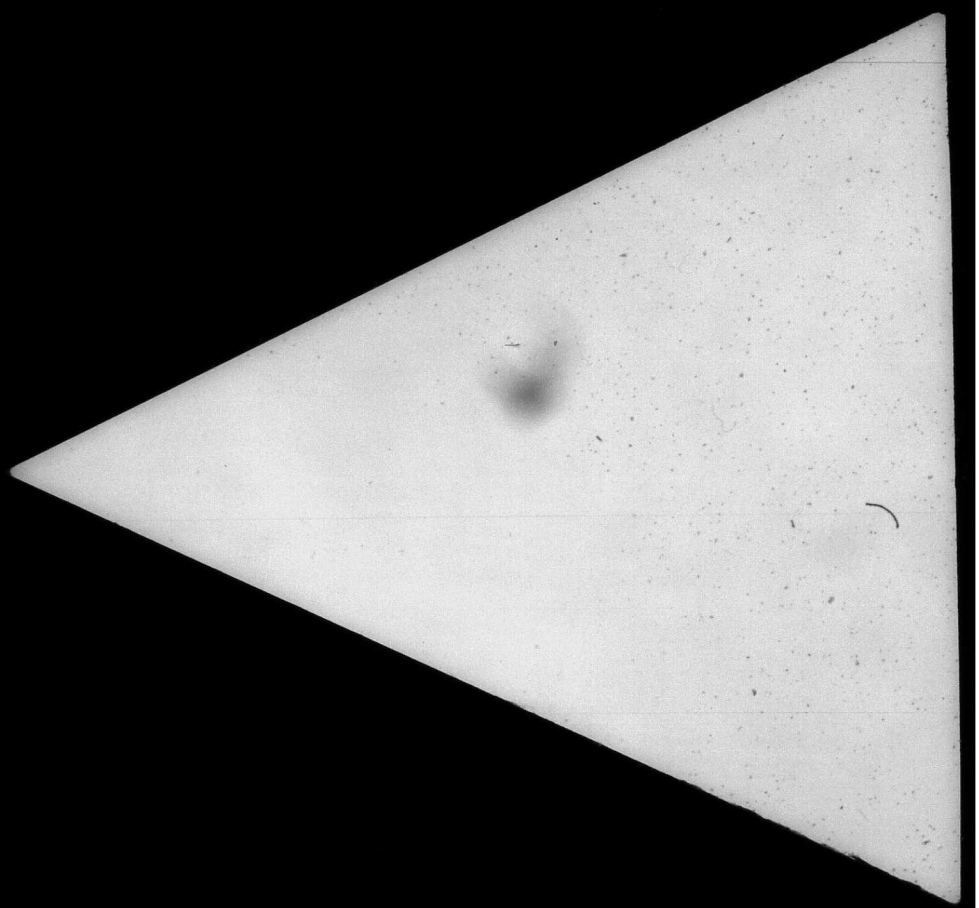
WHEN AND WHERE SURRENDERED? April 25th 1865, Greensboro or High Point (N. C.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. Tilley, J. W. F. Same command- No data.
CB



POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

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

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

_____ [L. S.]

Executed in presence of
_____

Pension Office
10/10-1907

This man was a
S C Soldier was
not a resident of
Ga Jany 1st 1894
only been a Cite
Entitled to this
Pension

J. W. Lindsey
Comm of Pens

Wilson R. W.
De Kalb County
No. 1
Disapproved 10/10/07

INDIGENT PENSION.

190

Name R W Wilson
County De Kalb
Co. E 2 S C 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.

9/28/07

STATE OF GEORGIA,
DeKalb COUNTY.

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

Chronic Cystitis. Chronic Muscular Rheumatism Lumbago. Rupture Inguinal incipient of Emphysema & Lung in any capacity

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

Sworn to and subscribed before me, this the 26 day of Sept 1907

James R George Ordinary

W J Conley md
J T Goss Jr. 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 R W Wilson resides in said County, and has been a bona fide resident of this State since the day of 6 years since 1900 and that the witnesses, viz.: P L Hampton

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

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

I further certify that the tax digest of County shows that applicant returned for taxation in his name in 1901 Nothing Dollars of property, and in 1902 Dollars of property; in 1903 Dollars of property; in 1904 Dollars of property; in 1905 Dollars of property; in 1906 Dollars of property; in 1907 Dollars of property.

Nothing
Horse $25.00
Personal Property

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

Witness my hand and seal of office, this 26 day of Sept 1907

James R George Ordinary.
of DeKalb County.

NOTE.

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

Every Question MUST Be Answered.

STATE OF GEORGIA,
DeKalb COUNTY.

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

1. What is your name and where do you reside? (Give State, County and Postoffice.) R W Wilson DeKalb Co Stone Mountain
2. How long and since when have you been a resident of this State? 6 yrs 1900
3. When and where were you born? June 2nd 1842. South Carolina
4. When and where and in what company and regiment did you enlist or serve? April 11th 1861 Company E 2 South Carolina
5. How long did you remain in such company and regiment? until the latter part 1862 then was transfered to company D. 15 SC Regiment
6. When and where was your company and regiment surrendered and discharged? Appomattox Court House
7. Were you present with your company and regiment when it was surrendered? was not
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? left Oct 19th 1864 was Wounded at the Battle of Cedar Creek Va by Pactor in chg
9. How much can you earn (gross) per annum by your own exertions or labor? $50.00
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty?" Infirmity & Poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third state whether you are totally blind and when and where you lost your sight. My back has give out have Rheumatism in my Legs not able to make a Living at no Kind of work have but little Education
13. What property, real and personal, or income, do you possess, and its gross value? a little Personal Property about $25.00 worth
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same? a little Personal Property none
15. In what County did you reside during those years, and what property did you then return for taxation? DeKalb County a little Personal Property
16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? by what little I could do and My Grand Daughter
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 about $50.00
18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? trying to Farm & rented Land No 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? I have a Wife & Grand Daughter & Step Daughter they have no Property
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? I have
22. How many applications have you ever made and under what class? one Indigent

Sworn to and subscribed before me this the 31 day of July 1907

James R George Ordinary.
of DeKalb County.

R W Wilson
Applicant.

STATE OF GEORGIA,
DeKalb COUNTY.

P L Hampton of said State and County, having been presented as a witness in support of the application of R W Wilson for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside?

2. Are you acquainted with , the applicant; if so, how long have you known him?

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

4. When, where and in what company and regiment did he enlist, and how do you know?

5. Were you a member of the same company and regiment?

6. How long did he perform regular military duty?

7. When and where was his command surrendered?

8. Were you present when it surrendered?

9. Was applicant present?

10. If he was not present, where was he?

When did he leave his command? For what cause?

By what authority he left? How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.)
has no Property. I am his neighbor

12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907,
Nuthing

and what disposition, if any, did he make of same? non had none to dispose of

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
had nuthing to convey

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

15. Is the applicant unable to support himself by labor of any sort; if so, why?
I think not on account of his Physical Condition.

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? what little he did and and by his Step Daughter

17. What portion of his support for these four years was derived from his own labor or income?
about $25.00 per year

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code his Physical Condition is very feabl not able to Make a living

19. Who composes family? What property have they? Children's ages and their earning capacity?
has a wife & Step Daughter
Step Daughter has about $80.00 Personal Property

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

Sworn to and subscribed before me this the 6 day of August 1907

P L Hampton
Witness.

James R George Ordinary.

STATE OF GEORGIA,
Fulton COUNTY.

C. J. Dunlap of said State and County, having been presented as a witness in support of the application of R W Wilson 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? Charles J. Dunlap
Atlanta Ga

2. Are you acquainted with R. W. Wilson, the applicant; if so, how long have you known him? Yes - 46 Years

3. Where does he reside, and how long and since when has he been a resident of this State?
DeKalb Co - for 6 Years

4. When, where and in what company and regiment did he enlist, and how do you know?
1861 in Camden S.C. Co E. 2d S.C. Reg - Was in Same Co & Regt

5. Were you a member of the same company and regiment? Yes -

6. How long did he perform regular military duty? 4 Years.

7. When and where was his command surrendered? Appomattox C.H. Va

8. Were you present when it surrendered? No -

9. Was applicant present? No.

10. If he was not present, where was he? At home in S.C. wounded

When did he leave his command? 19 Oct 1864 For what cause? Wounded

By what authority he left? Surgeon's How do you know all of this?
from my own Knowledge being a member of Same Co & Regt

11. What property, effects or income has the applicant? (Give your means of knowledge.)
None that I Know of

12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907,
Dont Know. moved from S C

and what disposition, if any, did he make of same? Dont Know

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
Had none

14. What is the applicant's occupation and physical condition? Peddler & Farmer Disabled

15. Is the applicant unable to support himself by labor of any sort; if so, why? He cant labor but peddles - chickens & country produce

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
Farming in small way

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 Condition weak & worn out & too old to do manual work

19. Who composes family? What property have they? Children's ages and their earning capacity?
Wife - Step Daughter & Grand Daughter - ages 28 & 11 Years

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

Sworn to and subscribed before me, this the 11 day of July 1907

C J Dunlap
Witness.

John R. Wickerson Ordinary.

I hereby Certify to the Character of the above witness as being good & his statements entitled to full faith & credit John R Wickerson ordinary

19. Who composes family? What property have they? Children's ages and their earning capacity?

Has a wife & Step Daughter
Step Daughter has about $80.00 Personal Property

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

Sworn to and subscribed before me this the 6 day of August 1907

P L Hampton
Witness.

James R George
Ordinary.

19. Who composes family? What property have they?

Wife - Step Daughter & Grand Daughter - ages 28 & 11 years

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

Sworn to and subscribed before me, this the 11 day of July 1907

C. J. Dunlap
Witness.

John R. Wilkinson
Ordinary.

I hereby Certify to the Character of the above witness as being good & his statements entitled to full faith & credit

John R. Wilkinson Ordinary

South Carolina
County of Kershaw

This is to certify that R. W. Wilson, is an ex-confederate Soldier have served in Company E 2nd South Carolina Regiment in the war between the States, and is therefore exemted by law from license fee for peddling:- In testimony whereof I hereto set my hand and Official seal this 27th day of July 1899.

Joel Hough,
Clerk of Court
for Kershaw Co. S.C.

DISAPPROVED

NAME Wilson, R. W. YEAR 1907 COUNTY DeKalb

WHEN AND WHERE BORN? June 21, 1842 - South Carolina
Resident of Georgia since 1900

ENLISTED WHEN AND WHERE? April 11, 1861

RANK.

COMPANY AND REGIMENT? Company E, 2nd South Carolina until latter part of 1862 transferred to Company D, 15th South Carolina Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Wounded at the battle of Cedar Creek, Va. - left command October 19, 1864, wounded, by doctor in charge.

CAPTURED, WHEN AND WHERE?

RELEASED.

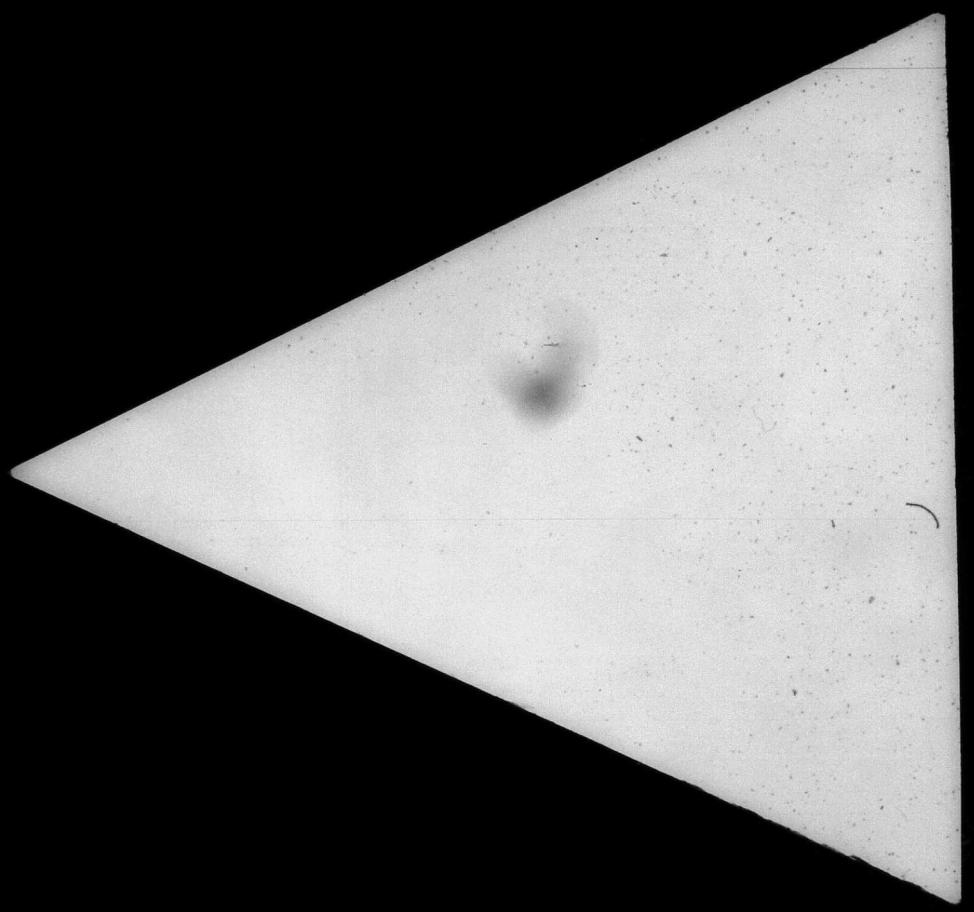
WHEN AND WHERE SURRENDERED? Command: Appomattox Court House, Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Left command October 19, 1864, was wounded at the battle of Cedar Creek, Va., as stated above.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. C. J. Dunlap - same command -- No data.
lw



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,

.....

Widow's Pension

PAID TO

Mrs. Sarah E. Wilson

OF

Dekalb COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Widow Sarah E. Wilson
Dekalb County

1891.

No. 7054

Form No. 5.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

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

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

[L. S.]

Executed in the presence of us:

DIRECTIONS.

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

Wilson, Sarah E.
De Kalb County
1891.
No. 7574
Widows' Pension
—PAID TO—
Mrs Sarah E Wilson
—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. Sarah E. Wilson, who being sworn according to law, says under oath that she is the widow of John Wilson, who was a soldier in the service of the Confederate States, and served as a member of Company B, of the 42d Regiment of Georgia Volunteers; that he enlisted in said service on or about the 4" day of March 1862, and was in the Confederate Army up to 15th March 1863 That while in the Army, he was on the day of March 1863, (See Note No. 1)

He had Pneumonia was sent to a hospital in Vicksburg Miss where he died in 15th March 1863.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 15th day of Dec 1860, and that she has resided in Georgia continuously since the 27 day of Oct 1841; 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 10" day of April 1891.

Sarah E. her X mark Wilson.

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 Gwinnett

In person came before me, the undersigned Ordinary in and for said County, witnesses Wm H Williams, I W Bennett and James P Freeman (of said county) (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Sarah E Wilson of the County of De Kalb, State of Georgia, is the widow of John W Wilson, who was a soldier in Company "B" of the 42 Regiment of Georgia Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 4th day of March 1862. That while in said service, or by reason of said service in the Army, he lost his life as follows: taken sick at Vicksburg & Miss & sent to hospital on the 15th days of March 1863, we were members of his company, his death was reported to his command, and his death entered on the Muster roll of said company, which is now in the hands of W H Williams 1st Lieutenant of said company. ~~they~~ we know of our personal knowledge that the Applicant was the wife of said J W Wilson at the time of his death. and we have every reason to believe from proof that she has not intermarried since said death. J P Freeman State further & in addition to the other witnesses that he wrote a letter to his wife informing her of said John Wilson's death at the time it occurred.

We further swear that Mrs. Sarah E Wilson 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 8th day of May 1891.

James T. Lankin
Ordinary.

W. H. Williams
Asham. W. Bennett
Jame. P. Freeman

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. Sarah E. Wilson, 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, and that she has never intermarried since his death. 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 12th day of May 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. S. E. Wilson 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. W. Wilson 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 January 1894.

SEAL

W. M. Ragsdale. Ordinary.

Form No. 8.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County in said State, do hereby appoint

of my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be 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

Wilson, S. E.
De Kalb County
FOR THOSE HERETOFORE PAID.

1894.

No. 1070

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. S. E. Wilson

—OF—

De Kalb County.

WARRANT ISSUED

1894,

AND HANDED TO

GEO. W. HARRISON, State Printer, Atlanta.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. S E Wilson

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Oct 1841 That she is the Widow of J W. Wilson who was a Soldier in Company B 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 Mar 1863 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 Pneumonia fever and died of the disease while in the siege at Vicksburg Miss on the 15th day of March 1863.)

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860; 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 23d day of Jan 1894.
W M Ragsdale Ordinary.

Sarah E Wilson
Post-office Snap Finger 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. S. E. Wilson the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of John Wilson 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 19th day of Jan 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

Wilson, Sarah E.
De Kalb County
FOR THOSE HERETOFORE PAID

1893.

No. 1046

Widows' Pension,

for year ending February 15th, 1893.

—PAID TO—

Mrs. S. E. Wilson

—OF—

De Kalb County.

Warrant Issued 2/3 1893

AND HANDED TO

Applicant

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. S. E. Wilson the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of John W. Wilson 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. Rogsdale Ordinary.

Form No. 3

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

Know all Men by these Presents, That I, Mrs S. E. Wilson of De Kalb County in said State, do hereby appoint J. W. Wilson 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 22d day of Jan 1895. Sarah E. Wilson [L. S.]

Executed in the presence of us:

J. N. Collier

W. M. Rogsdale

Ordinary

DIRECTIONS.

Send amount by to me at , and oblige

Wilson, Sarah E.
De Kalb Co.
FOR THOSE HERETOFORE PAID.

1895.

No. 1084

WIDOW'S PENSION,

for year ending Febuary 15th, 1895.

—PAID TO—

Mrs. S. E. Wilson

—OF—

De Kalb County.

widow of John W. Wilson

WARRANT ISSUED

Jan 28 1895.

AND HANDED TO

J. M. W.

Geo. W. Harrison, State Printer.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. S. E. Wilson

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Oct 1841 That she is the Widow of John Wilson who was a Soldier in Company B of the 42nd 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 1863 That he lost his life on the 15th day of March 1863 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Contracted Typhoid Pneumonia while in the service at Vicksburg Miss and died there 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 1860; 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 17th day of Jan 1893. W. M. Ragsdale Ordinary.

Sarah E Wilson

Post-office Lithonia Ga

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. Sarah E Wilson

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Oct 27th 1841. That she is the Widow of Jno. E. Wilson who was a Soldier in Company B 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 Mar 1863. That he lost his life on the 15th day of March 1863. (*State here full particulars of the husband's death, when, where and from what cause.*) (

Contracted Pneumonia while in service at Vicksburg Miss where he died on 15th March 1863

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860, 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.

S. E. Wilson

Post-office Lithonia 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. S.E. Wilson 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.W. Wilson 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, Mrs S.E. Wilson hereby authorize J.W. Wilson 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 29th day of Jan 1896. Sarh E Wilson [L.S.]

Executed in the presence of
R.W. Milner
W.M. Ragsdale
Ordinary.

FOR THOSE HERETOFORE PAID.

1896.

No. 911

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO
Mrs. S.E. Wilson
OF
De Kalb County.
widow of J.W. Wilson

WARRANT ISSUED
2/1 1896.

AND HANDED TO
Myer

Geo. W. Harrison, State Printer.

Wilson Sarah (Mrs)
De Kalb Co 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. S.E. Wilson 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.W. Wilson deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 18th day of Jan 1897.

{SEAL} W.M. Ragsdale, Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

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

In Witness Whereof, I have hereunto set my hand and seal, this 18th day of Jan 1897. Sarh E Wilson [L.S.]

Executed in the presence of
F.C. Sappington
W.M. Ragsdale
Ord in 1897

FOR THOSE HERETOFORE PAID.

1897.

No. 2244

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO
Mrs. S.E. Wilson
OF
De Kalb County.
widow of J.W. Wilson

WARRANT ISSUED
2/2 1897.

AND HANDED TO
Ally

RICHARD JOHNSON,
Commissioner of Pensions.

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. S E Wilson,

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 W Wilson who was a Soldier in Company B of the 42d Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of March 186 and served in the Army up to 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.*) (

Had Pneumonia fever and died of the disease while in the siege at Vicksburg Miss. on date 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 1860, 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 day of 1896.
Ordinary.

Sarh E Wilson
Post-office

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs. S E Wilson

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 27th 1841, That she is the Widow of J W Wilson who was a Soldier in Company B of the 42d Regiment of Ga Volunteers, that enlisted in said regiment on or about the month of March 1862 and served in the Army up to March 1863 That he lost his life on the 15th day of March 1863 (*State here full particulars of the husband's death, when, where and from what cause.*)

had Pneumonia while in service and died of the disease at Vicksburg Miss on 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 1860, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 18th day of Jan 1897.
W M Ragsdale, Ordinary.

Sarh E Wilson
Post-office Scaffinger Ga,

Wilson, Sarah E.
DeKalb County

For Those Heretofore Paid

1898.

NO. 2597

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. S. E. Wilson

OF

DeKalb County,

Widow of J. W. Wilson

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/1 1898.

AND HANDED TO

J. W. Wilson

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

State of Georgia, DeKalb **County.**

I, Sarah E. Wilson hereby authorize J. W. Wilson 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 7th day of 1898.

Miss Sarah E. Wilson

Executed in the presence of

S. C. Thompson
[illegible]
Ordinary

Wilson, Sarah E.
DeKalb Co

For Those Heretofore Paid.

1899.

NO. 2554

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. S. E. Wilson

OF

DeKalb County

Widow of J. W. Wilson

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/1 1899.

AND HANDED TO

J. W. Wilson

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

State of Georgia, DeKalb **County.**

I, S. E. Wilson hereby authorize J. W. Wilson 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 9 day of Jan 1899.

Sarah E. Wilson [L. S.]

Executed in presence of

Wm Ragsdale
Ordinary

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb — Personally Comes Mrs. S. E. Wilson

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 27th 1841 That she is the Widow of S. E. Wilson who was a Soldier in Company B of the 42d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 4th 1862 and served in the Army up to March 1864 That he lost his life on the 5th day of March 1864 (*State here full particulars of the husband's death, when, where and from what cause.*)

Died at Vicksburg, Miss. of Pneumonia

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 1860.

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 18th day of Jan 1898. W M Rogsdale Ordinary.

Mrs Sarah E Wilson

Post-Office Snapfinger

State of Georgia, De Kalb County.

I Ordinary of said County, certify that I am well acquainted with Mrs. Sarah E. Wilson 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 18th day of Jan 1898.

W M Rogsdale

Official Seal.

Ordinary of DeKalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb — Personally Comes Mrs. S. E. Wilson

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 27th 1841 That she is the Widow of J. W. Wilson who was a soldier in Company B of the 42d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Mar 1862 and served in the Army up to Mar 1864 That he lost his life on the 15th day of Mar 1864 (*State here full particulars of the husband's death, when, where and from what cause.*)

Had Pneumonia and Died at Vicksburg Miss.

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 1860.

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

Sworn to and subscribed before me, this 9th day of Jan 1899. W M Rogsdale Ordinary.

Sarah E Wilson

Post-Office Snapfinger Ga.

State of Georgia, De Kalb County.

I W M Rogsdale, Ordinary of said County, certify that I am well acquainted with Mrs. S. E. Wilson who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 27 day of Oct 1841

Given under my official signature and seal this the 9th day of Jan 1899.

W M Rogsdale

Official Seal.

Ordinary of De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, S. E. Wilson hereby authorize J. W. Wilson
of

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

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15
day of [illegible] 1900.

Sarh E Wilson [L. S.]

Executed in presence of

J. R. Johnson
W. M. Ragsdale
Ordinary.

Wilson, Sarah E.
DeKalb County

To Those Heretofore Paid.

1900.

No. 508

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO
Mrs. S. E. Wilson
OF
DeKalb County,
Widow of J. W. Wilson

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Feby 12 1900,
AND HANDED TO
[illegible]

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, Mrs S. E. Wilson hereby authorize
J. W. Wilson 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 11"
day of Jan 1901.

Sarh E Wilson [L. S.]

Executed in presence of

W. M. Ragsdale
Ordinary.

Wilson, Sarah E.
DeKalb Co

To Those Heretofore Paid.

1901.

No. 508

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. S. E. Wilson
OF
DeKalb County.
Widow of J. W. Wilson

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
Jan 21 1901,
AND HANDED TO
[illegible]

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. S.E. Wilson

who, being sworn, says on oath, that she is a bona fide resident of said county of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 27th 1841. That she is the Widow of J.W. Wilson who was a soldier in Company B of the 42d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 186[illegible] and served in the Army up to [illegible] 1864 That he lost his life on the 15th day of [illegible] 1864 (*State here particulars of the husband's death, when, where and from what cause*) Had Pneumonia and died at Vicksburg Miss

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 1860.

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 18th day of Jan 1900. W.M. Ragsdale Ordinary. } Sarah E Wilson Post Office [illegible]

State of Georgia, DeKalb County. } I W.M. Ragsdale, Ordinary of said County, certify that I am well acquainted with Mrs. S.E. Wilson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 27 day of Oct 1841

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

Official Seal.

W.M. Ragsdale
Ordinary of DeKalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } Personally Comes Mrs. S.E. Wilson

who, being sworn, says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 27th 1841. That she is the Widow of J.W. Wilson who was a soldier in Company B 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 March 1864 That he lost his life on the 15th day of March 1864 (*State here particulars of the husband's death, when, where and from what cause*) Had Pneumonia and died at Vicksburg Miss

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 1860

I have been allowed a pension as a resident of DeKalb 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 12th day of Jan 1901. W.M. Ragsdale Ordinary. } Sarah E Wilson Post Office Snapfinger

State of Georgia, DeKalb County. } I W.M. Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. S.E. Wilson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 27 day of Oct 1841

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

Official Seal.

W.M. Ragsdale
Ordinary of DeKalb County.

STATE OF GEORGIA,
DeKalb County.

I, Mrs L E Wilson, hereby authorize
J W Wilson 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 18
day of Jan 1902.

Mrs L E Wilson [L. S.]

Executed in presence of
W M Ragsdale
Ordinary.

To Those Heretofore Paid.

1902.

No. 500

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs L E Wilson
OF
DeKalb County,
Widow of J W Wilson
Co. B Regiment 42nd

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/31 1902
AND HANDED TO
J W Wilson

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

STATE OF GEORGIA,
DeKalb County.

I, Mrs L E Wilson, hereby authorize
J W Wilson 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 10
day of Jan 1903.

L E Wilson [L. S.]

Executed in presence of
W. C. Robinson
Wm Ragsdale
Ordinary.

Wilson, J. E. (Mrs.)
DeKalb County

To Those Heretofore Paid.

1903.

No. 1604

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. L. E. Wilson
OF
DeKalb County,
Widow of J. W. Wilson
Co. B Regiment 42nd

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
2/3 1903.
AND HANDED TO
J W Wilson

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally comes Mrs. S. E. Wilson

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 27th 1841. That she is the Widow of J. M. Wilson who was a soldier in Company B of the 42d Regiment of Mar 4th Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to Mar 1864. That he lost his life on the 15th day of March 1864 (State here particulars of the husband's death, when, where and from what cause) Had Pneumonia and died at Vicksburg Miss.

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 1860.

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. M. M. Reynolds, Ordinary. } Sarh E Wilson Post-Office

State of Georgia, De Kalb County. } I, M. M. Reynolds Ordinary of said County, certify that I am well acquainted with Mrs. S. E. Wilson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 27th day of Oct 1841.

Given under my official signature and seal, this the 15 day of Jan 1902. M. M. Reynolds Ordinary of De Kalb County.

{Official Seal.}

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally comes Mrs. S. E. Wilson

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 27th 1841. That she is the Widow of J. M. Wilson who was a soldier in Company B of the 42d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Mar 4th 1862, and served in the Army up to Mar 1864. That he lost his life on the 15 day of Mar 1864 (State here particulars of the husband's death, when, where and from what cause) Had Pneumonia and died at Vicksburg Miss.

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 1860.

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

Sworn to and subscribed before me, this 10 day of Jan 1903. W. M. Reynolds, Ordinary. } S E Wilson Post-Office Decatur

State of Georgia, De Kalb County. } I, W. M. Reynolds Ordinary of said County, certify that I am well acquainted with Mrs. S. E. Wilson, who made the above affidavit and am satisfied that the facts therein stated are true and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 27 day of Oct 1841.

Given under my official signature and seal, this the 10 day of Jan 1903.

{Official Seal.}

Ordinary of [illegible] 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 De Kalb | Personally comes Mrs. S. E. Wilson

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has resided in said State continuously ever since Oct 27th 1841. That she is the Widow of J.W. Wilson who was a soldier in Company B of the 42d Regiment of Mar 4th Volunteers, that he enlisted in said regiment on or about the month of 1862, and served in the Army up to Mar 1864. That he lost his life on the 15 day of March 1864 (State here particulars of the husband's death, when, where and from what cause) Had Pneumonia and died at Vicksburg Miss.

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 1860.

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. | Sarh E Wilson

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. S.E. Wilson, 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 27th day of Oct 1841.

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. S. E. Wilson

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has resided in said State continuously ever since Oct 27th 1841. That she is the Widow of J.W. Wilson who was a soldier in Company B of the 42d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Mar 4th 1862, and served in the Army up to Mar 1864. That he lost his life on the 15 day of Mar 1864 (State here particulars of the husband's death, when, where and from what cause) Had Pneumonia and died at Vicksburg Missi

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 1860.

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

Sworn to and subscribed before me, this 10 day of Jan 1903. | S E Wilson

W.M. Rogsdale, Ordinary. | Post-Office Decatur

State of Georgia, De Kalb County. | I, W.M. Rogsdale Ordinary of said County, certify that I am well acquainted with Mrs. S.E. Wilson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 27 day of Oct 1841.

Given under my official signature and seal, this the 10 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, S. E. Wilson hereby authorize J. W. Wilson 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 January 1904.

Sarah E Wilson [L. S.]

Executed in presence of
James R George
Ordinary

Wilson S. E. (mrs)
Dekalb County

TO THOSE HERETOFORE PAID.

1904.

No. 222

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO Mrs. S. E. Wilson OF Dekalb County, Widow of J. W. Wilson Co. B Regiment 42 Ga

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/25 1904,

AND HANDED TO [redacted]

Geo. W. Harrison, State Printer, Atlanta.

Wm. Wilson

STATE OF GEORGIA,
Dekalb COUNTY.

I, S. E. Wilson hereby authorize J. W. Wilson of Dekalb Co to receive and receipt for the pension paid hereon, and request that he remit same to S. E. Wilson at Decatur Ga

In Witness Whereof, I have hereunto set my hand and seal, this 16 day of January 1905.

S. E. Wilson [L. S.]

Executed in presence of
James R George
Ordinary

Wilson S. E. (mrs)
Dekalb County

To Those Heretofore Paid.

1905.

No. 230

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs. S. E. Wilson OF Dekalb County, Widow of J. W. Wilson Co. B Regiment 42 Ga

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/23 1905.

AND HANDED TO J. W. Wilson

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. S. E. Wilson

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 27, 1841. That she is the Widow of J. W. Wilson who was a soldier in Company B of the 42 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 186 2, and served in the Army up to Mch 1864. That he lost his life on the 15 day of Mch 1864 (*State here particulars of the husband's death, when, where and from what cause.*) Had Pneumonia 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 1860

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

Sworn to and subscribed before me, this 16 day of Jany 1904. James R. George Ordinary. } S E Wilson Post Office Decatur Ga

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. S. E. Wilson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 27 day of Oct 1841

Given under my official signature and seal, this the 16 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.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. S. E. Wilson

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since That she is the Widow of Jno Wilson who was a soldier in Company B of the 42 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Mch 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 in Vicksburg Miss hospital Mch. 1863.

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

I have been paid a pension as a resident of 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. } S E Wilson Post-Office Decatur Ga

State of Georgia, DeKalb County. } I, James R. George Ordinary of said County, certify that I am well acquainted with Mrs. S. E. Wilson, 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.

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.

STATE OF GEORGIA,

Dekalb COUNTY.

I, S. E. Wilson, hereby authorize

J. W. Wilson of Dekalb County

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

Mrs S. E. Wilson at Decatur Ga

In Witness Whereof, I have hereunto set my hand and seal, this 3rd

day of January 1906.

X S E Wilson [L. S.]

Executed in presence of

James R George

Ordinary

To Those Heretofore Paid.

1906.

No. 213

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. S. E. Wilson

OF

Dekalb County,

Widow of J. W. Wilson

Co. [illegible] Regiment 42 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/22, 1906,

AND HANDED TO

[illegible]

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

Wilson, S. E. (Mrs)
Dekalb County

STATE OF GEORGIA,

DeKALB COUNTY.

I, Mrs S E Wilson hereby authorize

J W Wilson

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

Mrs S E Wilson at Decatur Ga 14

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

day of January 1907.

S E Wilson [L. S.]

Executed in presence of

James R George

Ordinary

Wilson, S. E. (Mrs)
DeKalb County

To Those Heretofore Paid.

1907.

No. 201

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. S. E. Wilson

OF

DeKALB. County,

Widow of J. W. Wilson

Co. B Regiment 42 Ga Inf

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/31, 1907,

AND HANDED TO

[illegible]

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. S E Wilson

who, being sworn, says on oath that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct. 27, 1841. That she is the Widow of Jno Wilson who was a soldier in Company B of the 42 Georgia Regiment of Volunteers, that he enlisted in said regiment on or about the month of March 186 2, and served in the Army up to March 186 4. That he lost his life on the 15th day of March 1863 (*State here particulars of the husband's death, when, where and from what cause.*) Died in hospital Vicksburg Miss.

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

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

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

× S E. Wilson

Post Office Decatur Ga

State of Georgia, DeKalb County. } I James R George Ordinary of said County, certify that I am well acquainted with Mrs S E. Wilson, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be and that she has continuously resided in this State since the 27 day of October 1841

Given under my official signature and seal, this the 3 day of Janu 1906.

Official Seal

James R George
Ordinary of DeKalb County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKALB. } PERSONALLY COMES MRS. S E Wilson

who, being sworn says on oath, that she is a bona fide resident of said County of DeKALB. State of Georgia, and that she has RESIDED in said State continuously ever since. That she is the Widow of Jno Wilson who was a soldier in Company B of the 42nd Ga Regiment of Volounteers, that he enlisted in said regiment on or about the month of March 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 in Vicksburg Miss. hospital, March, 1863

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

I have been paid a pension as a resident of 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 9 day of Janu 1907. James R George Ordinary.

S E Wilson

Post Office

State of Georgia, DeKALB. County. } I James R George Ordinary of said County, certify that I am well acquainted with Mrs. S E Wilson, 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 9 day of Janu 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.

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

Wilson, S. E. (Mrs.)
DeKalb Co.

~~1922~~ 1923

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

James R George Ordinary

For Mrs. S. E. Wilson

of James R George County

Old ~~or Nice~~ Class 1

Died March 27 1923

Amount $142.50 100

Approved and ordered paid.

[signature] 1923

[signature]
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.

PHONE DECATUR 0098 — NIGHT AND SUNDAY CALLS DECATUR 0099

A. S. TURNER

FUNERAL DIRECTORS AND EMBALMERS

DECATUR, GEORGIA

July 28, 1923.

Mr J.W.Wilson,
R.F.D.#1
Decatur, Ga.

March 27, 1923.

TO	Casket	$95.00
	Embalming	20.00
"	Dress	15.00
"	Funeral Notice	2.00
"	Hearse Service	10.00
"	1 pr Gloves	.50
		$142.50

Funeral Services for Mrs S.E.Wilson

Georgia, DeKalb County,

Personally appeared before me, A.S.Turner, who beimg sworn says on oath:That the above Funeral Account of Mrs S.E.Wilson, is just, true, due and remains unpaid.

Sworn to and subscribed before me this the 28th day of July, 1923.

A S Turner

Ruby Johnston
Notary Public, State at Large, Decatur, Ga
My Commission Expires Nov. 10, 1925

(Under the Act of August 18, 1894)

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 S.E. Wilson 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 27 day of March 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 $142.50 per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me this 28 day of July 1923

James R George Ordinary
DeKalb County.

J W Wilson

AFFIDAVIT OF ORDINARY

GEORGIA DeKalb County.

I, James R George Ordinary of said County, do certify that I personally know Jno. Wilson, 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 S.E. Wilson while in life and that this was the same person whose name appears on the old Pension Roll of DeKalb County, and was paid Pension of One Hundred ($100.00) Dollars in said County for 1922, 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.

separate sets of this voucher and bills—one set to be filed in the Pension Office with the pension papers of each year.

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

_____

Wilson, W. F.
Dekalb Co.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

In Roll No. 78 Dekalb Co 1906

INDIGENT
SOLDIER'S PENSION
1907.

Name W. F. Wilson
County Dekalb
Co. F. Regiment 42 Ga

WARRANT ISSUED
1/21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

State of Georgia,

DeKalb **County.**

Personally appears W. F. Wilson 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 F, of 47th Regiment of Ga Vols; that his physical condition is as follows:

Infirmity & Poverty

that his property consists of the following items: ____

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

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

Sworn to and subscribed before me, this the 14th day of Jany 1907.

James R. George Ordinary.

W. F. (his mark) Wilson

State of Georgia,

DeKalb **County.**

I, James R. George Ordinary of said County, do certify that I am well acquainted with W. F. Wilson 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 Jany, 1907.

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, 1907.

Ordinary ____ County.

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

GEORGIA, Rockdale County.

I, the undersigned, do certify that W F wilson

now Indigent Pensioner of this county, is on the Pension roll and draws a pension of 60 00 Dollars for 1906. The bearer is the same man of F Company 42 Regiment, who enlisted on — day of —

186—, and was discharged on the — day of — 186—, was granted a pension $ 60 00 for 1907.

Proven by _____ as witnesses.

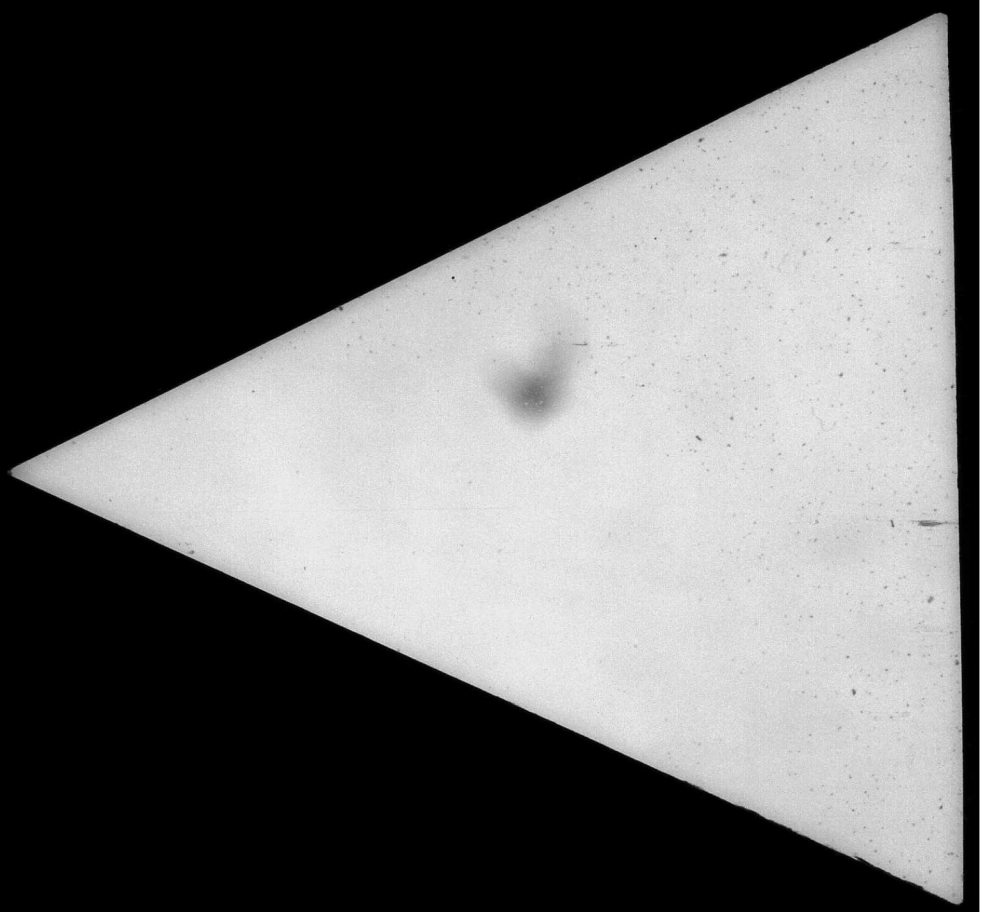
Given under my hand and official seal this

the 12 day of Jan 1907

E F Cook

Ordinary's L. S.

(SEAL)



Wingate 1926 O.A. E
Approved for 4 Dr.

CONFEDERATE
SOLDIER'S APPLICATION

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

County DeKalb
Name P. A. Wingate
Company X
Regiment X
Approved John W. Clark 13 Oct. 26.

[redacted]
Commissioner of Pensions.

9-16-26 E

Ordinary's Certificate

STATE OF GEORGIA,
DeKalb. COUNTY.

I, V. S. Morgan, Ordinary of said County, certify that I know P. A. Wingate the applicant for pension; that he is the person he represents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know ——, the witness, who swears to the service; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 15 day of Sept 1926

V. S. Morgan Ordinary

(SEAL OF ORDINARY.) of DeKalb. County

Instructions:

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

1926 D. A. E

Wing[illegible]

Approved [illegible]

CONFEDERATE SOLDIER'S APPLICATION

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

County DeKalb

Name P. A. Wingate

Company X

Regiment X

Approved John W. Clark 13 Oct. 26.

~~[illegible]~~ Commissioner of Pensions.

9-16-26 E

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. S. Morgan, Ordinary of said County, certify that I know P. A. Wingate the applicant for pension; that he is the person he represents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know ——, the witness, who swears to the service; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 15 day of Sept 1926

V. S. Morgan Ordinary

(SEAL OF ORDINARY.) of DeKalb County

Instructions:

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

APPLICATION FOR PENSION BY A SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DeKalb COUNTY.

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

1. What is your name and where do you reside? (Give County and Post Office) 1258, E. Fair St. Atlanta, DeKalb, Co., Ga. P. A. Wingate.

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Since I was four (4) years old, (89 years in Georgia.)

3. Did you enlist in the Army of the Confederate States, or in the organized militia, of this State from 1861 to 1865? About the month og January, 1963. Army Confederate States

4. When and where, and in what Company and Regiment did you enlist? (State the arm and class of service, and give name of Colonel and Captain.) Macon, Ga. Do not remember the Co. and Regt., but enlisted in Infantry, Do not remember name of Capt.

5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge.) Seven or eight months

6. When and where was your Company and Regiment surrendered or discharged from the Service? I do not know. Was home on furlough. (See Certificate)

7. Were you personally present with your Command when it was surrendered or discharged? I was not

8. If you were not actually present, state specifically and clearly where you were Home on furlough (See Certificate)

a. Where was your Command when you left it? In Macon, as I remember, but had been ordered to Savannah, and on the way to Savannah, I had to fall out.

b. When did you leave the Command? In the ~~fall~~ summer of 1863

c. For what cause did you leave? On furlough (Sickness) (See Certificate)

d. By whose authority did you leave? The Captain and enrolling officer

e. For how long was your leave of absence granted? In what way? One month. On account of rheumatism. Then Returned and given Certificate

f. Why did you not return to your Command after leave expired? I was too feeble

g. In what way were you prevented? Rheumatism and feebleness

h. What effort did you make to return? None, because of the fact that I was unable.

i. Were you captured by the enemy at any time? No

j. If so, when, and where? In what prison were you held and when were you released? Never in prison

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

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

Sworn to and subscribed before me, this the 15th day of September, 1926.

V. S. Morgan, Ordinary of DeKalb County

(SEAL OF ORDINARY.)

His P. A. X Wingate mark Applicant.

2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
4. Fill out the back of the application carefully.

of _____ County.

(SEAL OF ORDINARY.)

AFFIDAVIT

Affiant's Affidavit to having seen the discharge of applicant,

State of Georgia,)
DeKalb County,) ss.
City of Atlanta Ga)

Mrs.G.T.Blackmon, being first duly sworn, deposes and says that she is the daughter of the said Peter A. Wingate, the applicant for a Confederate Veterans pension, for services performed as Confederate Soldier in the Civil war between the states.

I Mrs.G.T.Blackmon do declare on oath that I have seen the Honerable discharge of Mr.Peter A. Wingate, from the confederate Army, I as affiant, in this affidavit declare that the said applicant Peter A.Wingate did hold and keep the Honerable discharge until it was filed with the Hon.James R.George Ordinary of DeKalb County Ga. for the purpose of approveable and consideration for a pension,

I further declare that my fathers discharge has never been returned to him, and pray and ask that some consideration be given him in this matter in his old age.

(Signed) Mrs G.T. Blackmon
Affiant,

Subscribed and sworn to before mecthis the 20 June A.D.
Notary Public,

For-- DeKalb County Ga.
For-- State at large

My commission expires June 21 1929 A.D.

City of Atlanta Ga)

Mrs.G.T.Blackmon, being first duly sworn, deposes and says that she is the daughter of the said Peter A. Wingate, the applicant for a Confederate Veterans pension, for services performed as Confederate Soldier in the Civil war between the states.

I Mrs.G.T.Blackmon do declare on oath that I have seen the Honerable discharge of Mr.Peter A. Wingate, from the confederate Army, I as affiant, in this affidavit declare that the said applicant Peter A.Wingate did hold and keep the Honerable discharge until it was filed with the Hon.James R.George Ordinary of DeKalb County Ga. for the purpose of approveable and consideration for a pension,

I further declare that my fathers discharge has never been returned to him, and pray and ask that some consideration be given him in this matter in his old age.

(Signed) Mrs G.T. Blackmon
Affiant,

Subscribed and sworn to before mecthis the _____ A.D.
Notary Public,

For-- DeKalb County Ga.
For-- State at large

My commission expires June 21 1929 A.D.

LIGHT PRINT OR BAD COPY *

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

Macon, Ga., May 27th 1863

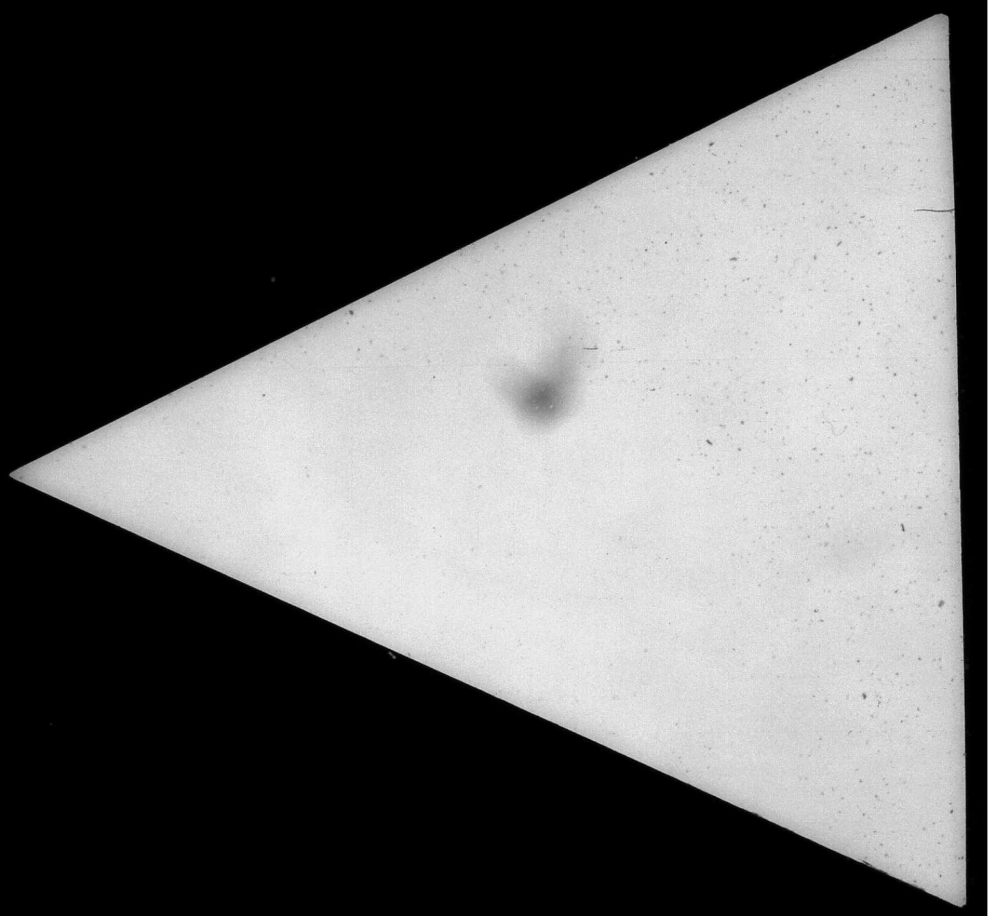
Mr. P. A Ringate of Jones

County, State of Georgia, has appeared before me with a suitable and reliable Certificate from a Surgeon of the Confederate States of America, and I therefore exempt him from Military duty under the late Conscription law passed by the Confederate Congress.

J. H. Brantley Capt

and Enrolling Officer 3d and 4th Congressional Districts, Ga.

(Permanent)



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 the presence of

_____

Winters, William A. - DeKalb Co.
Dec approved
11/21-1904
No. _____

INDIGENT PENSION.
1903.

Name W. A. Winters
County DeKalb
Co. 42 Ga Regt.
Approved _____ 1903.

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.

Pension Office
11/21-1904
Pension mined
U.S. Stores this
men dissolved
by lasting oath
of allegiance at
18-18 Ga. & was
released from Prison
not entitled
J. W. Lindsey
Cons of Pens

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 the presence of

_____

Claim No. 42
11-24-1904
Pension Issued
Mar 5 1904
Vouchers Received
Mar 5 1904
Expiration of
Certificate
Mar 5 1906
Relation Pension
Record Book
Not Published
D. M. Lindsay
Comr of Pensions

Dec'd Pensioned
11-24-1904
No. _____

INDIGENT PENSION. 1903.

Name W. A. Winters
County Dekalb
Co. A 42 Ga Regt.
Approved _____ 1903.

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.

Winters, William A. - DeKalb Co.

Every Question MUST be Answered.

STATE OF GEORGIA,

Dekalb County.

William A Winters 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)
William A Winters Georgia Dekalb County Clarkston P.O.
2. How long and since when have you been a resident of this State? fifty two yrs or since 1852
3. When and where were you born? June 17 1834 in Guilford County North Carolina
4. When and where and in what company, and regiment did you enlist or serve? When the 42 Ga Regiment was organized in 1862 at Atlanta Fulton County Ga Company F 42 Ga Regiment Infantry
5. How long did you remain in such company and regiment? about Two & one half Years
6. When and where was your company and regiment surrendered and discharged? Can not answer
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? Near Greensborough Ga on detail with Wagon Guard and was cut off by Cavalry Command by the Federals and captured & Paroled
9. How much can you earn (gross) per annum by your own exertions or labor? about Thirty dollars
10. What has been your occupation since 1865? Laborer & Brick Mason
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"? Second Ground
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I am Disabled & Incapacitated for Manual Labor I have not earned a Support in For 3 years I Suffer with Hip sack & Lower limbs and have Heart Trouble
13. What property, real and personal, or income, do you posses, and its gross value? about Forty dollars of personal property No real Estate
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? None except that upon mentioned
15. In what County did you reside during those years, and what property did you then return for taxation? In Dekalb County Georgia personal property
16. How were you supported during the years 1899, 1900, 1901 and 1902? I and Family Manag Going to the Fur Work that I Collected along
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 per annum I contributed 30 dollars
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? Laying Brick About Twenty five dollars per annum
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? Wife & Two Children My wife Supports herself No Homestead or other property Wife 76 years Children ages Six & Two Not employed
20. Are you receiving any pension? If so, what amount and for what disability? I am not
21. Have you ever made an application for pension before? I have not
22. How many applications have you ever made and under what class? None

Sworn to and subscribed before me this the 25 day of August 1904

James R Georgs Ordinary, of Dekalb County.

W. A Winters Applicant.

Give number of Regiment

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Dekalb COUNTY.

_____ of said State and County, having been presented as a witness in support of the application of William A Winters for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W H Trimble Decatur DeKalb County Georgia
2. Are you acquainted with William A Winters, the applicant; if so, how long have you known him? About eleven years
3. Where does he reside, and how long and since when has he been a resident of this State? He resides at Clarkston Dekalb County Georgia
4. When, where and in what company and regiment did he enlist, and how do you know? dont know
5. Were you a member of the same company and regiment? no
6. How long did he perform regular military duty? dont know
7. When and where was his command surrendered? dont know
8. Were you present when it surrendered? no
9. Was applicant present? dont know
10. If he was not present, where was he? dont know

When did he leave his command? dont know For what cause? dont know

By what authority he left? dont know How do you know all of this? dont know

11. What property, effects or income has the applicant? (Give your means of knowledge.) None I have lived neighbor to him over ten years and have been to his house often
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 has had no property since I have known him
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? He has had no property to convey
14. What is the applicant's occupation and physical condition? The applicant has done no work to amount to anything in two years to my knowledge on account of age & infirmity
15. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable on account of age & infirmity
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? I dont know but I am informed that he is in debt for provisions
17. What portion of his support for these four years was derived from his own labor or income? Very little from labor and none from income
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? The applicant has Gastric dispepsy which brings on heart trouble also suffers with Rheumatism
19. Who composes family? What property have they? Children's age and their earning capacity? Wife & Two Children age Six & Two earn nothing
20. What interest have you in the recovery of a pension by this applicant? no interest

Sworn to and subscribed before me, this the 20 day of August 1904

W.H. Trimble
Witness.

James R George Ordinary.

STATE OF GEORGIA,
_____ COUNTY.

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

Has Chronic Gastritis and Chronic Synovitis of Right Shoulder and Hip Joints Caus by Rheumatism. Has Chronic Cystitis and Arteriosclerosis also general Debility preventing his making his own living.

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

H M Smith M.D.
L. S. Smith M.D.

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

James R George Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb COUNTY.

I, _____ Ordinary, in and for said County, hereby certify that the applicant _____ resides in said County, and has been a bona fide resident of this State since the _____ day of _____ 189__ and that the witnesses, viz.: _____

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

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

I further certify that the tax digest of _____ County show that applicant returned for taxation in his name in 1899 _____ Dollars of property, and in 1900 _____ Dollars of property, in 1901 _____ Dollars of property, in 1902 _____ Dollars of property.

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

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

_____ Ordinary,
of _____ County.

NOTE.

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

STATE OF GEORGIA,

Fulton COUNTY.

I, B. J. Herndon of said State and County, having been presented as a witness in support of the application of N. A. Winters for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? B. J. Herndon #177 Magnolia St Atlanta Ga.

2. Are you acquainted with N. A. Winters, the applicant; if so, how long have you known him? Forty years

3. Where does he reside, and how long and since when has he been a resident of this State? Clarkston Ga. Since 1852

4. When, where and in what company and regiment did he enlist, and how do you know? Co. I. 42nd Ga Rgt. In Atlanta Ga

5. Were you a member of the same company and regiment? Yes

6. How long did he perform regular military duty? Two years and half

7. When and where was his command surrendered? On April 26" 1865 At High Point, N. C.

8. Were you present when it surrendered? I was.

9. Was applicant present? No

10. If he was not present, where was he? In Prison

When did he leave his command? Aug 1864 For what cause? Was Captured

By what authority he left? Against his Will a prisoner How do you know all of this? Was in the same Co at the time this detail was Captured.

11. What property, effects or income has the applicant? (Give your means of knowledge.) I do not know

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?

15. Is the applicant unable to support himself by labor of any sort, if so, why?

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? No Intrest

Sworn to and subscribed before me, this the 14 day of Sept 1908.

B J Herndon Witness.

John R Wilkinson Ordinary.

Fulton County, Ga

I certify to the character of Mr. B J Herndon his statement is entitled to full credit & belief. John R Wilkinson Ordinary

DISAPPROVED

NAME Winters William A. YEAR 1904 COUNTY DeKalb

WHEN AND WHERE BORN? January 19, 1834 - Guilford County, North Carolina, Resident of Georgia since 1852.

ENLISTED WHEN AND WHERE? 1862 - Atlanta, Fulton County, Georgia

RANK.

COMPANY AND REGIMENT? Company I, 42nd Georgia Regt. Inf.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? Near Jonesboro, Georgia while on detail with Provost Guard. (Witness states applicant was captured August 1864.

RELEASED. Remained a prisoner until close of war.

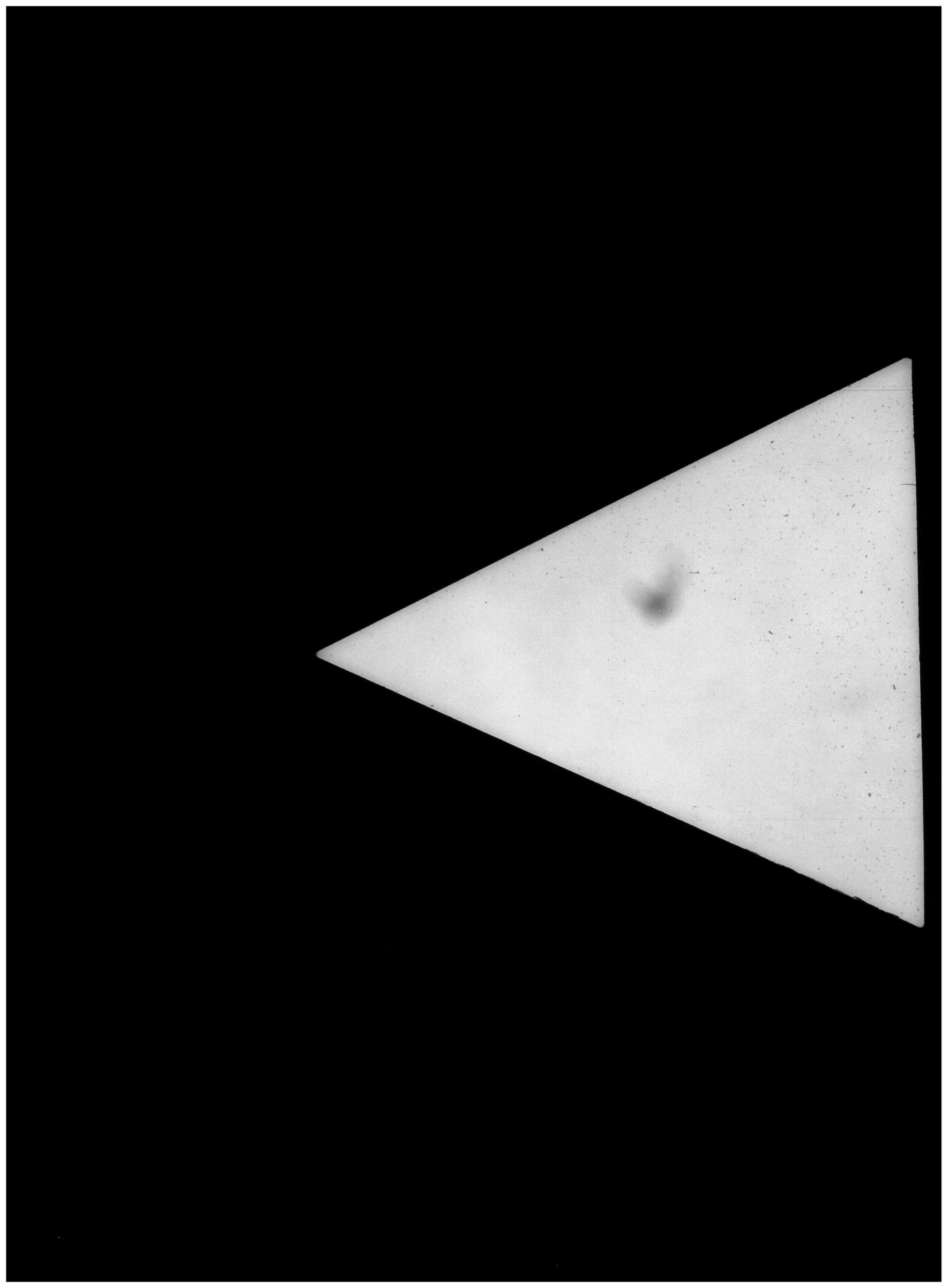
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In prison

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. B. J. Herndon - Same command - - No data.



Wood, Mary M
DeKalb Co
C.R. Jan 1911
21 No.

Widow's Pension

UNDER ACT 1910.

County. DeKalb

Name. Mrs. M.M. Wood

Widow of J.W. Wood

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

8/30/10

STATE OF GEORGIA,
DeKalb County.

Personally before me comes Mrs M M Wood 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 M Wood DeKalb County Ga
2. How long and since when have you been a continuing resident in the State of Georgia? 62 years Dec 5th 1848
3. When, where and to whom were you married? Jay 26th 1868 Hamilton Ga W. Wood
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.) Confederate States July 1862 Atlanta Ga Company A-9 Ga artilery
5. When and where did the Commands of your husband surrender or discharge from the army? April 9th 1865 Appomattox Va
6. Was your husband personally present at the time of the surrender or discharge of this Command? My understanding He was in Prison
7. If he was not present state clearly where he was? My understanding was
8. Where was his Command when he left? Surrender
   a. For what cause did he leave his command? War was over
   b. By whose authority did he leave his Command? Surrender
   c. For how long was he granted leave of absence? —
   e. What was his physical condition when he left iis Command? —
   f. What effort did he make to return to his command?. —
   g. In what way was he prevented from going back to Command? Surrender
   h. Was he captured by the enemy at any time? was not
   i. If so, when and where captured and where held as a prisoner, and when and for what cause released? —
   j. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? Augt 3rd 1894 Clarkston Ga - we were DeKalb Co
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) one Lot At East End DeKalb County and One three Room House and one five Room House on said Lot. House and Lot Sold for $2500.00 Total Val $1025.00
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.) Have Sold none
11. What property of any description of any value have you now? one Lot Give list and cash value? one three Room House one 5-Room House $1000.00
12. What are your annual earnings or income and their value? I receive from rent of one House $10.00 per month
13. Have you heretofore been paid a pension by the State? I have not If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the 29th day of August 1910

James R George Ordinary of DeKalb County.

Mrs M M Wood Her Mark

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes W S Mitchell who after being duly sworn true answers to make, to the following questions, answers as follows:

Widow's Pension
UNDER ACT 1910.

County DeKalb

Name Mrs. W.M. Wood

Widow of C.W. Wood

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer

Woods, Mary M
DeKalb Co
Ga
2/
Co. Pen 1911
No.

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? How do you know? F W Wood Was living Then Mary M Bass

5. How long and since when did you know her husband? F W Wood 48 years till his Death from 1862.

6. When, where and in what Company and Regiment did F W Wood enlist? July 1862 Atlanta Ga Company A 9 Ga artillery Cobbs Battalion

7. Were you a member of the same Company? I Was

8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? July 1862 to 1865 April

9. When, and where did his Command, surrender, and was discharged? April 9 1865 Appomattox C H Va

10. Were you personally present when it was surrendered? I was If not where were you Present and how came you there? —

11. Was the husband of applicant personally present at surrender? No If not where was he? Prisnor when, where and for what cause did he leave Command? (Give date.) Prisnor By whose authority did he leave his Command? Prisnor and how long was he granted leave? — How do you know all this? Present Do you state if of your own personal knowledge? (State all you know fully, and how you know it.)

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

13. What effort did he make to return to his Command and how do you know this? Of you own knowledge or how? Prisnor mutual close of war and Rules of my own knowledge

Sworn to and subscribed before me this the 23 day of August 1910

W S Mitchell Mark.

James R George Ordinary.

of DeKalb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

DeKalb County.

Personally before me comes J E Kibler & J E Shumate who on oath says that they are freeholders of said County and that they know Mrs M M Wood 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	$ 25.00
Notes and accounts due	$ —
Total	$ 25.00

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:

2 Acres of land worth one 3 Room House & Room	$ 1000.00
Horses and Mules	$ —
Cows and Hogs	$ —
Other property	$ —
income and earnings $10 per month Rent	$ 120.00 Per Year
Total Value of all property and effects	$ 1145.00

Sworn and subscribed before me this the 23 day of August 1910

F E Kibler

J E Shumate

James R George Ordinary.

of DeKalb County.

DeKalb County.

I James R George Ordinary of said County do certify that, I know Mrs. 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 also know W S Mitchell the witness who swears to the service of husband, and J E Kibler J E Shumate 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 $1000.00 Returned for Tax is for 1908 $1000.00 1909 $1000.00 for 1910 $825.00

Sworn under my hand and official seal of office this 25th day of August 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." 4

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.

City

MARRIAGE LICENSE

OF Thos W Wood

AND Mary M Bass

ISSUED Jany 27 1868

RECORDED ON PAGE

BOOK OF MARRIAGE LICENSES.

ORDINARY.

I J. E. C. Williams Ordinary of said County hereby certify that the within contains a true and correct copy of Marriage License and certificate of Thos W Wood and Mary M Bass, as appears of record in this office witness my hand & seal this 27th day of Aug 1910

J. E. C. Williams Ordinary

Cuyahoga

MARRIAGE LICENSE

OF

Minnie M. Lutz

AND

Mary M. Adams

ISSUED July 27- 1910

RECORDED ON PAGE

BOOK OF MARRIAGE LICENSES.

ORDINARY.

U.S.A. O'Hara Ordinary of Cuyahoga County, Ohio
Do Hereby Certify that the within Contract is True and Correct copy
of Marriage License and Certificate of Return and
Man and Record, as appears of record in this Office
Within my hand and Seal this 27th day of July 1910
J.J. O'Hara Ordinary

State of Georgia — Harris County

To any Judge, Justice of the Peace or Minister of the Gospel, or other Person Authorized to Solemnize:

You are Hereby Authorized

To Join Thomas W Wood

and Mary M Bass

in the Holy State of Matrimony, according to the Constitution and Laws of this State; and for so doing this shall be your sufficient

LICENSE

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 25 day of Jany 1868 ~~190~~

Geo W Mullins [SEAL]
Ordinary

Georgia, Harris County.

I Certify that Thomas W Wood

and Mary M Bass were joined in Matrimony by me

this 26 day of Jany ~~Nineteen~~ ~~Hundred~~ 1868

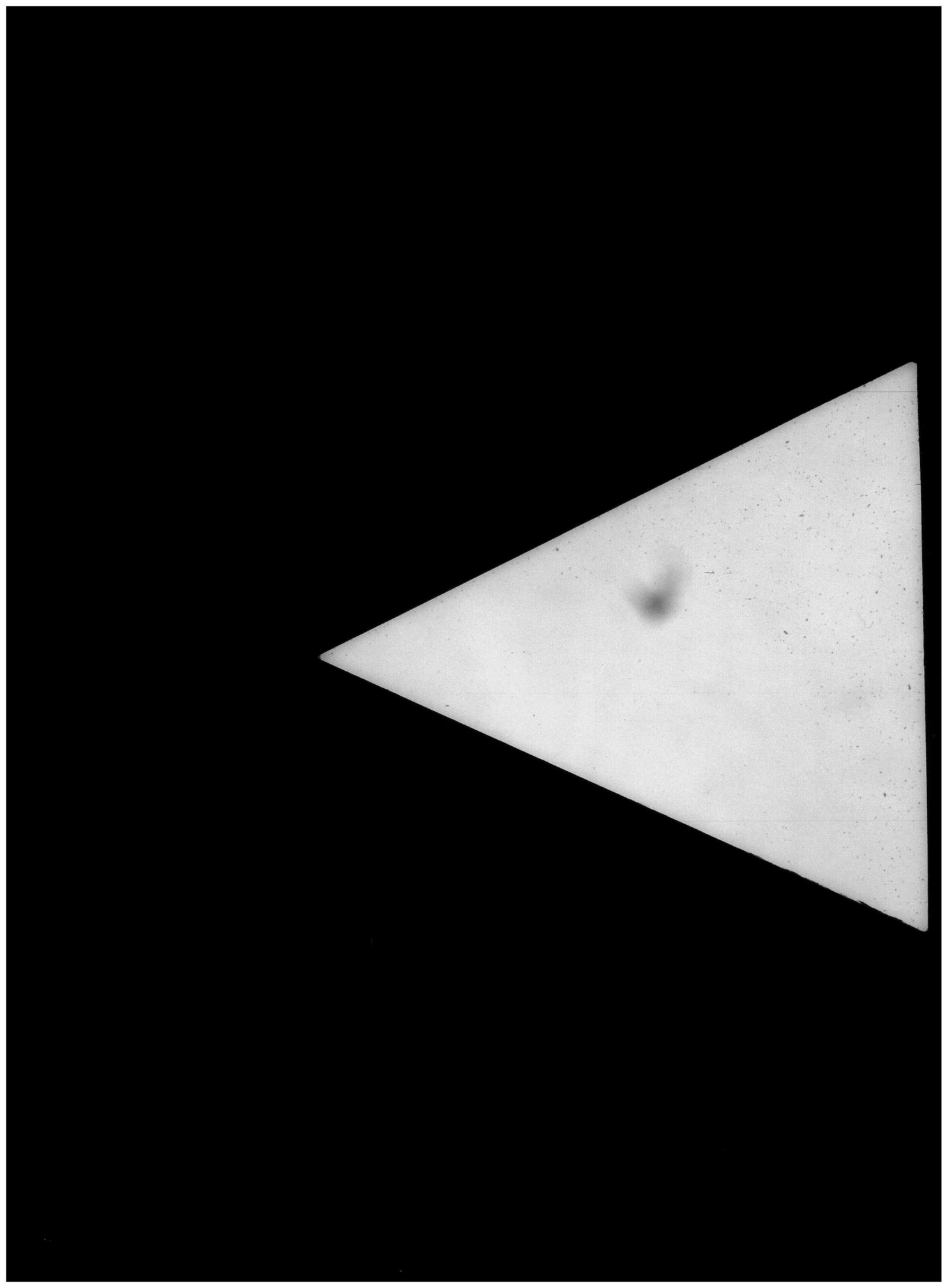
Jas H. Huey J.P.

Recorded

over

Ordinary

MARSHALL & BRUCE CO., NASHVILLE



Pension office 10/21/1910. The 7th Ga. surrendered at Appomattox Va. Apr. 9th. 1865, the Roll of company "E" "E" 7th Ga. Reg. of those that were present at surrender does not contain the name of Applicant or his witness as being there. Must explain further just where they were and how names are not reported as being present. Where were they? State fully and prove all to be true.

J. W. Lindsey, Com. Of Pensions.

Woodall, J. A.
DeKalb Co
O.K. for 1912

10

No .....

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name J. A. Woodall

Company E-7 Ga

Regiment 7 Ga

Approved .....

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

8/20/10
2/20/11

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? none

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

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

or was it made to obtain a pension? —

Sworn to and subscribed before me, this the 24 day of Augt 1910 } W. J. Houston

James R George Ordinary. B F Burgess

of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
DeKalb County.

I, James R George Ordinary of said County, certify that I know the applicant J A Woodall for Pension is the person he represents himself to be and resides in said County. That I also know W. C. Austin the witness swearing to the service and W. J. Houston & B. F. Burgess who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of DeKalb county shows that J A Woodall 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 24 day of Augt 1910

James R George Ordinary.

of DeKalb County.

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

STATE OF GEORGIA,
DeKalb County.

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

1. What is your name and where do you reside? (Give County and Post-office) J. A. Woodall DeKalb County Ga Tucker Ga

2. How long and since when have you been a continuous resident citizen of this State? 67 years May 28th 1843

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) April 27th 1864 Gordonsville Va Company E. 7 Ga Regmt

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) about one year

6. When and where was your Company and Regiment surrendered or discharged from the Service? April 9th 1865 Appomatox C H Va

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

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

a. Where was your Command when you left it? did not leave

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

c. For what cause did you leave? —

d. By whose authority did you leave? —

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

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

g. In what way were you prevented? —

h. What effort did you make to return? did not leave

i. Were you captured during the war? was not

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

9. What property of every discription was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) None

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

11. What property of any discription of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). None

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? none

13. Are you drawing a pension of any amount from this State or the United States? I am not

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? never have

Sworn to and subscribed before me, this the 17 day of August 1910 } J. A. Woodall

James R George Ordinary,

of DeKalb County.

were present at surrender does not contain the name of Applicant or witness as being there. Must explain further just where they were and how names are not reported as being present. Where were they? State fully and prove all to be true.

J.W.Lindsey, Com. Of Pensions.

Woodall, J. A.
Dekalb Co.
O.H. Jan 1912
10
No.

Confederate Soldier's Application.

UNDER ACT 1910.

County Dekalb
Name J. A. Woodall
Company E-7 Ga
Regiment 7 Ga
Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. F. BYRD, State Printer, Atlanta.

8/30/10
2/20/11

STATE OF GEORGIA,
Dekalb County.

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

1. What is your name and where do you reside? W. C. Austin Stone Mountain Ga
2. How long and since when have you known J. A. Woodall the applicant? 65 years 1843
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? Dekalb county Ga 1843 Lived in same town known him all his life
4. When, where and in what Company and Regiment did J. A. Woodall enlist during war from 1861 to 1865? (Give date and place) [illegible] 1864 Gordonsville Va
5. How did you obtain your information of this Service? Was with him 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) about one year
7. When and where was his Command surrendered or discharged (give date and place) April 9th 1865 Appomattox C H Va
8. Were you personally present at the Surrender? I was
9. If not, where were you and how came you there? Present
10. Was the applicant personally present with his Command at surrender? He was
11. If not where was he and how came him there? Present
12. When did he leave his Command? Surrender April 9th 1865 Where was his Command when he left it? di not leave 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 Present and 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? Was Present know it of my own knowledge
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 17 day of August 1910 } W. C. Austin

Justus R. George Ordinary.
of Dekalb County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
Dekalb County.

Personally before me comes W. J. Houston & B. F. Burgess who on oath says that they are free holders residing in said County and we know J. A. Woodall 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.) none

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

were present at surrender does not contain the name of Applicant or his witness as being there. Must explain further just where they were and how names are not reported as being present. Where were they?

State fully and prove all to be true.

J. W. Lindsey, Com. Of Pensions.

Woodall J. C.
Co. K. 7th Ga Cav
DeKalb Co
Ga
Jan 1912

10

No.

Confederate
Soldier's Application.
UNDER ACT 1910.

County DeKalb

Name J. N. Woodall

Company E-7 Ga

Regiment 7 Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. H. BYRD, State Printer, Atlanta.

STATE OF GEORGIA,
DeKalb County.

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

1. What is your name and where do you reside? W. C. Austin Stone Mountain Ga
2. How long and since when have you known J N Woodall the applicant? 65 years 1843
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? DeKalb county Ga 1843 lived in same town Known from all his life
4. When, where and in what Company and Regiment did J N Woodall enlist during war from 1861 to 1865? (Give date and place) Aug 1864 Gordons Mill Va
5. How did you obtain your information of this Service? Was with him & 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) about one year
7. When and where was his Command surrendered or discharged (give date and place) April 9th 1865 Appomattox C H Va
8. Were you personally present at the Surrender? I was
9. If not, where were you and how came you there? Present
10. Was the applicant personally present with his Command at surrender? He was
11. If not where was he and how came him there? Present
12. When did he leave his Command? Surrender April 9th 1865 Where was his Command when he left it? Did not leave 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 Present and 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? Was Present Know it of My own Knowledge
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 7 day of August 1910

Jesters R. George Ordinary.
DeKalb County.

W. C. Austin

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
DeKalb County.

Personally before me comes W J Houston & B F Burgess who on oath says that they are free holders residing in said County and we know J. N. Woodall 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.) None

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

Jan 0
Feb 30
Mar 30
60
18
78

TO PAY-
1930, $127
Cig. & C. Tax. $
TOTAL.

Received of V. S. Morgan, Ordy., check for $127.00 funeral expenses for James A. Woodall. 3/6/35
Sam R Greenberg Co
Hugh A Gatten

Woodall, James A.
DeKalb Co. 250

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 James A. Woodall

Date of Death March 15 19 33

Amount $ ~~100.00~~ $60.00 + 127

Approved and ordered paid

Paid

R. deT. LAWRENCE,
Commissioner of Pensions.

APPROVED FOR PAYMENT
[signature]
OFFICE

PAID TO ORDINARY ON THIS CLAIM:

DATE 1935	FUND FROM WHICH PAID	$
11-4	C&C	60 00
2-25-35	1930	127 00
	TOTAL.	187 00

Received of V. S. Morgan ordinary check for $60.00 on the within bill.
Sam R Greenberg Co
Hugh A Gatten

SAM R. GREENBERG, PRES. RAYMOND BLOOMFIELD, SEC.

SAM R. GREENBERG & CO.
AMBULANCE FUNERAL DIRECTORS CHAPEL
95 FOREST AVE., N. E. - PHONE WALNUT 7909
ATLANTA, GA.

March 20,1933,

TO

For Mr,James A.Woodall,3-15-33.

Casket and box	$185.00
Embalming	25.00
Hearse	15.00
Transfer	5.00
Flower	10.00
Cash Advanced	
Notices,Newspaper charges	5.00
Use and drayage thereon of Cemetery equipment	5.00
	$250.00

Fulton County
State of Ga.
The above and foregoing account is rendered for funeral expenses of James A.Woodall who died without having sufficient property to pay this bill

Sam R. Greenberg

[signature]
Fulton County,Ga.

A Certificate

STATE OF GEORGIA, County of DeKalb

IN RE: Expenses last illness and funeral James A. Woodall

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.)

on or about the first of December, 1864, detailed and sent to the Engineering department where they remained until the surrender, which accounts for our names not being on the roll, and that both he and said Austin were at Appomattox Station, four miles from Appomattox Court House when the command was surrendered.

Sworn to and subscribed before me, this 28th day of December, 1910. J. A. Woodall

James R George Ordinary.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, I. L. Test, who being first duly sworn according to law, deposes and says, that he was a member of Company E. 7th Ga. Regt. and that he knows of his own knowledge that J. A. Woodall and W. C. Austin were on detail duty at the time of the surrender of said Regt. at Appomattox, April 9th 1865.

Sworn to and subscribe before me, this 28th day of December, 1910. I L Test.

James R George Ordinary.

Georgia, DeKalb County.

Personally appeared before me, the undersigned, W. C. Austin, who being first duly sworn, deposes and says on oath, that on or about the first of December, 1864, he, with J. A. Woodall, was detailed and sent to the Engineering department, that they remained in said department until April, 1865, and that is the reason they were not with their command when it surrendered at Appomattox, and is also the reason according to the best of his knowledge and belief that their names do not appear on the roll of Co. E. 7th Ga., Regt. when the Regt. was discharged.

Sworn to and subscribed before me, this 28th day of December, 1910. W. C. Austin

James R George Ordinary.

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes Sam R. Greenberg of said County, who, after being sworn, on oath says that he knew James A. Woodall 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 15 day of March, 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 $ 250.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me, V. S. Morgan, Ordinary DeKalb County (Seal of Ordinary)

Sam R. Greenberg

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. S. Morgan, Ordinary of said County, do certify that I personally know Sam R. Greenberg, 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 James A. Woodall 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 Thirty and no/100 ($ 30) Dollars in said County for 19 33, 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 20 day of March, 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.

NAME Woodall, J. A. YEAR1912 COUNTY DeKalb

WHEN AND WHERE BORN? May 28, 1843 - Georgia.

ENLISTED WHEN AND WHERE? April 27, 1864 - Gordonsville, Virginia.

RANK

COMPANY AND REGIMENT? Company E, 7th Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

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

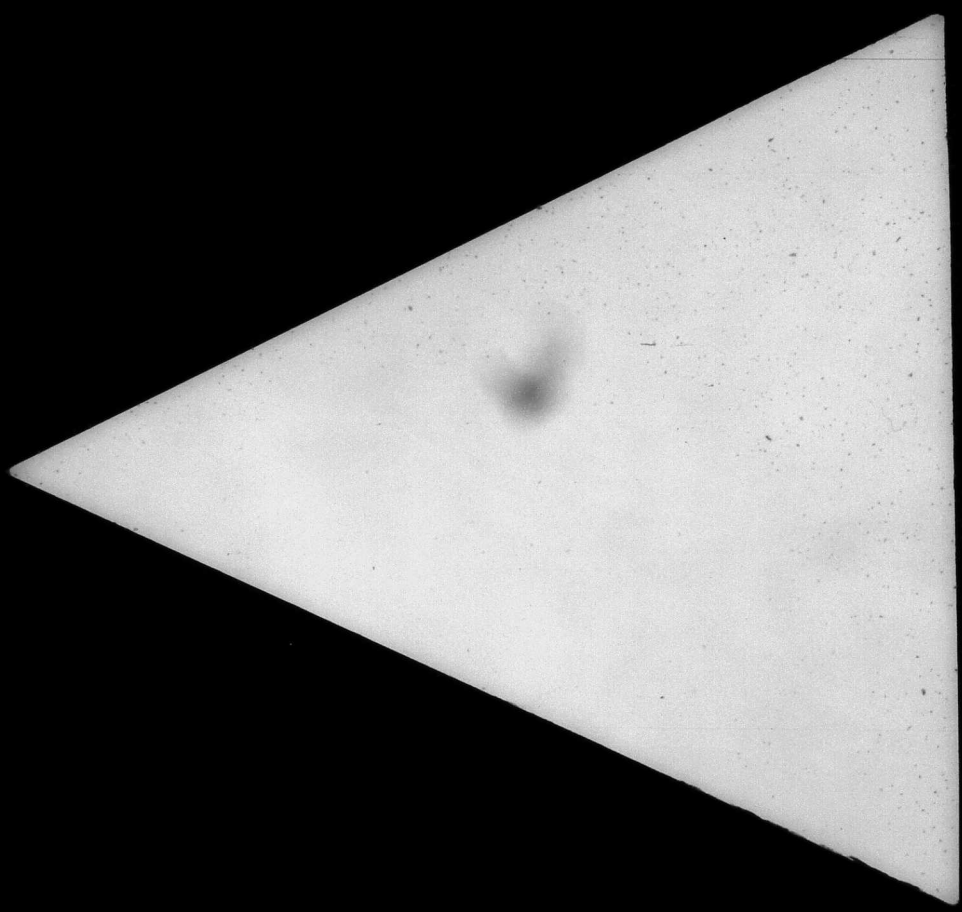
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? (Witnesses state: "That on or about December 1864, he, with applicant, was detailed and sent to the Engineering Dept. remaining in said Dept. until April 1865, and that is the reason they were not with command when it surrendered April 9, 1865 at Appomattox Court House, Va.")

DIED, WHEN AND WHERE?

BURIED?

WITNESSES. W. C. Austin, I. L. Teat - same command -- No data.

lw



Woods Francis A.
De Kalb County
No.

INDIGENT PENSION,

1900.

Name J A Woods

County De Kalb Co

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

_____

_____

Geo. W. Harrison, State Printer, Atlanta.

Power of Attorney.

STATE OF GEORGIA,
_____ County. }

I, _____ 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

_____

_____

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

_____

Woods Francis A.
De Kalb County
No.

INDIGENT PENSION,

1900.

Name F A Woods

County De Kalb Co

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Every Question MUST be Answered.

STATE OF GEORGIA,

De Kalb County.

Francis A Woods 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) My name is Francis A Woods in decatur co Georgia
2. How long and since when have you been a resident of this State? all my life
3. When and where were you born? in pike county this State 11 July 1830
4. When and where and in what company and regiment did you enlist or serve? Company C 53d regiment Georgia volenteers I entisted in fayette county
5. How long did you remain in such company and regiment? three years
6. When and where was your company and regiment surrendered and discharged? in the State of virginnia
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? I was captured at front royal virginia held a prisoner of war from novmber 23 1863 to the 23d of June 1865
9. How much can you earn (gross) per annum by your own exertions or labor? I can't but very little
10. What has been your occupation since 1865? I have been 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"? first & second
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 ben in that conditions for six years I have what the doctors calls lumbago of the muscle of the back I have had this ever since the war
13. What property, real or personal, or income, do you possess, and its gross value? nothing but one little wagon worth about 8 dollars
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? I had no property nothing
15. In what County did you reside during those years, and what property did you then return for taxation? in douglas county no chose of land but give back as I thought I
16. How were you supported during the years 1898 and 1899? by the labor of my boys
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 can't tell as I kept no account only I helped from
18. What was your employment during 1898 and 1899? What pay did you receive in each year? in 98 I tried peddling
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have a family my wife a cripple one daughter who has been an invalid for 30 years they have no home stead
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 never have
22. How many applications have you ever made and under what class? _____

Francis A Woods
Applicant.

Sworn to and subscribed before me this the 10th day of Dec 1900.

W M Rogdale
Ordinary,
of De Kalb County.

STATE OF GEORGIA,
Fulton COUNTY.

J. J. Knott, of said State and County, having been presented as a witness in support of the application of Francis A. Woods for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. J. Knott 70 Walton street Atlanta Ga
2. Are you acquainted with Francis A Woods, the applicant; if so, how long have you known him? Since 1862
3. Where does he reside, and how long and since when has he been a resident of this State? [redacted] County Ga - All his life
4. When, where and in what company and regiment did he enlist, and how do you know? He was a member of Co "C" 53rd Ga Regt. I was Surgeon of this Regt
5. Were you a member of the same company and regiment? Surgeon of the Regt
6. How long did he perform regular military duty? Up to November 29th 1863. Captured here.
7. When and where was his command surrendered? Sailor Creek Va just before Gen Lee Surrender
8. Were you present when it surrendered? I was on duty at Augusta Ga
9. Was applicant present? No - was in prison at Rock Island.
10. If he was not present, where was he? Rock Island Ill
When did he leave his command? 29th Nov 1863 For what cause? Captured in storming Fort Mahoney - (Confederate Fort)
By what authority he left? Prison How do you know all of this?
I was Surgeon of this Regt and knew of his being captured among the Captured at the Fort
11. What property, effects or income has the applicant? (Give your means of knowledge:) I do not know of any personal knowledge
12. 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? I do not know
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? None that I know of
14. What is the applicant's occupation and physical condition? He is following the occupation of peddler occasionally only, owing to his age and physical condition is totally disabled
15. Is the applicant unable to support himself by labor of any sort, if so, why? On account of his present physical condition he is unable to earn a support
16. How was he supported during the years 1898 and 1899? I do not know
17. What portion of his support for these two years was derived from his own labor or income? I do not know
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is a soldier from service. Cumberland this Comp. with his command and is incapacitated for earning a living
19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 11 day of Dec 1900. J. J. Knott Witness.
Late Surgeon 53rd Ga Regt
W. M. Ragsdale Ordinary.

I certify that J. J. Knott is entitled to full faith and credit
Dec 11 - 1900
W. M. Ragsdale
Fulton County Ga

STATE OF GEORGIA,
DeKalb COUNTY.

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

Lumbago - General debility

They further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 12th day of Dec 1900. W. H. Andrews M.D.
Wiley S. Amby 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 Francis A Woods resides in said County, and has been a bona fide resident of this State since the ____ day of ____ 189__ and that the witnesses, viz: ____

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

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

I further certify that the tax digests of ____ County show that applicant returned for taxation in his name in 1898 00 Dollars of property, and in 1899 00 Dollars of property.

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

Witness my hand and seal of office, this 10 day of Dec 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 the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

I, hereby authorize

of

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

at

by

Witness my hand and seal, this day of 1901.

[L. S.]

Executed in presence of

CODE SECTION 1254.
(For Those Already Enrolled.)

No. 676

INDIGENT
SOLDIER'S PENSION.
1901.

Name F. A. Woods
County DeKalb

WARRANT ISSUED
Dec 31 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
C Hill

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

I, hereby authorize

of

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

at

by

Witness my hand and seal, this day of 1902.

[L. S.]

Executed in presence of

Woods, Francis A.
DeKalb G.

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 37587

INDIGENT
SOLDIER'S PENSION
1902.

Name Woods F. A.
County DeKalb
Co. C Regiment 53rd

WARRANT ISSUED
1/17 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Ayer

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears F. A. Woods of De Kalb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 11 day of Feb 18[illegible]; that he is years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 Years in Company C, of 53 Regiment of Ga Vol; that his physical condition is as follows: Age and disease to wit

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 county been allowed a pension for the year 1

F A Woods

Sworn to and subscribed before me, this the 21 day of Jan 1901.

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

Given under my official signature and seal, this 21 day of Jan 1901.

W M Rogsdale 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 F A Woods of De Kalb County, State of Geoogia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 11 day of Feb 1830; that he is 71 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 3 Years in Company C, of 53 d Regiment of Ga Vol; that his physical condition is as follows: Age and Infirmity

that his property consists of the following items None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1901

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

F A Woods

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 F A Woods 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 Rogsdale Ordinary De Kalb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

_____ [L. S.]

Executed in presence of

_____

Woods, F. A.
DeKalb Co.

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)
50 Fulton Co. 1904

No. 571

INDIGENT

SOLDIER'S PENSION

1903.

Name Woods, F. A.
County DeKalb
Co. C Regiment 53rd.

WARRANT ISSUED

1/20 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

[illegible]

Geo. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears W. F. Woods 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 11 day of Feb 1830; that he is 72 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 3 Years in Company C, of 53 th Regiment of Ga Vol; that his physical condition is as follows: old age and diseased back

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 DeKalb county been allowed a pension for the year 1902,

Sworn to and subscribed before me, this the 6 day of Jan 1903. W F Woods

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 W F Wood 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 Rogsdale

Ordinary DeKalb County.

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

NAME **Woods, F.A.** (Francis A.) YEAR **1900** COUNTY **DeKalb**

WHEN AND WHERE BORN? **February 11th. Pike Co. 1830.** Georgia

ENLISTED WHEN AND WHERE? **Fayette County.**

RANK

COMPANY AND REGIMENT? **Co. C, 53rd. Regt. Ga. Vols.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? **Captured at Knoxville, Tenn. November 29th. 1863. carried to Rock Island prison.**

RELEASED. **After surrender.**

WHEN AND WHERE SURRENDERED?

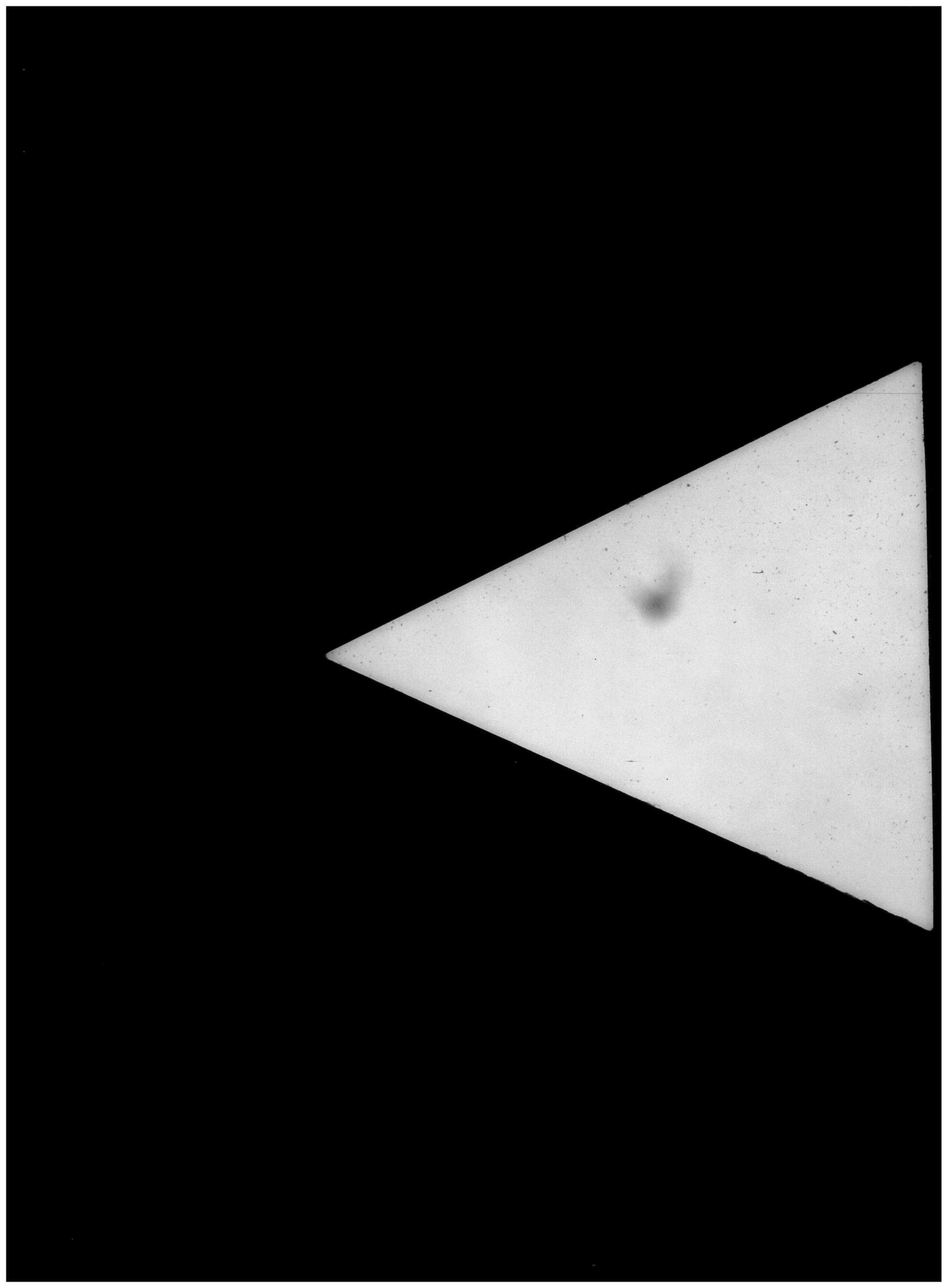
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. **J.J. Knott, In service with applicant--No data.**

JWT



POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, J. E. Woody hereby authorize James B. George of DeKalb County to receive and receipt for the pension paid hereon, and request that he remit same to _____ at _____

IN WITNESS WHERFOF, I have hereunto set my hand and seal, this _____ day of _____ 1904.

J. E. Woody [L. S.]

Executed in presence of

_____

Woody J. E. (mus)
DeKalb County
TO THOSE HERETOFORE PAID

1904.

No. 234

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904,

PAID TO

Mrs. J. E. Woody

OF

DeKalb County,

Widow of Henry B. Woody

Co. I Regiment 37 ala

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1/26 1904,

AND HANDED TO

Boys

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, J. E. Woody hereby authorize James R George of DeKalb County to receive and receipt for the pension paid hereon, and request that he remit same to _____ at _____

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

J. E. Woody [L. S.]

Executed in presence of

STATE OF GEORGIA,
DeKalb COUNTY.

I, J. E. Woody, hereby authorize Miss Ella Jones of Kirkwood Ga to receive and receipt for the pension paid hereon, and request that he remit same to J. E. Woody at Kirkwood Ga

In Witness Whereof, I have hereunto set my hand and seal, this 18 day of January 1905.

J. E. Woody, [L. S.]

Executed in presence of
James R George
Ordinary

Woody J. E. (Mrs)
DeKalb County

TO THOSE HERETOFORE PAID.

1904.

No. 324

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO Mrs. J. E. Woody OF DeKalb County,

Widow of Henry B Woody

Co. 1 Regiment 37 ala

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/26 1904,

AND HANDED TO Keys

Geo. W. Harrison, State Printer, Atlanta.

Woody Julia E.
DeKalb County

To Those Heretofore Paid.

1905.

No. 374

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs. J. E. Woody OF DeKalb County,

Widow of Henry B Woody

Co. 1 Regiment 37 ala

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/23 1905.

AND HANDED TO Jos. Keys

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. J. E. Woody

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 Henry B Woody who was a soldier in Company I of the 37 Regiment of Ala-Volteers Volunteers, that he enlisted in said regiment on or about the month of April 1862, and served in the Army up to May 1863. That he lost his life on the 8 day of May 1863. *(State here particulars of the husband's death, when, where and from what cause.)*

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

I have been paid a pension as a resident of Marowethey 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 8 day of Jany 1904. Jas R George Ordinary. } J E Woody Post Office Kirkwood Ga

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. J E Woody, 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 24 day of Oct 1889

Given under my official signature and seal, this the 8 day of Jany 1904.

James R George

Official Seal

Ordinary of _____ County,

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

STATE OF GEORGIA, County of DeKalb } PERSONALLY COMES MRS. J. E. Woody

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 Henry B Woody who was a soldier in Company I of the 37 Regiment of Ala. Volunteers, that he enlisted in said regiment on or about the month of _____ 1862, 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.)*

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. } J E Woody Post-Office Kirkwood, Ga.

State of Georgia, DeKalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. J. E. Woody, 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

Official Seal.

Ordinary of DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb County.

I, J. E. Woody, hereby authorize
Ella Jones of Kirkwood DeKalb Co Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs J E Woody at Kirkwood Ga

In Witness Whereof, I have hereunto set my hand and seal, this 15th
day of ____ 1906.

J. E. Woody [L. S.]

Executed in presence of
James R George
Ordinary

To Those Heretofore Paid.

1906.

No. 850

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs J E Woody
OF
DeKalb County,
Widow of J E Woody
Co. A Regiment 32 Ala

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
123 1906,
AND HANDED TO
Ella Jones

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

Woodby Julia E.
DeKalb County

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. County.

I, Mrs. J. E. Woody hereby authorize
Miss Carrie Jones.
to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs J. E. Woody at Kirkwood Ga

In Witness Whereof, I have hereunto set my hand and seal, this 17
day of January 1907.

J. E. Woody [L. S.]

Executed in presence of
James R George
Ordinary

To Those Heretofore Paid.

1907.

No. 708

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO
Mrs J. E. Woody
OF
DeKALB. County,
Widow of J. E. Woody
Co. A Regiment 32d Ala

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
131 1907,
AND HANDED TO
Carrie Jones

Geo W Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } PERSONALLY COMES MRS. J. E. Woody

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 October 24th 1889. That she is the Widow of Henry B. Woody who was a soldier in Company I of the 37 Alabama Regiment of Alabama Volunteers, that he enlisted in said regiment on or about the month of April 1862, and served in the Army up to May 8th 1863. That he lost his life on the 8th day of May 1863. (*State here particulars of the husband's death, when, where and from what cause.*)

Contracted a cold while on a forced march during the winter of 62 and 63. It resulted in disease of lungs, was sent to hospital in Vicksburg Mississippi. The disease became fatal on the 8th day of May 1863. Died in Vicksburg Mississippi.

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

I have been paid a pension as a resident of 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 12 day of Jany 1906.
James R George Ordinary.

+ J. E. Wooddy
Post Office Kirkwood, Ga.

State of Georgia, De Kalb County. } I, James R George Ordinary of said County, certify that I am well acquainted with Mrs. J. E. Woody, 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 24th day of October 1889

Given under my official signature and seal, this the 12 day of Jany 1906.

{ Official Seal }

James R George
Ordinary of De Kalb County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKALB. } PERSONALLY COMES MRS. J. E. Woody

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 Henry B. Woody who was a soldier in Company I of the 37th Ala Regiment of Volounteers, that he enlisted in said regiment on or about the month of April 1862, and served in the Army up to 8th of May 1863. That he lost his life on the 8th day of May 1863. (*State here particulars of the husband's death, when, where and from what cause.*)

A severe cold contracted on a march during the winter of 1862-63 resulted in lung fever. He was sent to Hospital at Vicksburg Mississippi during the ensuing Spring and remained until this death which occurred on the eighth day of May 1863.

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

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

Sworn to and subscribed before me this 17 day of Jany 1907.
James R George, Ordinary.

J. E. Woody
Post Office Kirkwood, Ga.

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

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

Given under my official signature and seal, this the 12 day of Jany 1906.

Official Seal

James R George

Ordinary of De Kalb County.

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

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.

GEORGIA, Meriwether County.

I Certify, That Mrs J. E. Wooddy

the holder of this Certificate was a widow Pensioner,

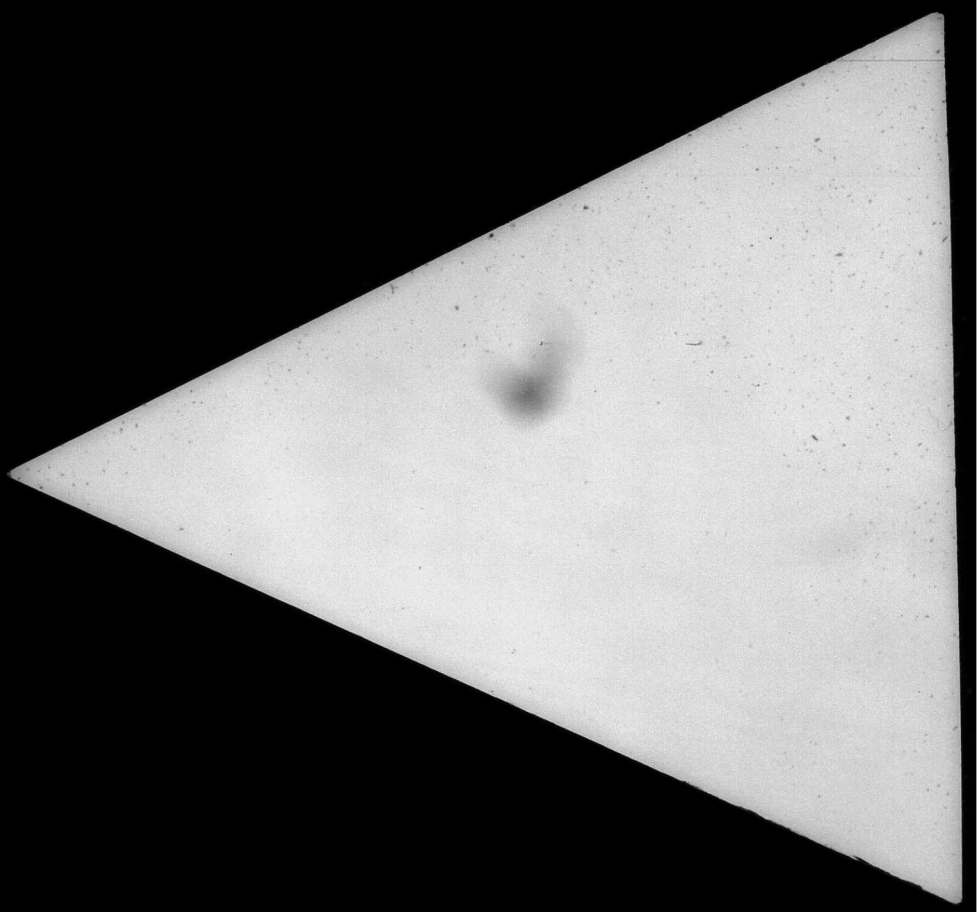
and paid the sum of Sixty ($60.00) Dollars

from this County, in 1903, and that ~~he, or~~ she, now resides in ~~Fulton~~ DeKalb

County.

Given under my hand and official signature, this 21st Dec 1903

A. J. Heinton
Ordinary



Woolf, L. J. - DeKalb Co.
Disapproved
11/22-1910

No.....

Confederate Soldier's Application.

UNDER ACT 1910.

County De Kalb

Name L. J. Woolf,

Company Charleston Fire Company

Regiment Fire Detatchment

Approved.....

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

10/20/10

Questions for Applicants to Answer.

STATE OF GEORGIA,
De Kalb County.

L. P. Woolf 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) Tenney St Atlanta, De Kalb County, Atlanta Post Office
2. How long and since when have you been a continuous resident citizen of this State? Since 1885 My name is L. P. Woolf
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Organized Militia South Carolina at Charleston
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Fire Batalion, Fire + Militia duty
5. How long did you remain in the actual Military Service with said Company And Regiment? (Give date of discharge) Four years until end of the War
6. When and where was your Company and Regiment surrendered or discharged from the Service? at Charleston South Carolina at surrender
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 was present at Charleston South Carolina when surrender + discharged done actual duty from beginning of war until the end
   a. Where was your Command when you left it? never left it
   b. When did you leave the Command? at no time did I leave
   c. For what cause did you leave? did not leave
   d. By whose authority did you leave? no one
   e. For how long was your leave granted? In what way? never had leave was always with my command on duty
   f. Why did you not return to your Command after leave expired? never left
   g. In what way were you prevented? no way
   h. What effort did you make to return? none
   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? no place
9. What property of every discription was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) ~~He~~ no property except Homestead + Furniture worth about Nine Hundred Dollars Wipes property
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? No property disposed of a Mortgage on Home to live on the money
11. What property of any discription of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). a Home belonging to my wife worth $9500 Nine Hundred Dollars Furniture Fifty dollars
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? about Two Hundred dollars per year my labor
13. Are you drawing a pension of any amount from this State or the United States? No
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? never applied for Pension until this present time

Sworn to and subscribed before me, this the 3rd day of Sept 1910

James R George Ordinary
of De Kalb County.

L. P. Woolf

STATE OF GEORGIA.
Fulton County.

Personally before me comes J. Smith & Woolfenmier who on oath says that they are freeholders residing in said County and we know L. P. Woolf the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.) one dwelling house, and lot, situated on Tenney Street (Bell) district Fourmiles, one fifth (1/5) do.

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.)
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full values?

or was it made to obtain a pension?

Sworn to and subscribed before me, this the 4th day of Nov 1910

John W Arlinson Ordinary,
of Fulton County.

Jasper N Smith
C & Woolfenmier

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I, John W Arlinson 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~~ E S Taylor the witness swearing to the service and C Woolfenmier & Jasper N Smith who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the ~~Tax Results of~~ shows that and wife value for tax is in 1908 $ for 1909 $ for 1910 $

Sworn under my hand and official seal of office this 4th day of Nov 1910.

John W Arlinson Ordinary,
of Fulton County.

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

Questions for Applicants to Answer.

STATE OF GEORGIA,
De Kalb County.

L. P. Woolf 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). Vannoy St Atlanta, De Kalb County, Atlanta Post Office
2. How long and since when have you been a continuous resident citizen of this State? Since 1885 My name is L. P. Woolf
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Organized Militia South Carolina at Charleston
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Fire Batation, Fire & Militia duty
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Four years until end of the War
6. When and where was your Company and Regiment surrendered or discharged from the Service? at Charleston South Carolina at Surrender
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 was present at Charleston South Carolina when surrender & discharged
   a. Where was your Command when you left it? never left it. done actual duty from beginning of war until the end
   b. When did you leave the Command? at no time did I leave
   c. For what cause did you leave? did not leave
   d. By whose authority did you leave? no one
   e. For how long was your leave granted? In what way? never had leave was always with my Command on duty
   f. Why did you not return to your Command after leave expired? never left
   g. In what way were you prevented? no way
   h. What effort did you make to return? none
   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? no place
9. What property of every discription was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) ~~He~~ No property except Homestead & Furniture worth about Nine Furniture $50 hundred dollars Wife's property
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908? To whom and for what price? No property disposed of a Mortagage on Home to live on the money
11. What property of any discription of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). a Home belonging to my wife worth $95000 Nine Hundred dollars Furniture Fifty dollars
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? about Two Hundred dollars per year my labor
13. Are you drawing a pension of any amount from this State or the United States? No
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? never applied for Pension until this present time

Sworn to and subscribed before me, this the 3rd day of Sept 1910

L. P. Woolf

James R George Ordinary
of De Kalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
De Kalb County.

I, James R George Ordinary of said County, certify that I know the applicant L. P. Woolf for Pension is the person he represents himself to be and resides in said County. That I also know ——— the witness swearing to the service and ——— who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of ..... shows that ..... and wife value for tax is in 1908 $700.00 for 1909 $1025.00 for 1910 $1025.00

Sworn under my hand and official seal of office this 5 day of Nov 1910

James R George Ordinary
of De Kalb County.

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

STATE OF GEORGIA,

Fulton County.

I. E. G. Taylor of said State and County is hereby presented as a witness in support of the application of L. S. Woolf 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. G. Taylor 389 So. Pryor Atlanta Fulton Co. Ga

2. How long and since when have you known L. S. Woolf the applicant? Long before the war

3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? In DeKalb Co city of Atlanta 9th Ward, Vannoy St L. S. Woolf

4. When, where and in what Company and Regiment did enlist during war from 1861 to 1865? (Give date and place). Charleston Fire Boys of Charleston

5. How did you obtain your information of this Service? I saw him there in actual service

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

7. When and where was his Command surrendered or discharged (give date and place) Charleston So. Ca at end of the war

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

9. If not, where were you and how came you there? Co. "F" 1st Ark 1865 High Private

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

11. If not where was he and how came him there? he was on his Post of duty

12. When did he leave his Command? Never - Where was his Command when he left it? Never for what cause did he leave? none

By whose authority did he leave never left and how long was he granted leave? never became granted How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) of his Service home I hear it from Officers & Men of his Company he never left

13. In what way was he prevented from returning to his Command? How do you know? I hear so from his Officer & Company

14. What effort did he make to return to his Command and how do you know? never left

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 14th day of September 1910 E. G. Taylor

Marcellus McAnderson Ordinary.

of Fulton County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Fulton County.

Mistake as to possession & Control

Personally before me comes [illegible] who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the actual possession and control of himself and wife and of its cash value, the same. (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.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

DeKalb County.

I, James R George Ordinary of said County, certify that I know the applicant L. S. Woolf for Pension is the person he represents himself to be and resides in said County. That I also know — the witness swearing to the service and — who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of — shows that — and wife value for tax is in 1908 $700.00 for 1909 $1015.00 for 1910 $1015.00

Sworn under my hand and official seal of office this 5 day of Nov 1910.

James R George Ordinary

of DeKalb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."

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

3. All affidavits must be made before the Ordinary and certified by him.

4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

DISAPPROVED.

NAME Woolf, L. I. YEAR 1910 COUNTY DeKalb.

WHEN AND WHERE BORN? Continuous resident of Ga. since 1885.

ENLISTED WHEN AND WHERE? Charleston, S. C.

RANK.

COMPANY AND REGIMENT? Organized Militia S. C. (Fire Battalion)
(Fire & Militia Duty)

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Close of war-Charleston, S. C.

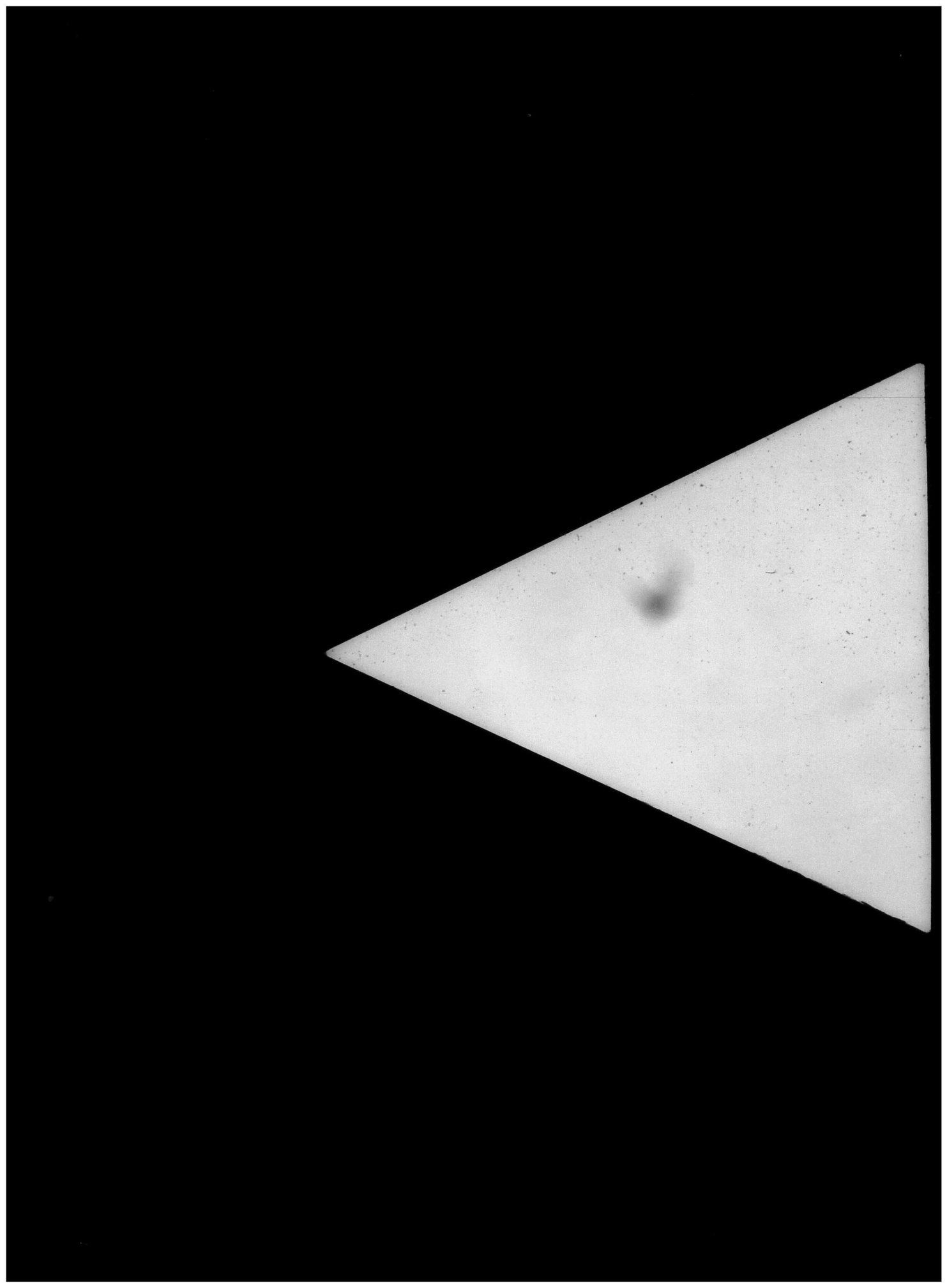
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. E. G. Taylor-~~H~~ Personal Knowledge.--No data.

m.t.



NAME, Wornock, William YEAR 1889 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Sergeant Co. A, 38th. Regt. Georgia Vols. Gordon's Brigade.

NAME OF CAPTAIN AND COLONEL? John Baxter, Commissioned Officer.

WOUNDED? Gettysburg, Pa. July 1st. 1863. Shot through left ankle.

CAPTURED, WHEN AND WHERE?

RELEASED.

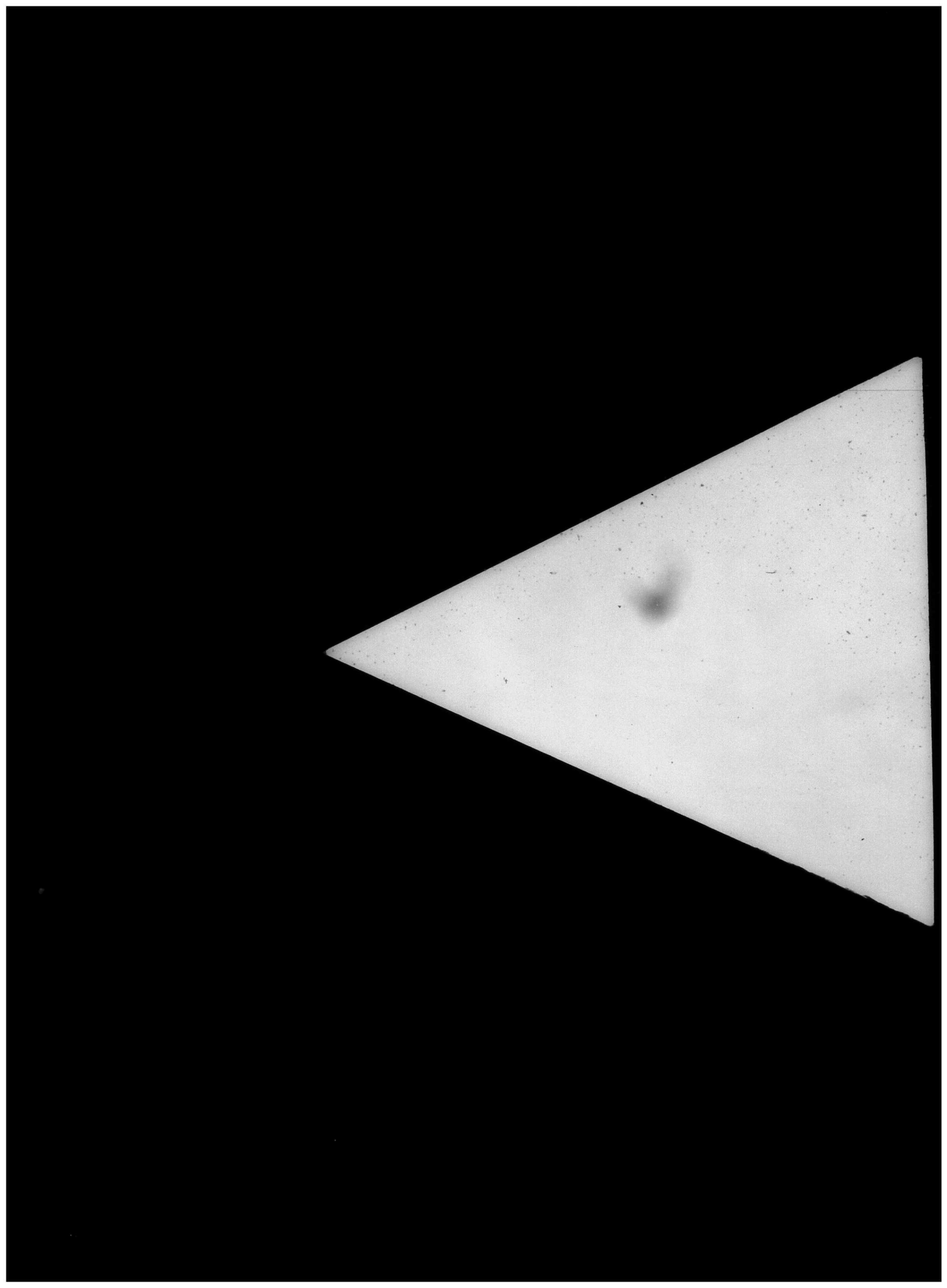
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. John Baxter Commissioned Officer. No data.



POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

County.

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

..... of .....

County, in said State, do hereby appoint .....

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

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

..... [L. S.]

Executed in the presence of us:

.....

.....

DIRECTIONS.

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

Wright, Judy H.
as
Judith Barrett County

1891.

No. 1404

Widows' Pension

—PAID TO—

Mrs Judy H Wright

—OF—

D C Hall

COUNTY.

$100.00.

Warrant Issued

AND HANDED TO

1891

Geo. W. Harrison, State Printer, Atlanta.

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,

.....

Wright Ft. Judy H.
ex Judith Pleasant County

1891.

No. 14015

Widows' Pension

PAID TO

Mrs. Judy H. Wright

OF

DeKalb COUNTY.

$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison State Printer, Atlanta.

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. Judy H. Wright, who being sworn according to law, says under oath that she is the widow of Marshall J. Wright, 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 4th day of March 1862, and was in the Confederate Army up to 10th June 1862 That while in the Army, he was on the 10th day of June 1862, (See Note No. 1)

He had measles was in Hospital at Knoxville Tenn He relapsed and died on the 10th day of June 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 5th day of Dec 1855, and that she has resided in Georgia continuously since the 28 day of Dec 1855; 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 17th day of April 1891.

W. H. Mayson
Ordinary.

her
Judy H. X Wright
mark

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

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 E. H. Clark and J. H. Burgess (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Judy H. Wright, of the County of De Kalb, State of Georgia, is the widow of Marshall J. Wright, who was a soldier in Company D of the 42d Regiment of Geo Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 4th 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 and relapsed died in a hospital at Knoxville, Tenn. on the 10th day of June 1862.

We further swear that Mrs. Judy H. Wright 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 22d day of April 1891.

W. M. Rogsdale, Ordinary.

E. H. Clark

J. H. Burgess.

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. Judy H. Wright, 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. 1.

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. Juda H. Wright 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, 1850, and has not lived out of the State since that date. That she is the widow of Marshall J. Wright 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, De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. Juda H. Wright of De Kalb County in said State, do hereby appoint Dr J. L. Johnson 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 23d day of Jan 1894.

her
Juda H X Wright [L. S.]
mark

Executed in the presence of us:

D. F. Burgess
W. M. Ragsdale.
Ordinary.

DIRECTIONS.

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

Wright, Juda H.
De Kalb County

FOR THOSE HERETOFORE PAID.

1894.

No. 1091

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. Juda H. Wright

—OF—

De Kalb COUNTY.

WARRANT ISSUED

1/2 1894,

AND HANDED TO

Dr J. L. Johnson

GEO. W. HARRISON, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally comes Mrs. Juda H. Wright

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Oct 1835 That she is the Widow of Marshall J Wright who was a Soldier in Company D of the 42 2/4 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 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 died in a hospital at Knoxville Tenn on the 10th of June 1862.)

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1833; 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 23d day of Jan 1894.
W M Ragsdale, Ordinary.

her
Juda H X Wright
mark
Post-office Lithonia 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. Judy Wright 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 Marshall J. Wright 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 26" day of Jan 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. Judy Wright of De Kalb County, in said State, do hereby appoint Dr. J. L. Johnson 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 26" day of Jan 1893.

Judy her X mark Wright [L. S.]

Executed in the presence of us:
T. P. Gerry
W. M. Rogsdale
Ordinary

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

Wright, Judy
De Kalb County.
FOR THOSE HERETOFORE PAID.

1893.

No. 988

Widows' Pension,

for year ending February 15th, 1893,

—PAID TO—
Mrs. Judy H. Wright
—OF—
De Kalb County.

Warrant Issued
16 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. Judy Wright 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 M. J. Wright 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 24 day of Jan 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. Judy H. Wright of De Kalb County in said State, do hereby appoint Dr. J. L. Johnson 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 24" day of Jan 1895. Judy H. Wright [L. S.]

Executed in the presence of us:
J. A. Norton
W. M. Rogsdale
Ordinary

DIRECTIONS.

Send amount by _____ to me at _____, and oblige

Wright, Judy H.
De Kalb County.
FOR THOSE HERETOFORE PAID.

1895.

No. 1005

WIDOW'S PENSION,

for year ending Febuary 15th, 1895.

—PAID TO—
Mrs. Judy H. Wright
—OF—
De Kalb County.
widow of M. J. Wright

WARRANT ISSUED
28 Jan 1895.
AND HANDED TO
J. S. J.

Geo. W. Harrison, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally comes Mrs. Judy Wright

who being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has *resided* in said State continuously ever since Oct 1835 That she is the Widow of Marshall J. Wright 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 1862 That he lost his life on the 10th day of June 1862 (*State here full particulars of the husband's death, when, where and from what cause.*) (

He had measles and died with them at Knoxville Tenn. 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 1856; 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 Rogsdale Ordinary. } Judy his x mark Wright Post-office Lithonia Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. Judy H. Wright

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 Marshal J. Wright 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 1862 That he lost his life on the 10th day of June 1862 (*State here full particulars of the husband's death, when, where and from what cause.*) (

Had measles and died at Knoxville Tenn. while in service 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 24th day of Jan 1895. W M Rogsdale Ordinary. } Judah H. Wright Post-office Lithonia 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. Judia H. Wright 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 Marshal J. Wright 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, Judia H. Wright hereby authorize J. D. Johnson 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 24th day of Jan 1896.

Judia H. Wright [L.S.]

Executed in the presence of

W. J. Terry

W. M. Ragsdale

Ordinary.

FOR THOSE HERETOFORE PAID.

Wright, Judia H.
De Kalb County

1896.

No. 3247

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Mrs. Judia H. Wright

OF

De Kalb County.

widow of Marshal J. Wright.

WARRANT ISSUED

By

1896.

AND HANDED TO

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. Judy Wright 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 M. J. Wright 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 19th day of Jan 1897.

{SEAL} W. M. Ragsdale Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

I, Judia H. Wright hereby authorize [illegible] 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 19th day of Jan 1897.

Judia H. Wright [L. S.]

Executed in the presence of

J. C. McElreath

W. M. Ragsdale

Ordinary.

FOR THOSE HERETOFORE PAID.

1897.

No. 2555

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Mrs. Judia H. Wright

OF

De Kalb County.

widow of M. J. Wright.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

2/3

1897.

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

STATE OF GEORGIA,
County of DeKalb

Personally Comes Mrs. Judie H. Wright

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 Marshal J. Wright 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 1862 That he lost his life on the 10th day of June 1862 (State here full particulars of the husband's death, when, where and from what cause.) (He had measles while in service and died of the disease 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 1855, 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 24th day of Jan 1896. Wm Ragsdale, Ordinary.

Judie H Wright
Post-office Lithonia Ga.

STATE OF GEORGIA,
County of DeKalb

Personally Comes Mrs. Judy Wright

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 8th Oct 1835 That she is the Widow of Marshal J. Wright who was a Soldier in Company D of the 42d 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 1862 That he lost his life on the 10th day of June 1862 (State here full particulars of the husband's death, when, where and from what cause.) Had measles while in service of which he died as before 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 1855, 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 19th day of Jan 1897. Wm Ragsdale, Ordinary.

Judie H Wright
Post-office Lithonia Ga

POWER OF ATTORNEY.

State of Georgia, DeKalb County.

I, Judy Wright hereby authorize J. J. Leftwich 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 2d day of Feb 1898.

Judah H Wright [L. S.]

Executed in the presence of
R. W. Milner
W. M. Roysdale,
Ordinary.

Wright, Judy H.
DeKalb County

For Those Heretofore Paid

1898.

NO. 2664

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO
Mrs. Judy Wright
OF
DeKalb County,
Widow of M. J. Wright

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
2/2 1898.
AND HANDED TO
J. J. Leftwich

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

State of Georgia, DeKalb County,

I, Judy Wright hereby authorize L. G. Brantley Jr 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 13 day of Jan 1899.

Judah H Wright [L. S.]

Executed in presence of
W. A. Bond
W. M. Roysdale
Ordinary.

Wright, Judy H.
DeKalb Co.

For Those Heretofore Paid.

1899.

NO. 3167

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO
Mrs. Judy Wright
OF
DeKalb County
Widow of M. J. Wright

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED
2/6 1899.
AND HANDED TO
L. G. Brantley Jr

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. Judy Wright

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 8th 1835, That she is the Widow of M. J. Wright 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 1862 That he lost his life on the 10th day of June 1862 (State here full particulars of the husband's death, when, where and from what cause.)

Had measles and died 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, and that she became his wife in the year 1855.

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 2d day of Feb 1898. W M Ragsdale Ordinary.

Judah H Wright
Post-Office Lithonia Ga

State of Georgia, De Kalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Judy Wright 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 2d day of Feb 1898.

W M Ragsdale
Ordinary of De Kalb County.

{ Official Seal. }

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. Judy Wright

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 8th 1835, That she is the Widow of M. J. Wright 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 Mar 1862 and served in the Army up to June 1862 That he lost his life on the 10th day of June 1862 (State here full particulars of the husband's death, when, where and from what cause.)

Had measles while in service and died at 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, and that she became his wife in the year 1855.

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

Sworn to and subscribed before me, this 13 day of Jan 1899. W M Ragsdale Ordinary.

Judah H. Wright
Post-Office

State of Georgia, De Kalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Judy Wright 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 8th day of Oct 1835

Given under my official signature and seal this the 13 day of Jan 1899.

W M Ragsdale
Ordinary of De Kalb County.

{ Official Seal. }

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, Judy H. Wright hereby authorize W. J. Terry 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.

Judah H. Wright [L. S.]

Executed in presence of

J. L. Argo
W. M. Ragsdale
Ordinary.

Wright, Judy H.
De Kalb County

To Those Heretofore Paid.

1900.

NO. 262

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO Mrs. Judy Wright OF De Kalb County,

Widow of M. J. Wright

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED Feby 12 1900,

AND HANDED TO W. J. Terry

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, Mrs Judy Wright hereby authorize W. J. Terry 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 9 day of Jan 1901.

Judah H. Wright [L. S.]

Executed in presence of

W. M. George
W. M. Ragsdale
Ordinary.

Wright, Judy H.
De Kalb Co Judy H.

To Those Heretofore Paid.

1901.

No. 376

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO Mrs. Judy Wright OF De Kalb County.

Widow of M. J. Wright

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED Feby 21 1901,

AND HANDED TO W. J. Terry

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. Judy Wright

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 8" 18 35. That she is the Widow of M. J. Wright who was a soldier in Company D of the 42 d Regiment of Ga. Volunteers, that he enlisted in said regiment on or about the month of March 186 2 and served in the Army up to June 186 2 That he lost his life on the 10th day of June 186 2 (*State here particulars of the husband's death, when, where and from what cause*) Died with measles 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, and that she became his wife in the year 18 35.

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

Sworn to and subscribed before me, this 10 day of Jan 1900. W M Ragsdale Ordinary.

Judah H Wright Post Office

State of Georgia, De Kalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Judy Wright, 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 8 day of Oct 18 35.

Given under my official signature and seal, this the 10th day of Jan 1900.

W M Ragsdale Ordinary of De Kalb County.

{ Official Seal. }

STATE OF GEORGIA, County of De Kalb } Personally Comes Mrs. Judy Wright

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 8" 1835. That she is the Widow of M. J. Wright who was a soldier in Company D of the 42 d Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 186 2 and served in the Army up to June 186 2 That he lost his life on the 10th day of June 1862 (*State here particulars of the husband's death, when, where and from what cause*) Died with measles 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, and that she became his wife in the year 18 35,

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. W M Ragsdale Ordinary.

Judah H Wright Post Office Klondike

State of Georgia, De Kalb County. } I W M Ragsdale Ordinary of said County, certify that I am well acquainted with Mrs. Judy Wright, 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 8" day of Oct 18 35.

Given under my official signature and seal, this the 9th day of Jan 1901.

W M Ragsdale Ordinary of De Kalb County.

{ Official Seal. }

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

I, Mrs Judah H Wright, hereby authorize
W. J. Terry of De Kalb
to receive and receipt for the pension paid hereon, and request that he remit same to
at

In Witness Whereof, I have hereunto set my hand and seal, this 17th
day of Jan 1902.

Judah H Wright [L. S.]

Executed in presence of
W M Rogsdale
Ordinary.

To Those Heretofore Paid.

1902.

No. 366

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs Wright Judy
of De Kalb County,
Widow of M J Wright
Co. D Regiment 4th,

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/17 1902
AND HANDED TO
W J Terry

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

STATE OF GEORGIA,
DeKalb County.

I, Mrs Judah H Wright, hereby authorize
M J Wright 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 9
day of Jan 1903. Judah H Wright [L. S.]

Executed in presence of
J W Terry
W M Rogsdale
Ordinary.

Wright, Judy, Dekalb County

To Those Heretofore Paid.

1903.

No. 362

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs Judah Wright
of DeKalb County,
Widow of M J Wright
Co. D Regiment 4th.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/23 1903.
AND HANDED TO
M J Wright

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally comes Mrs. Judy Wright

who, being sworn, says on oath that she is a bona fide resident of said County of De Kalb State of Georgia; and that she has RESIDED in said State continuously ever since Oct 8th 1835. That she is the Widow of M J Wright 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 Mar 1862, and served in the Army up to June 1862. That he lost his life on the 10th day of June 1862 (State here particulars of the husband's death, when, where and from what cause) Died with measles 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, and that she became his wife in the year 1855.

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. Judy H Wright

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. Judy Wright, 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 8th day of Oct 1835.

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. Juda Wright

who being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 8th 1835. That she is the Widow of M J Wright 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 1862. That he lost his life on the 10 day of June 1862 (State here particulars of the husband's death, when, where and from what cause.) Died with measles 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, and that she became his wife in the year 1855.

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. Juda H Wright

W M Rogsdale, Ordinary. Post-Office Klondike Ga.

State of Georgia, De Kalb County. } I, W M Rogsdale Ordinary of said County, certifiy that I am well acquainted with Mrs. Juda Wright, 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 8th day of Oct 1835.

Given under my official signature and seal, this the 10 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, Judy Wright hereby authorize V.B. White 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 13 day of January 1904.

Judith H. Wright [L. S.]

Executed in presence of
James R George
Ordinary

Wright Judy H.
DeKalb County

TO THOSE HERETOFORE PAID.

1904.

No. 171

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO Mrs. Judy Wright OF DeKalb County, Widow of M J Wright Co. D Regiment 42

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/25 1904,

AND HANDED TO V B White

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Mrs Judy Wright, hereby authorize V B White of Lithonia Ga to receive and receipt for the pension paid hereon, and request that he remit same to Judy Wright at Lithonia Ga

In Witness Whereof, I have hereunto set my hand and seal, this 10 day of 10 January 1905.

Judith Wright [L. S.]

Executed in presence of
James R George
Ordinary

Wright Judy
DeKalb County

To Those Heretofore Paid.

1905.

No. 213

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO Mrs. Judy Wright OF DeKalb County, Widow of Marshall Wright Co. D Regiment 42 Cos

JOHN W. LINDSEY, *Commissioner of Pensions.*

WARRANT ISSUED 1/23 1905.

AND HANDED TO V B White

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. Judy Wright

who, being sworn says on oath, that she is a bona fide resident of said County of DeKalb State of Georgia, and that she has RESIDED in said State continuously ever since Oct 8, 1835. That she is the Widow of M. J. Wright who was a soldier in Company D of the 42 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Mar 186 2, and served in the Army up to June 186 2. That he lost his life on the 10 day of June 18 62 (*State here particulars of the husband's death, when, where and from what cause.*)

Died with measles, 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, and that she became his wife in the year 18 55

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

Sworn to and subscribed before me, this 13 day of Jany 1904. James R Georgia Ordinary.

Judy H Wright
Post Office Lithonia Ga

State of Georgia, DeKalb County. } I, James R Georgia Ordinary of said County, certify that I am well acquainted with Mrs. Judy Wright, 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 8 day of Oct 18 35

Given under my official signature and seal, this the 13 day of Jany 1904.

James R Georgia
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. Judy Wright

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 Marshal Wright who was a soldier in Company D of the 42 Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of March 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 Measles Knoxville June 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, 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 10 day of Jany 1905. James R Georgia Ordinary.

Judy Wright
Post-Office Lithonia Ga

State of Georgia, DeKalb County. } I, James R Georgia Ordinary of said County, certify that I am well acquainted with Mrs. Judy Wright. 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 1905.

James R Georgia
Ordinary of DeKalb County.

{ Official Seal. }

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKalb COUNTY.

I, Judy Wright, hereby authorize V B White of Lithonia Ga to receive and receipt for the pension paid hereon, and request that he remit same to Judy Wright at Lithonia Ga

In Witness Whereof, I have hereunto set my hand and seal, this 9th day of January 1906.

Judy Wright [L. S.]

Executed in presence of
James R George
Ordinary

Wright, Judy
To Those Heretofore Paid.

1906.

No. 106

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs. Judy Wright
OF
DeKalb County,
Widow of M. Wright
Co. L Regiment 42 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/22 1906,
AND HANDED TO
V B White

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
DeKALB. COUNTY.

I, Judy Wright hereby authorize V. B. White to receive and receipt for the pension paid hereon, and request that he remit same to Judy Wright at Lithonia Ga

In Witness Whereof, I have hereunto set my hand and seal, this 10 day of January 1907.

Judy Wright [L. S.]

Executed in presence of
James R George
Ordinary

Wright, Judy
DeKalb County
To Those Heretofore Paid.

1907.

No. 194

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO
Mrs. Judy Wright
OF
DeKALB County,
Widow of Marshall Wright
Co. L Regiment 42 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
1/31 1907,
AND HANDED TO
V B White

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of De Kalb } Personally comes Mrs. Judy Wright

who, being sworn, says on oath that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has resided in said State continuously ever since Oct 35. That she is the Widow of Marshall Wright who was a soldier in Company [illegible] of the 42 Georgia Regiment of Volunteers, that he enlisted in said regiment on or about the month of March 186 2 and served in the Army up to June 186 2 That he lost his life on the 10th day of June 1862 (State here particulars of the husband's death, when, where and from what cause.)

Died of measles 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, 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 9 day of Jany 1906. James R George Ordinary.

Judah Wright

Post Office Lithonia Ga

State of Georgia, De Kalb County. } I James R George Ordinary of said County, certify that I am well acquainted with Mrs. Judy Wright, 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 9th day of Jany 1906.

Official Seal

James R George Ordinary of De Kalb County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of DeKALB. } Personally comes Mrs. Judy Wright

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 Marshall Wright who was a soldier in Company D. of the 42nd Ga Regiment of Volounteers. that he enlisted in said regiment on or about the month of March 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 Measles, Knoxville, June, 1862

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

I have been paid a pension as a resident of De[illegible]3. County, for the year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 10 day of Jany 1907. James R George Ordinary.

Judy Wright

Post Office Lithonia Ga

State of Georgia, DeKALB. County. } I James R George Ordinary of said County, certify that I am well acquainted with Mrs. Judy Wright, 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 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.

Georgia Dekalb county

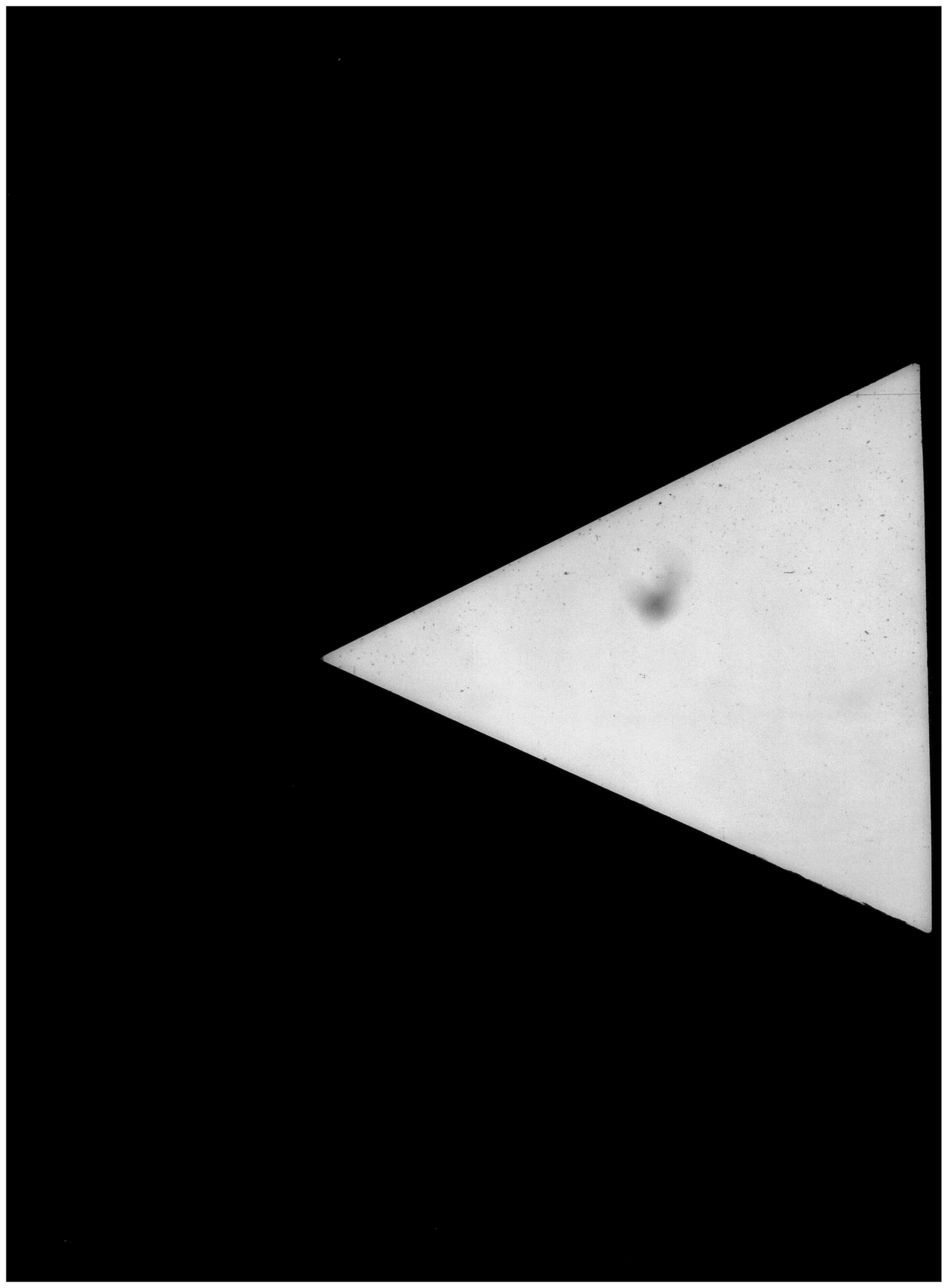
Know all men by these presents that I Mrs J H Wright of said State and county have authorized and appointed M J Wright of the county of Dekalb and State aforesaid for me and in my name to collect and ~~[illegible]~~ receive all pension money now due me from the State of Georgia and to execute and deliver all receipts and acquittances necessary for the completion of the transaction herein contemplated all of which the said M J Wright my attorney in fact is authorized to do as completely as I might or could do were I personally present In witness whereof I the said Mrs J H Wright have hereto set my hand and seal this the 8 day of February 1892

Judith H. Wright (S S)

Signed sealed and delivered in presence of

V. L. Lallerstedt

H A Reagin J P



Wright, William A.
DeKalb Co.

No. C.K. Jan 1910

INDIGENT PENSION.

1909

Name W A Wright

County DeKalb

Co. K - 38 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.

Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr., Atlanta, Georgia.

9-30-09

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

_____

_____

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

_____

Wright, William A
Co. K 1st Ga Cav
DeKalb Co

No. _____

INDIGENT PENSION.

1907

Name W A Wright

County DeKalb

Co. K - 38 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.

Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr., Atlanta, Georgia.

4-30-07

Every Question MUST Be Answered.

STATE OF GEORGIA,
DeKalb COUNTY.

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

1. What is your name and where do you reside? (Give, State, County and Postoffice.) State of Georgia DeKalb Co. Edgewood
2. How long and since when have you been a resident of this State? 63 years 8 months since the 15 day of January 1846
3. When and where were you born? Henry County Geo. Jan 15 1846
4. When and where and in what company and regiment did you enlist or serve? September 1861 in Company A. 38 Ga. volunteers
5. How long did you remain in such company and regiment? Something over 4 years or until the close of the war. except the last year of the war I was a prisoner of war
6. When and where was your company and regiment surrendered and discharged? ~~A Appomattox Va~~ ~~[illegible]~~
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 was a prisoner of war at Elmira N.Y. was Captured on 3rd day of June 1864
9. How much can you earn (gross) per annum by your own exertions or labor? Very little
10. What has been your occupation since 1865? I have been in different lines of business
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Infirmity and poverty.
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? No Eyesight Disease I suffer from nervous weakness also indigestion which causes shortness of breath. also pains and weakness in my hips.
13. What property, real and personal, or income, do you possess, and its gross value? None.
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? My last property was sold under foreclosure of mortgage for debt or borrowed money
15. In what County did you reside during those years, and what property did you then return for taxation? Fulton County in Fulton returned my home corner Jackson and Georgia
16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? I was able to work part of that time.
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? Dont know how much it cost. paid all I made
18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? Different kinds of work any thing I could get to do
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 She has an interest in a small piece of property which was left her for life the rest dont support her
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 I was with the house 3 years
22. How many applications have you ever made and under what class? This my first

Sworn to and subscribed before me this the 28 day of Sept 1907

James R. George Ordinary.

of DeKalb County.

W. A. Wright Applicant.

STATE OF GEORGIA,
Dekalb County.

[redacted]wis Brown of said State and County, having been presented as a witness in support of the application of W. A. Wright 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?
Lewis Brown Dekalb County Ga

2. Are you acquainted with W. A. Wright the applicant; if so how long have you known him? I am all his life

3. Where does he reside, and how long and since when has he been a resident of this State?
Edgewood Ga all his life

4. When, where and in what company and regiment did he enlist, and how do you know?
September 1861 company K 38 Ga Volunteers

5. Were you a member of the same company and regiment? I was

6. How long did he pefrorm regular military duty from 1861 to 1865

7. When and where was his command surrendered?
April 1865 Appomattox

8. Were you present when it surrendered? I was

9. Was applicant present? no He was not

10. If he was not present, where was he? he was a Prisoner in Elmira N Y
When did he leave his command? he was captured 3 dy June 1864 For what cause? a Prisoner
By what authority he left? he was captured June 3/864 How do you know all of this?
I was present and Know it of my on knowledge

11. What property, effects or income has the applicant? (Give your means of knowledge.)
Nothing

12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? nothing
had none to dispose of

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
Has not Had none to Convey

14. What is the applicant's occupation and physical condition? he has none
works at any thing he can get to do his
Physical condition not Good

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

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?
He Supported himself as best he could & by his son

17. What portion of his support for these four years was derived from his own labor or income?
I do not Know he lived on what he could Make

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code as above Stated his Physical is
not Good

19. Who composes family? What property have they? Children's ages and their earning capacity?
He has a Wife has Interest in a Small
peice of Property Rent from same does not Support her

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

Sworn to and subscribed before me, this the 29 day of Sept 1909

Lewis Brown
Witness.

James R George Ordinary.

STATE OF GEORGIA,
Dekalb County.

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

Indigestion, Muscular rheumatism and irritation of prostate gland causing him to urinate frequently at night (some four or five times) also imperfect vision, all of which renders him unfit to make a support

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

Joseph H Green M D
W. J. Houston M D

Sworn to and subscribed before me, this the 29 day of Sept 1909

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 W A Wright resides in said County, and has been a bona fide resident of this State since the all his life ~~[illegible]~~ and that the witnesses, viz.: Lewis Brown

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

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

I further certify that the tax digest of Dekalb County shows that applicant returned for taxation in his name in 1901 _____ Dollars of property, and in 1902 _____ Dollars of property; in 1903 _____ Dollars of property; in 1904 _____ Dollars of property; in 1905 _____ Dollars of property.

Nothing

In my opinion the foregoing claim is 29 made in good faith.

Witness my hand and seal of office, this 29 day of Sept 1909

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.

Wright, Wm. A.
DeKALb Co.

For DeKalb County

~~1924~~ 1926

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness and funeral)

V. S. Morgan Ordinary

For Wm Aron Wright

Date of Death Nov 23, 1925

Amount $100.00 ok

Approved and ordered paid

John W. Clark 1924

~~C. E. McGREGOR~~,
Commissioner of Pensions.

Received of V. S. Morgan Ord
check for $100.00 for Wm A. Wright
Aretty J. Saunders
J. B. Saunders V. Pres

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.

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)
(Under Act Approved August 15, 1904)

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes J W Awtrey of said County, who, after being sworn, on oath says that he knew Wm Aron Wright of said County, and that said Pensioner was on the Service Pension Roll of DeKalb County at the time of death, which occurred in November DeKalb County, in this State, on the 23 day of November 192 5, and that a Pension of One Hundred ($100 00) Dollars was due pensioner and unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $223 50, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me
this 24 day of May 1926
V. D. Morgan, Ordinary
DeKalb County
(Seal of Ordinary)

J. W. Awtrey.

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. D. Morgan, Ordinary of said County, do certify that I personally know J. W. Awtrey, 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 Wm A. Wright while in life and that this was the same person whose name appears on the Service Pension Roll of DeKalb County, and was paid a Pension of One Hundred forty ($140 00) Dollars in said County for 1925, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 24 day of May, 1926.
(Seal of Ordinary)
V. D. Morgan, Ordinary
DeKalb, County

INSTRUCTIONS:

1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and 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 expenses of last illness and funeral, to make out their accounts in fully itemied form, giving each item and the value of it, and each date.

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

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

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

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

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

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

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

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

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

JOS. W. AWTRY, Pres. & Treas. — FRANK B. LOWNDES, Vice-Pres. & Mgr.

Atlanta, Ga., May-29-1926. 192

M Mr. W. T. Buchannon.

#919 Atlanta Natl Bank Bldg. City.

TO AWTRY & LOWNDES CO., DR.
FUNERAL DIRECTORS
AUTO AMBULANCE
17 WEST CAIN STREET

Phone Ivy 5613
Phone Ivy 5614

For the funeral of Mr. Wm. Aren Wright.
November-23-1925.

Personally appeared before me comes: J.W. Awtry, President & Treas. of Awtry & Lowndes Co. duly deposing; Who upon oath states the above bill to be Just, Due, and Paid. Same being for the funeral of Mr. Wm. Aren Wright deceased.

J. W. Awtry
Pres. & Treas.

Seal.

Casket.	125.00
Embalming.	15.00
Hearse.	10.00
Vault.	50.00
Robe.	15.00
Underwear.	2.00
Pallbearers gloves.	2.00
Papers.	4.50
Amount.	$ 223.50

Duplicate

Bessie M. Hatcher
Notary Public.
My commission Expires 1930

JOS. W. AWTRY, Pres. & Treas. — FRANK B. LOWNDES, Vice-Pres. & Mgr.

Atlanta, Ga., May-29-1926. 192

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Underwear.	2.00
Pallbearers gloves.	2.00
Papers.	4.50
Amount.	$ 223.50

Bessie M. Hatcher
Notary Public.
My commission expires 1930

NAME Wright, W.A. (William) YEAR 1910 COUNTY DeKalb

WHEN AND WHERE BORN? Jan.15,1846- Henry County, Georgia.

ENLISTED WHEN AND WHERE? Sept. 1861,- Does not state where.

RANK.

COMPANY AND REGIMENT? Co.K. 38th,Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? June 3rd,1864. In Prison, Elmira, N.Y.

RELEASED. Does not state when or where.

WHEN AND WHERE SURRENDERED? Command surrendered: April 1865, Appomattox, Virginia.

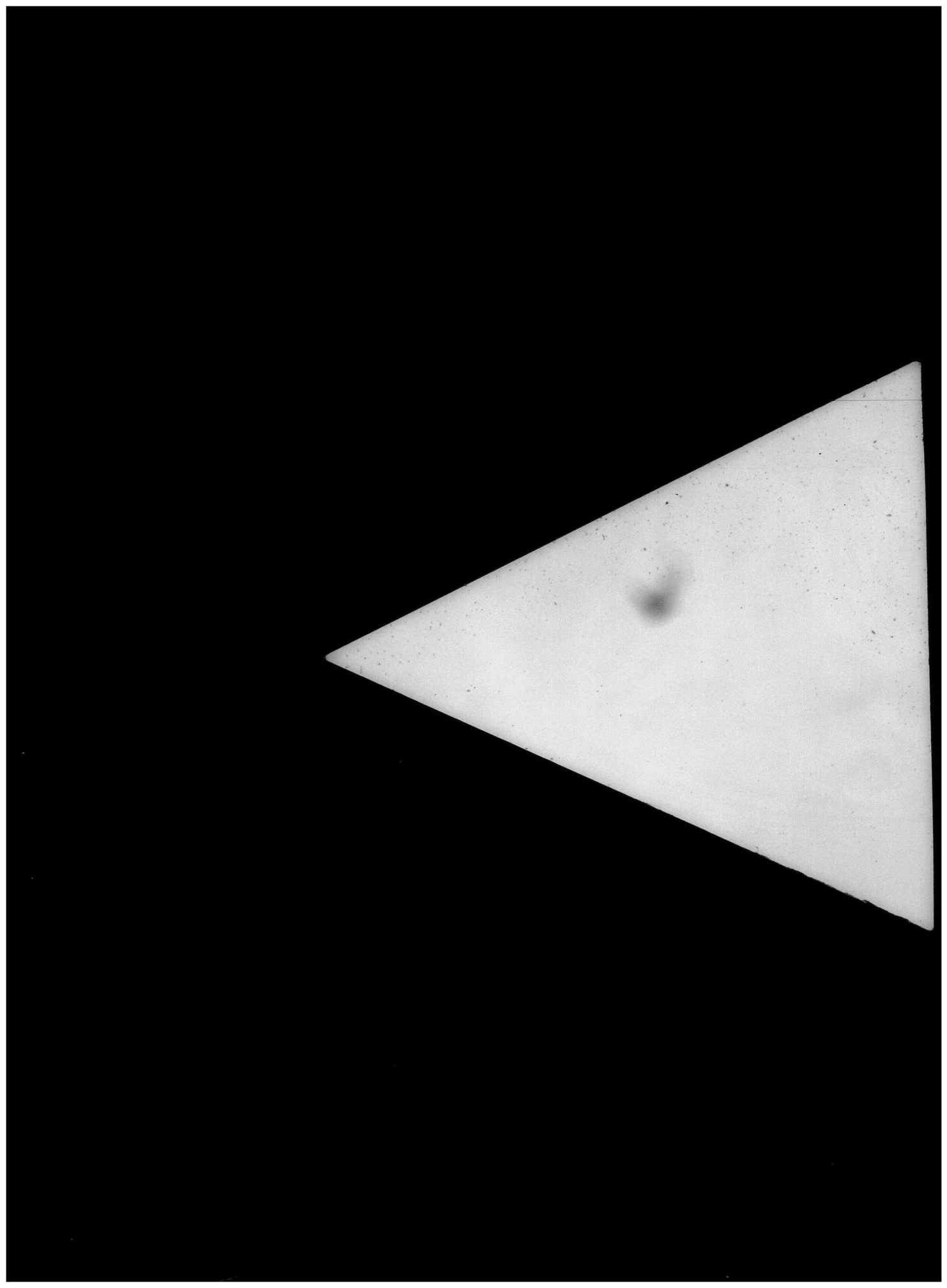
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? A prisoner of war at Elmira,N.Y.,

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. Lewis Brown,- Same Command- No data.

mh.



State Dept. Public Welfare,
Atlanta, Dec. 21, 1937.

Thos. W. Young enlisted as a private in Co. C, Cobb's Legion Ga. Inf. Mch. 8, 1862. Wounded, left hand permanently disabled, May 3, 1862. Roll for Jan. 30, 1865, last on file, shows him present.

Director Confederate Records Div.

RECORD O. K.
Young, Nancy N.

Widow's Application

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

County DeKalb
Name Mrs. Nancy N. Young
Widow of T. W. Young
Date of Marriage November 27 1890
Date of Husband's Death Feb. 1923
Company C
Regiment Cobb's Legion Ga. Inf.
Approved DEC 27 1937 193
Director.

AUG 11 1937

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

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

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

(SEAL OF ORDINARY) V. S. Morgan, Ordinary.

of DeKalb County.

INSTRUCTIONS:

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

State Dept. Public Welf
Atlanta, Dec. 21, 1937

Thos. W. Young enlisted
private in Co. C, Cobb'
Ga. Inf. Mch. 8, 1862.
left hand permanently d
May 3, 1862. Roll for
1865, last on file, sho
present.

Director Confederate Rec
Div.

1849

RECORD O. K.

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

County DeKalb

Name Mrs. Nancy N. Young

Widow of T. W. Young

Date of Marriage November 27 1890

Date of Husband's Death Feb. 1923

Company

Regiment

Approved DEC 27 1937 193

Director.

AUG 11 1937

Ordinary's Certificate

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DeKalb COUNTY.

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

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6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

OF A CONFEDERATE SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DeKalb COUNTY.

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

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County) Mrs. Nancy N. Young - Lithonia, DeKalb County, Ga. Route #2
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All life

Give date, or year, of your birth. August 15, 1853 Age? 85

3. (1)**When,** (2)**where** and (3)**to whom** were you married? Married November, 1890 in Henry County to T. W. Young

a. Have you married since the death of first and soldier husband? no

b. When and where did your first husband die? Died February, 1923 at Lithonia, Ga.

c. Were you residing together when he died? yes

d. If not, how long had you resided apart? x

e. Are you now a widow? yes

f. Have you or your husband heretofore been paid a pension by the State? Received pension from DeKalb County

g. If so, when and for what cause were you or your husband placed on the roll? Service in Confederate Army

SECTION II.

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

1. **When, where** and **in what Company and Regiment** did your husband enlist as a soldier in Confederate Army or Georgia Militia. (**Give name of Colonel and Captain.**) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.

2. When and where did the Commands of your husband surrender or discharge from the Service?

3. Was your husband personally present with his Command when it was surrendered or discharged?

4. If he was not present, state specifically and clearly where he was?

5. When did he leave the Command?

a. For what cause did he leave?

b. By whose authority did he leave?

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

e. What was his physical condition when he left his Command?

f. What effort did he make to return to his Command?

g. In what way was he prevented from going back to his Command?

h. Was he captured by the enemy at any time?

i. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the 27 day of July, 1937.

V. S. Morgan, Ordinary

of DeKalb County.

(SEAL OF ORDINARY)

Mrs. Nancy N. Young her mark Applicant.

(Read carefully before making this affidavit.)

State of Georgia,

County of .....

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

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;

2. That her deceased husband **was not** a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;

3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;

4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

.....

Sworn to and subscribed before me, this the

..... day of ....., 193 .

....., Ordinary,

.....County.

STATE OF GEORGIA,

DeKalb COUNTY.

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

1. What is your name and where do you reside? (Give Post Office and County) J. A. Stephenson - Lithonia, DeKalb County, Ga. Route #2

2. How long and since when have you known Mrs. Nancy N. Young applicant 55 years

3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? Lithonia, Ga. #2 - All life

4. When and to whom was she married? Married Nov. 1890 T. W. Young How do you know? Present at marriage

5. How long and since when did you know T. W. Young her husband? Since 1890

6. When and where did T. W. Young the husband of applicant, die? Died at Lithonia, Ga. February, 1923

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

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

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

9. When, where and in what Company and regiment did ..... enlist? (Give date and place) .....

10. How did you obtain your information of this service? .....

11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) .....

12. When and where was his Command surrendered or discharged? (Give date and place.) .....

13. Were you personally present with this Command when it was surrendered? ..... If not, where were you ..... and how came you there? .....

14. Was the husband of applicant personally present with his Command at its surrender? ..... If not where was he? ..... and how came him there? ..... When, where and for what cause did he leave his Command? (Give date.) ..... By whose authority did he leave his Command? ..... and how long was he granted leave? ..... How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically) .....

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

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

17. Was he captured as a prisoner? ..... If so, when and where? ..... In what prison was he held? ..... amd when released? .....

Sworn to and subscribed before me, this the

27 day of July, 193 7

V. A. Morgan, Ordinary

of DeKalb, County.

(SEAL OF ORDINARY)

J. A. Stephenson
(Witness)

License was issued to T. W. Young
and Mrs Nancy A. Stephenson
on 27 day of Nov. 1890
by W. N. Nelson Ordinary
of Henry Co Ga

J. O. Torpley Ordinary
Henry County Georgia

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS:

MRS. NANCY N. YOUNG, WIDOW OF T. W. YOUNG,

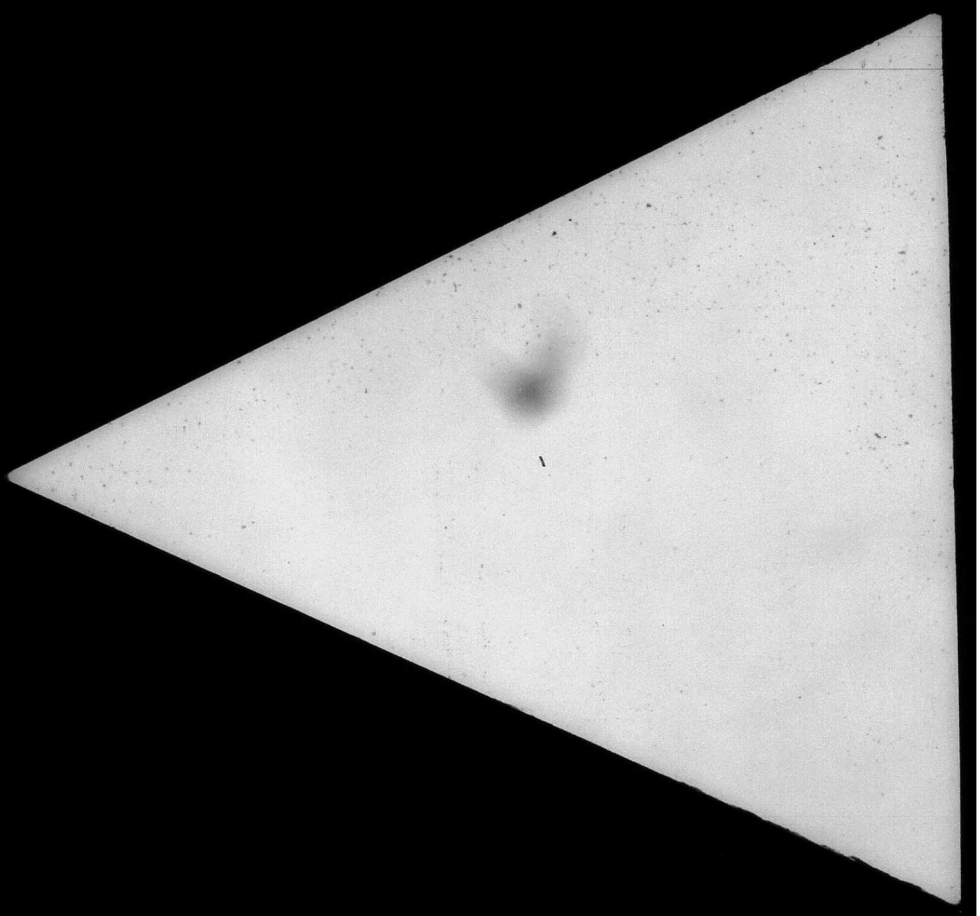
has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married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

ORDERED:

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

This, the 27th day of December 1937.

L. Thos. Dillon
Director, Confederate Division
State Department of Public
Welfare



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.

Young T. W.
Dekalb Co.

No. 1104

APPLICATION FOR ALLOWANCE

FOR

Loss of our fingers & 1 thumb. W

Applicant. Thos M. Young

County Dekalb

Amount 25

Date of Warrant Mch 5

Entered on record

Mch 5 1887

W H

SECRETARY EXECUTIVE DEPARTMENT.

Applicant

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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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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.

DeKalb Co.

No. 11042

APPLICATION FOR ALLOWANCE

FOR

Applicant Lee Pitman Private Co. G 1st Ga. Vols.

County DeKalb

Amount $24

Date of Warrant March 14

Entered on record March 14 1889

SECRETARY EXECUTIVE DEPARTMENT.

Affidavit

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY appears J W Young of DeKalb county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such since the Sixteenth day of September 1887; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C, of th Regiment of Volunteers Cobbs Legion's Brigade; that whilst engaged in such military service, at the battle of Chancellorsville in the State of Va, on the 3 day of May 1863, he was wounded as follows: With a minnie ball in left hand causing total loss of the middle finger of said hand producing a permanent disability to whole hand

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 25th day of Feb 1889

J W Young

W M Sappington
Notary Public
DeKalb Co.

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,
DeKalb County.

PERSONALLY came before me J K Argo of the county of DeKalb State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company G, of 5th Georgia Regiment of Stevens Rifles Volunteers, and that deponent knows J W Young, 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 J W Young as stated by him in said affidavit. Deponent further states that said J W Young is a *bona fide* citizen of this State and resides in DeKalb county.

Jas R Young J P DeKalb Co

J L Argo 1st Lieut Comp G 5th Ga

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

STATE OF GEORGIA,
_____ County.

PERSONALLY came _____

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

Sworn to and subscribed before me, this _____ day of _____ 188 _____

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

STATE OF GEORGIA,
De Kalb County.

PERSONALLY comes before me W M Ragsdale Ordinary of said county, [illegible] and Chas L. Summey, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Thos W. Young and after such examination say that the applicant has been injured as follows: By Gunshot wounds producing fracture of middle metacarpal bone of left hand necessitating resection and by continuity of inflammation involved the whole hand which we believe to be essentially useless and the injury permanent.

Sworn to and subscribed before me, this 4" day of March 1889

J. L. Hingston M.D.
Chas. L. Summey M.D.

W M Ragsdale
ORDINARY.

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

STATE OF GEORGIA,
De Kalb County.

I, W. M. Ragsdale, Ordinary of said county, do certify that I am well acquainted with T. W. Young, 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 Jas R George before whom the foregoing affidavits were made and power of attorney was signed, is a Justice of Peace of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 4" day of March 1889

W M Ragsdale
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

Know all Men by these Presents, That I, _____ of _____ county, in said State, do hereby appoint _____ of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military 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. W. Young 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 3d day of February 1890.

W. M. Ragsdale.
Ordinary De Kalb County.

Young, J. W.
De Kalb Co.
Young, J. W.

1890.

No. 270

APPLICATION FOR ALLOWANCE.

FOR YEAR ENDING OCTOBER 26, 1890.

—FOR—

Left Hand disabled

Applicant, J. W. Young
County, De Kalb
Amount, 25 00
Date of warrant, Feby 5
Entered on record Feby 5 1890
W. H. H.
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO
Applicant

STATE OF GEORGIA,
De Kalb County.

I, W. M. Ragsdale, Ordinary of said County, do certify that I am well acquainted with J. W. Young 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 Feb 1891.

W. M. Ragsdale
Ordinary De Kalb County.

Young, J. W.
De Kalb Co.

1891.

Young, J. W.

No. 1211

Application for Allowance

FOR YEAR ENDING OCTOBER 26, 1891.

—FOR—

Hand disabled

Applicant, J. W. Young
County, De Kalb
Amount, 25
Date of Warrant, Feb 19 1891
Entered on record Feb 19 1891
W. H. H.
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO
Applicant

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears F. W. Young 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 16 day of Sept 1837; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C, of 1st Regiment of Georgia Legion's ~~Brigade~~; that whilst engaged in such military service, at the battle of Chancellorsville in the State of Va, on the 3d day of May 1863, he was wounded as follows: Shot with a minnie ball in the left hand causing a loss of one finger and the drawing of the hand so that it is 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 ending October 26, 1890. I have heretofore been allowed a pension of Twenty five dollars.

Sworn to and subscribed before me, this the 3d day of Feb 1890

Thomas M Young

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 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 F. W. Young 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 1837; that he enlisted in the military service of the Confederate States (or of the State of Private Ga) during the war between the States, and served as a Private in Company C of 4th Regiment of Ga Volunteers's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Va, on the 3d day of May 1863, he was wounded as follows: Shot in left hand causing loss of middle finger also by stiffening of the Wrist and hand the left hand thus rendering said Arm and hand essentially and Substantiantially useless

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

Sworn to and subscribed before me, this, the 9" day of Feb 1891. F W Young

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, F. W. Young of DeKalb 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.

We Concur much to this effidavit and Sworn to and Subscribed before me this 9th day of Feb 1891.

R L Moore J.P.
Stone Co. Ga.

STATE OF GEORGIA,
De Kalb County.

I, W. M. Rogsdale Ordinary of said county, do certify that I am well acquainted with J. W. Young 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 29th day of Feb 189

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 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.

No. 366

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name J. W. Young
County De Kalb
Disability Hand Dis'd
Amount, $ 25
Entered on record Mch 3 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.
Applicant

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

Young Thomas W. Co

1893.

No. 839

Application for Allowance

For the Year Ending October 26, 1893.

FOR

Dis'd Hand
Applicant, J. W. Young
County, De Kalb
Amount, 25
Date of Warrant, 3/27 1893.
Entered on record, C. W. H. H.

Secretary Executive Department.

WARRANT HANDED TO
Applicant

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears T. W. Young 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 16th day of Sept 1837; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 1st [illegible] th Regiment of Cobbs Legion Volunteers 's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Va, on the 3rd day of May 1863, he was wounded as follows: Shot in left hand causing loss of ring finger and fracturing the bones of hand and cutting the tendons rendering the whole hand 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 Twenty five Dollars for Loss of Hand

Sworn to and subscribed before me this the 29 day of Feb 1892. Thos. W. Young

[illegible] 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.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears T. W. Young 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 1837; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of Cobbs Legion of Ga Volunteers 's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Va on the 3rd day of May 1863, he was wounded as follows: Shot with a minnie ball through the left hand causing loss of middle finger and fracturing the bones so that the hand is permanently injured and rendered quite handless and essentially useless.

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 Five dollars, for Disabled Hand

Sworn to and subscribed before me, this, the 20th day of March 1893. Thos. W. Young

[illegible] 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, [illegible] 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 that he is disabled, to the extent he claims*, and I know he is the individual he represents himself to be, and that he resides in this County.

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

Given under my official signature and seal, this 20th day of March 1893.

[illegible] 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. 832

Soldier's Pension.

1894.

Name Young, T. W.

County De Kalb

Disability Hand wound

Amount, $ 25.00

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.

Young, Thomas W.
De Kalb Co.

(For Those Already Enrolled.)

No. 277

SOLDIER'S PENSION.

1895.

Name W. T. Young

County De Kalb

Disability .....

Amount, $ 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 J W Young 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 14 day of Sept 1837; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C, of Cobbs Legion th Regiment of Ga Volunteers, 's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Va, on the 3rd day of May 1863, he was wounded as follows: Shot in the left hand causing loss of one finger and drawing up the leaders of hand rendering same substantially useless

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

Sworn to and subscribed before me, this the 5th day of March 1894. } J W Young.

W M Ragsdale Ordinary.

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

STATE OF GEORGIA, }
De Kalb County. }

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

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

Affix your seal here.

W M Ragsdale

Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears J W Young 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 14 day of Sept 1837; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of Cobbs Legion th Regiment of Ga Volunteers, 's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Va on the 3rd day of May 1863, he was wounded as follows: Shot with a minnie ball in left hand causing loss of finger and causing hand to draw in so as to destroy use of same rendering it 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 $ dollars, for the year 1894.

Sworn to and subscribed before me, this the 18th day of Feb 1895. } Thos W Young Jr

W M Ragsdale. Ordinary.

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

STATE OF GEORGIA, }
De Kalb County. }

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

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

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

.....
.....

Myerney, G. H.
De Kalb Co

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 946

SOLDIER'S PENSION.
1896.

Name T. W. Young
County De Kalb
Disability Hand
Amount, $ 25.00
No. 128th 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
Appt

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 ..... 1897.

..... [L. S.]

Executed in presence of

.....
.....

De Kalb Co
Young Thomas W.

ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 86

INVALID
SOLDIER'S PENSION.
1897.

Name T. W. Young
County De Kalb
Disability Hand
Amount, $ 25.00
2/15 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Appt

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears T. W. Young 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 16th day of Sept 1837; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of Cobbs Legion th Regiment of Ga Volunteers, 's Brigade; that whilst engaged in such military service in the State of Va, on the 3rd day of May 1862 he was wounded, injured or diseased as follows: Shot with minnie ball through the left hand cutting fingers and leaders causing them to draw and rendering the same substantially and essentially useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the 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 189

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

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. W. Young 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.

W. M. Ragsdale

Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears T. W. Young 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 1837; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of Cobbs Legion th Regiment of Volunteers, 's Brigade; that whilst engaged in such military service in the State of Va, on the 3d day of May 1863, he was wounded, injured or diseased of follows: Shot at the battle of Chancellorsville Va in the left hand which so shattered the bone and cuts, leaders as to render the hand 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 8th day of Feb 1897. Thos. W. Young Jr. 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. W. Young 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. 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. 1666

INVALID

SOLDIER'S PENSION.

1898.

Name T W Young

County DeKalb

Disability Hand Wound

Amount, $ 24

2/11 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Myself

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Young, T. W.
DeKalb Co.

CODE SECTION 1250.

(For Those Already Enrolled.)

No. 1148

INVALID

SOLDIER'S PENSION.

1899.

Name T W Young

County DeKalb

Disability Hand

Amount, $ 24

2/10 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Myself

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears T. W. Young 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 1837; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of Cobbs th Regiment of Legion Volunteers, 's Brigade; that whilst engaged in such military service in the State of Va, on the 3d day of May 1863, he was wounded, injured or diseased as follows:

Shot with a minnie ball in left hand at the battle of Chancellorsville Va causing loss of one finger and drawing of hand rendering same almost useless

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

Sworn to and subscribed before me, this, the 11th day of Feb 1898. Thos W Young POST-OFFICE Panola

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 Thos. W. Young 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 Feb 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 T. W. Young 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 1837; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of Cobbs Legion th Regiment of Ga Volunteers, 's Brigade; that whilst engaged in such military service in the State of Va, on the 3 day of May 1863, he was wounded, injured or diseased as follows:

Was shot with minnie ball at the battle of Chancellorsville in left hand causing finger to draw and hand become substantially 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 five Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 31 day of Jan 1899. T. W. Young POST-OFFICE Panola 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 T. W. Young 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 120.
(For Those Already Enrolled.)

No. 3

INVALID
SOLDIER'S PENSION.
1900.

Name T W Young
County DeKalb
Disability Hand
Amount, $ 25.00
Warrant issued Jan 15 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Gen. 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 120
(For Those Already Enrolled.)

No. 3

DISABLED
SOLDIER'S PENSION.
1901.

Name T.W. Young
County DeKalb
Disability Hand
Amount, $ 25.
Jan 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 J. W. Young 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 16 day of Sept 1837; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of Cobbs Legion Regiment of Volunteers, 's Brigade; that whilst engaged in such military service in the State of Va, on the 3d day of May 1863, he was wounded, injured or diseased as follows: Was shot with a minnie ball in the left hand cutting leaders and leaving hand so drawn that deponent is unable to use it in work

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 Four Dollars, for the year 1899.

Sworn to and subscribed before me, this the 15 day of Jan 1900. POST OFFICE Redan

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. W. Young 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 1900.

Affix your seal here.

W. M. Ragsdale
Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
DeKalb County.

Personally appears J. W. Young 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 16th day of Sept 1837; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C, of th Regiment of Cobbs Legion Volunteers, 's Brigade; that whilst engaged in such military service in the State of Va, on the 3rd day of May 1863, he was wounded, injured or diseased as follows: Shot with minnie ball in left hand at battle of Chancellorsville rendering hand 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 DeKalb County been allowed an invalid pension of Twenty five Dollars, for the year 1900.

Sworn to and subscribed before me, this the 12th day of Jan 1901. Postoffice Thos Wyong

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. W. Young 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. 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 _____ 1902.

_____ [L. S.]

Executed in presence of

_____

Young T W
DeKalb G

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 216

DISABLED
SOLDIER'S PENSION
1902.

Name Young T.W.
County DeKalb
Co. C Regiment Cobb
Disability Hand
Amount, $ 25.
1902.

JOHN W. LINDSEY,
Comptroller of Pensions.

WARRANT HANDED TO
Agent

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

_____

Young T W
DeKalb G

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 193

DISABLED
SOLDIER'S PENSION
1903.

Name Young T.W.
County DeKalb
Co. C Regiment Cobb
Disability Hand
Amount, $ 25.
1903.

JOHN W. LINDSEY,
Comptroller of Pensions.

WARRANT HANDED TO
Agent

Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears T.W. Gonny 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 1863; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of Cobbs Legion Regiment of Ga Volunteers, 's Brigade; that whilst engaged in such military service in the State of Va, on the 3 day of May 1863, he was wounded, injured or diseased as follows: at Battle of Chancellorsville was shot in left hand causing hand to draw and be essentially and substantially

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. T.W. Gonny Post-office Lithonia

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.W. Gonny 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. Rogsdale
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 T.W. Gonny 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 1837; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Pvt in Company C, of Cobbs Legion Regiment of Ga Volunteers, 's Brigade; that whilst engaged in such military service in the State of Va, on the 3 day of May 1863, he was wounded, injured or diseased as follows: has wounded in hand at battle of Chancellorsville 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 9 day of Jan 1903. T.W. Gonny Post-office Lithonia

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

Given under my official signature and seal, this 9 day of Jan 1903.

Affix your seal here

W.M. Rogsdale
Ordinary DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

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

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

_____ [L. S.]

Executed in presence of

Young, J. W.
DeKalb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 230

DISABLED
SOLDIER'S PENSION
1904.

Name J. W. Young
County DeKalb
Co. C Regiment Cobbs
Disability Shot in left hand
Amount, $ 25.00

1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]

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 _____ 1904.

_____ [L. S.]

Executed in the presence of

Young, J. W.
DeKalb County

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 240

DISABLED
SOLDIER'S PENSION
1904.

Name J. W. Young
County DeKalb
Co. C Regiment Cobbs Legion
Disability Sun Lead
Amount, $ 25.00

1/23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[signature]

Geo. W. Harrison, State Printer, Atlanta.

no data

...ED PENSIONS.

...unty.

...Young of DeKalb

...g duly sworn, says on oath that he is a *bona fide* citizen ...resided therein continuously ever since the 16 ...7; that he enlisted in the military service of the Confederate States (or of the State of ...) during the war between the States, and served as a Pvt in Company C, of Cobbs Legion th Regiment of Ga. Vols Volunteers 's Brigade; that whilst engaged in such military service in the State of , on the 3 day of May 1863, he was wounded, injured or diseased as follows: Shot minnie ball in left hand loss of finger drain

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 13 day of January 1904.
James R George Ordinary

T W Young
Post-office Lithonia 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 T W Young the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 13 day of January 1904.

James R. George
Ordinary DeKalb County.

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.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.

Personally appears T W Young 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 1837; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company C, of Cobbs Legion th Regiment of Ga Vols Volunteers 's Brigade; that whilst engaged in such military service in the State of , on the 3 day of May 1863, he was wounded, injured or diseased as follows: I was wounded in hand at Chancellorville Va

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 $25-00 Dollars, for the year 1904

Sworn to and subscribed before me, this the 10th day of January 1905
James R George Ordinary

T W Young
Post-office Lithonia 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 T W Young 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 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, 1904.

...ED PENSIONS.

...unty.

...Young of DeKalb

...g duly sworn, says on oath that he is a *bona fide* citizen ...resided therein continuously ever since the 16 ...7; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Pvt in Company C, of Cobbs Legion th Regiment of Ga. Vols Volunteers 's Brigade; that whilst engaged in such military service in the State of , on the 3 day of May 1863, he was wounded, injured or diseased as follows: Shot minie ball in left hand loss of fingers drain

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 13 day of January 1904.
James R George Ordinary

T W Young
Post-office Lithonia 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 T W Young the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 13 day of January 1904.

James R George
Ordinary DeKalb County.

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.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.

Personally appears T W Young 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 1837; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company C, of Cobbs Legion th Regiment of Ga Vols Volunteers 's Brigade; that whilst engaged in such military service in the State of , on the 3 day of May 1863, he was wounded, injured or diseased as follows: Wounded in hand at Chancellorville Va

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 $25-00 Dollars, for the year 1904

Sworn to and subscribed before me, this the 10th day of January 1905
James R George Ordinary

T W Young
Post-office Lithonia 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 T W Young 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 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, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ County.

I, _____ hereby authorize

_____ of _____

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

_____ at _____ by _____

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

_____ [L. S.]

Executed in the presence of

_____

Young, J W,
Pension office 10/4/04

Must file this some testimony
by a witness that of his own knowledge
knows. He said not have known appli-
cant's condition from 1867 to the end
of war, but state in what way his
wound injured him and how it kept him
from returning to duty again before
you render. Prove every fact clearly.
Affidavit will not answer for positive
evidence.

J. W. Lindsey
Com. of Pens.

INDIGENT PENSION.

1903.

Name T. W. Young

County DeKalb

Co. G Cobb Legion Regt.

Approved _____ 1903.

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.

8/24/04 9/15/04

QUESTIONS FOR APPLICANT.

Every Question MUST be Answered.

STATE OF GEORGIA,

DeKalb County.

I W Young 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) T. W. Young In DeKalb County Ga Lithonia Ga
2. How long and since when have you been a resident of this State? Co yrs. 16 day of Sept 1837
3. When and where were you born? 16th of Sept 1837. Columbia County Ga
4. When and where and in what company and regiment did you enlist or serve? March 27th 1862. Decatur Ga Company C Cobbs Legion
5. How long did you remain in such company and regiment? about three years until the war was over
6. When and where was your company and regiment surrendered and discharged? Richmond April 1865
7. Were you present with your company and regiment when it was surrendered? was not
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was at home on wounded furlough May 1863 was wounded by Richmond Surgeon.
9. How much can you earn (gross) per annum by your own exertions or labor? about $30.00
10. What has been your occupation since 1865? Farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? 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?
13. What property, real and personal, or income, do you possess, and its gross value? Nothing no value
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? had nothing made no disposition of nothing
15. In what County did you reside during those years, and what property did you then return for taxation? DeKalb County. nothing
16. How were you supported during the years 1899, 1900, 1901 and 1902? by what little I could do and supported 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? about $75.00
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? Farmer received about $20.00
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 family My wife and children by what I do + my wife does and what little the children children 9 11 years + 13 years old
20. Are you receiving any pension? If so, what amount and for what disability? I Receive from wound in hand $25.00 Wounded in hand
21. Have you ever made an application for pension before? I have for wound
22. How many applications have you ever made and under what class? one disabled Class

Sworn to and subscribed before me this the 13 day of July 1904

James R. Guess Ordinary, of DeKalb County.

T W Young Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Dekalb COUNTY.

J. L. Argo of said State and County, having been presented as a witness in support of the application of T W Young for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J L Argo in Lithonia Dekalb Co Ga
2. Are you acquainted with T W Young, 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? In Dekalb County. 66 years
4. When, where and in what company and regiment did he enlist, and how do you know? March 10th 1862. Decatur Ga I was present
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? March 1862-1865
7. When and where was his command surrendered? Appomattox C H Va 3 days before surrendered
8. Were you present when it surrendered? I was not I was prisoner
9. Was applicant present? he was not he was home on wounded Furlow
10. If he was not present, where was he? At home on Furlow
When did he leave his command? May 1863 For what cause?
By what authority he left? by Regimental Sergent How do you know all of this? I was present and know it to be true
11. What property, effects or income has the applicant? (Give your means of knowledge.) he has no Property but Household Goods
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 has no Property of Real Estate. house hold Goods
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? he has not. had nothing to covey
14. What is the applicant's occupation and physical condition? Farming his Physical Condition bad not able to make a living
15. Is the applicant unable to support himself by labor of any sort, if so, why? he is not by labor of any kind
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? Suppose by what little he did & by the help of children
17. What portion of his support for these four years was derived from his own labor or income? I would say $20.00
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? his Physical Condition is bad
19. Who composes family? What property have they? Children's age and their earning capacity? Wife & three Children they have no Property
20. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this the 13 day of July 1904

J. L. Argo Witness.

James R George Ordinary.

STATE OF GEORGIA,
Dekalb COUNTY.

Personally came before me Dr J T Grace and Dr J M Tribble, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mr Thomas W Yonge Thomas W Yonge, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Gunshot in left hand near the rist join causing the loss of middle finger of left hand. We also find that Mr Yonge is totely disable to do any work

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

J M Tribble M.D.
J. T. Grace M.D.

Sworn to and subscribed before me, this the 13 day of July 1904

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 T W Young resides in said County, and has been a bona fide resident of this State since the 16 day of Sept 1837 and that the witnesses, viz.: J L Argo are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Dekalb County show that applicant returned for taxation in his name in 1899 nothing Dollars of property, and in 1900 none Dollars of property, in 1901 none 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 13 day of July 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

_____

Young, J. W.
DeKalb Co

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 526

INDIGENT
SOLDIER'S PENSION
1906.

Name J. W. Young
County DeKalb
Co. C Cobb Leg Regiment

WARRANT ISSUED
1/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
AJ

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

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

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

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

_____ [L. S.]

Executed in presence of

_____

Young, J. W.
DeKalb Co

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED)

No. 74

INDIGENT
SOLDIER'S PENSION
1907.

Name J. W. Young
County
Co. C Regiment Cobb Leg

WARRANT ISSUED
9/21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
AJ

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

State of Georgia,
De Kalb **County.**

Personally appears J W Young of De Kalb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 16 day of Sept 1837; that he is 64 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company C, of _____ th Regiment of Cobbs Legion; that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this the 7 day of January 1906. J W Young

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 W Young 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 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.

State of Georgia,
DEKALB **County.**

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

that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this the 10 day of Jany 1907. J. W. Young Jr

James R George Ordinary.

State of Georgia,
DEKALB **County.**

I, James R George Ordinary of said County, do certify that I am well acquainted with J. W. Young 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 Jany 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.

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.

Young, T.W.
DeKalb Co.

1923

[redacted]

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid his Widow or Dependent Children)

BY

Mrs. Nancy Young

Widow of Wm. Young

of DeKalb County

Old ~~Soldier~~ Class.

Date of Death Feby 14th 1923

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.

THE INDEX PRINTING CO.

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. Nancy Young, of said County, who after being duly sworn, on oath says that she is the widow of P W Young who was duly enrolled as a old — Pensioner from the County of DeKalb and was paid a Pension of $100.00 Dollars from DeKalb County for 1922 and that the said P W Young died in DeKalb County on the 14 day of Feby 1923 and at the time of his death a Pension of $ was due him from DeKalb County and unpaid for 1923

Applicant further swears that she married the said P W Young on the 28 day of Nov, 1890 in Henry 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 30 day of July, 1923

, Ordinary.
, County.
(SEAL.)

Nancy J. Young (L. S.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, DeKalb **County**

Personally before me comes J. A. Stephenson, who on oath says that he knew P W Young while in life and that he knows Mrs. Nancy J. Young, the above applicant; that he knows that the said P W Young and Nancy Young were in due form of law married in the County of Henry in the State of Georgia on the 28 day of Nov, 1890 and that they were residing together as husband and wife at the time of his death on the 14th day of Feby, 1923 and I know that she is his dependent widow.

Sworn to and subscribed before me this 30 day of July, 1923

James R Georg, Ordinary.
DeKalb County.
(SEAL.)

J. A. Stephenson

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 [illegible] make the payment.
[illegible] this application with your final settlement to the Pension Office.
widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.
pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct [illegible] must be so treated. If widow of a "new" pensioner, who was due 1920 and 1921 pensions, she must make [illegible] applications—one for each year. Attach a separate marriage license to each yellow blank.

widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.
pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct
d must be so treated. If widow of a "new" pensioner, who was due 1920 and 1921 pensions, she must make
plications—one for each year. Attach a separate marriage license to each yellow blank.

Audited Mch. 5 1889.

Wm A Wright
COMPTROLLER-GENERAL.

H E Kalb

Maimed Soldiers.

Voucher No. 1102

Amount. $ 25

Paid to Thos W Young

For Loss of fine fingers & thumb. left hand useless March 5 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

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

Applicant.

Audited 18

COMPTROLLER-GENERAL.

H E Kalb

Maimed Soldiers.

Voucher No. 270

Amount $ 25

Paid to T W. Young

For Left hand Disabled Feby 5 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

Applicant

No. 1104

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. Mch 5 1889

Mr. T W Young of the County
of DeKalb having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1888, and the same having been allowed for
Loss of four fingers & thumb left hand under
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, 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 Hanson
CLERK EXECUTIVE DEPARTMENT.

25.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Twenty five Dollars.
per above voucher, this 5 of March 1889.
Thos W Young

No. 270

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga., Feby 5th 1890

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

J B Gordon
GOVERNOR.

By the Governor,
W.H. Hanson
CLERK EXECUTIVE DEPARTMENT.

2500

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Twenty Five 00 Dollars,
per above voucher, this 5 of Feby 1890
Thomas W Young

Georgia
Dekalb County } I J W Young do
Certify that I was
wounded at Chancellorsville in May
1863 and wounded in My left
hand and wrist and said wounds
rendered me unable to return to
My Command one of My fingers
had to be taken from My hand
and said wound now renders
Me from Making a Support
Sworn to and Subscribed
before me August 2nd 1905
James R George
Ordinary

J. W. Young

Audited ..... 1891.

COMPTROLLER-GENERAL.

Young, J. W.
DeKalb

1891.

Maimed Soldiers.

Voucher No. 1211

Amount $ 25.

Paid to J W Young

For Maimed do

Feby 9 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Approved

MARRIAGE LICENSE

OF

T. W. Young

AND

Mrs Nancy A. Stephenson

Issued Nov 27 1890

and recorded on page 348

Book D of Marriage Licenses.

Wm. H. Nelson

Ordinary.

MARSHALL & BRUCE CO., NASHVILLE

1891.

No. 1211

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 17 1891.

Mr. T. W. Young 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 Hand disabled

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

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

TREASURER'S OFFICE PAID STATE OF GEORGIA

H. J. Northen
GOVERNOR.

By the Governor.

W. A. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

$ 25.00

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

Twenty Five Dollars,

per above voucher, this 17 of July 1891.

Thomas W. Young

No. 493

Marriage License

State of Georgia — Henry County

TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL.

You are hereby authorized to join T. K. Young and Mrs. Nancy A. Stephenson 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 27 day of Nov 1890. Wm F. Nelson (L.S.) Ordinary.

LICENSE OBTAINED UNDER OATH BY

STATE OF GEORGIA — CERTIFICATE — HENRY COUNTY

I Certify that T. W. Young and Nancy A Stephenson were joined in Matrimony by me this 28 day of Nov 1890 Nineteen Hundred and

Recorded 19

M. O. Wiggins

Ordinary.

MARSHALL & BRUCE CO. NASHVILLE, TENN.

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED

Georgia
Dekalb County } I John A. Elam do certify that I am well acquainted with F. W. Young have known him for fifty years and known that he was wounded in the Army in 1863 and futher know he was at home on a wounded furlow and know that his wound prevented him from returning to his command I futher know that his wound never cured up until several years after the war and it now renders him unable to make a living I know this of my own knowledge

Sworn to and Subscribed before me August 2th 1905 } J. A. Elam

James R George
Ordinary

...823. MARSHALL & BRUCE CO., NASHVILLE

State of Georgia, Henry **County.**

ORDINARY'S OFFICE—ss.

I, A. G. Harris, 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,

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 26th day of July 1923

A. G. Harris
Ordinary and ex-officio C. C. O.

NAME, Young, Thomas W. YEAR 1889 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Private Co. C. Cobbs Legion.

NAME OF CAPTAIN AND COLONEL? J.L. Argo. Lieutenant.

WOUNDED? Chancellorsville, Va. May 3rd. 1863. Shot in left hand causing loss of middle finger, disability of whole hand.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Lieutenant J.L. Argo. No data.

NAME Young, T.W. YEAR 1906 COUNTY DeKalb

WHEN AND WHERE BORN? Sept. 16, 1837, Columbia County, Georgia.

ENLISTED WHEN AND WHERE? March 27th, 1862, Decatur, Georgia

RANK.

COMPANY AND REGIMENT? Co. C. Cobbs Legion

NAME OF CAPTAIN AND COLONEL?

WOUNDED? May 1863, Chancellorsville, wounded in left hand and wrist, wound rendered him unable to return to his Command. Lossof middle finger of left hand. Due to said wound is unable to make his support.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Command surrendered Richmond, Va. April 1865.

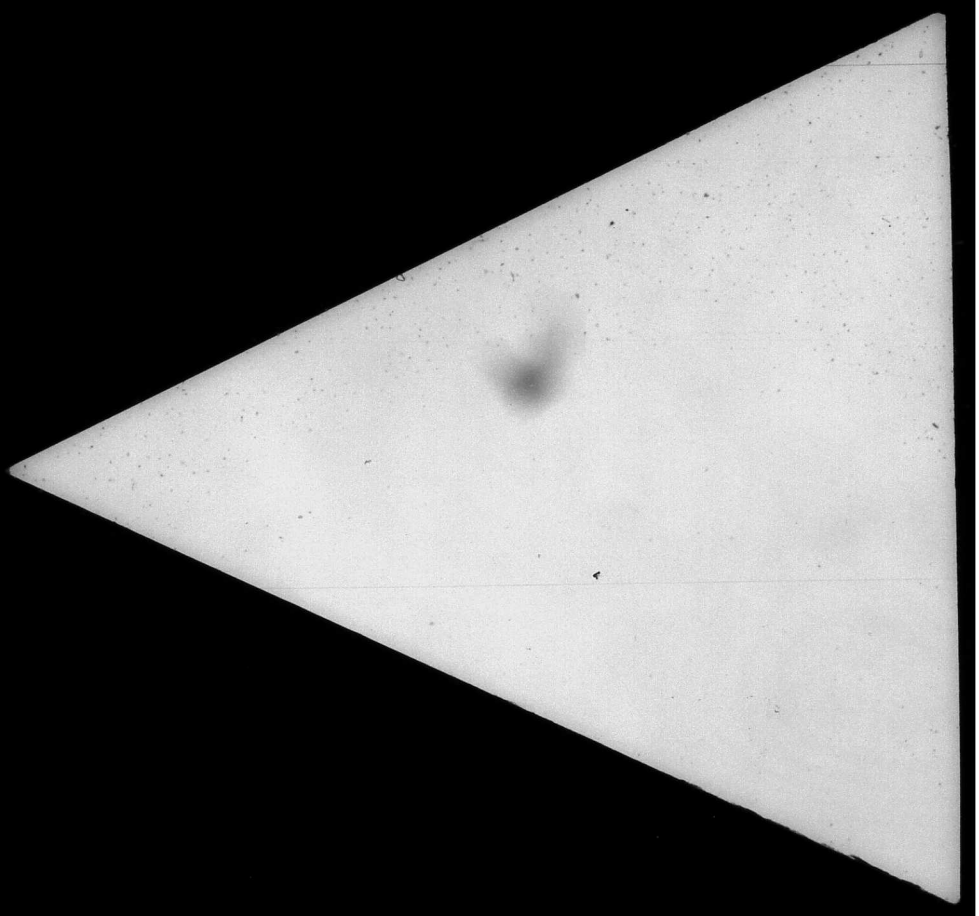
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Home on wounded furlough. Sent home by Regimental Surgeon May 1863.

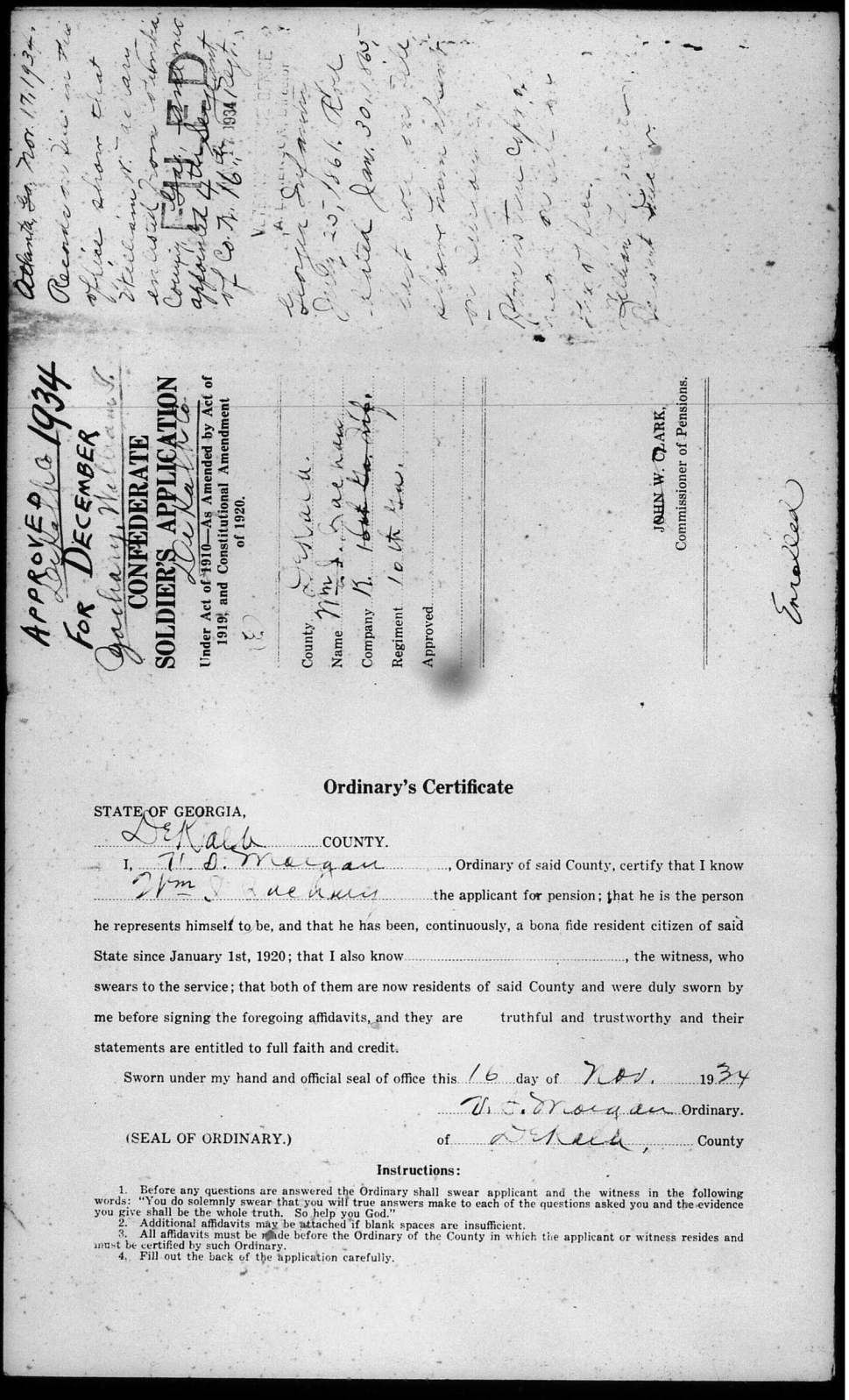
DIED, WHEN AND WHERE?

BURIED,

WITNESSES. J.L. Argo,- Same Command- No data
J.F. Elam- Personal Knowledge.

mh.





APPROVED Dekalb Co 1934
FOR DECEMBER
Zachary, William S.

CONFEDERATE
SOLDIER'S APPLICATION
Dekalb Co.

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

County Dekalb.
Name Wm S. Zachary
Company K. ~~1st Ga. Inf.~~
Regiment 10th Ga.
Approved

JOHN W. CLARK,
Commissioner of Pensions.

Enrolled

Atlanta, Ga. Nov. 17, 1934.
Recorded on file in this office shown that William N. Zachary enlisted from Columbia County Ga. Pvt. Co. K. 16th Ga. Reg't. appointed 4th Sergt. of Co. K. 16th Ga. Reg't.

VETERANS' SERVICE OFFICE
A. F. GEORGIA, Director
George Lyndon
July 25, 1861. Rec'd
dated Jan. 30, 1865
last one on file
shows them absent
on Surrender
Rom is true copy of
[illegible]
[illegible]
[illegible]
Present Sec'y

Ordinary's Certificate

STATE OF GEORGIA,
Dekalb COUNTY.

I, V. D. Morgan, Ordinary of said County, certify that I know Wm S. Zachary the applicant for pension; that he is the person he represents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know ....., the witness, who swears to the service; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 16 day of Nov. 1934

V. D. Morgan Ordinary.

(SEAL OF ORDINARY.) of Dekalb, County

Instructions:

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

APPROVED Dec 3 1934
FOR DECEMBER

CONFEDERATE
SOLDIER'S APPLICATION

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

County DeKalb.
Name Wm. I. Zachary.
Company K. 16th Ga. Inf.
Regiment 16th Ga.
Approved

JOHN W. CLARK,
Commissioner of Pensions.

Enrolled

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, V. D. Morgan, Ordinary of said County, certify that I know Wm. I. Zachary the applicant for pension; that he is the person he represents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know ....., the witness, who swears to the service; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 16 day of Nov. 1934

V. D. Morgan Ordinary.

(SEAL OF ORDINARY.) of DeKalb, County

Instructions:

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

APPLICATION FOR PENSION BY A SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

DeKalb COUNTY.

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

1. What is your name and where do you reside? (Give County and Post Office) DeKalb Co. Decatur, Route 1.
Wm. I. Zachary.

2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? More than 87 years.

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

4. When and where, and in what Company and Regiment did you enlist? (State the arm and class of service, and give name of Colonel and Captain.) July, 1861. Columbia County, Ga. Co. K, 16th Ga. Infantry.

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

6. When and where was your Company and Regiment surrendered or discharged from the Service? Greensboro, North Carolina. April 13, 1865.

7. Were you personally present with your Command when it was surrendered or discharged? No.

8. If you were not actually present, state specifically and clearly where you were At home in Columbia County, Ga.

a. Where was your Command when you left it? Between Atlanta and Savannah.

b. When did you leave the Command? August, 1864.

c. For what cause did you leave? What appeared to be incipient tuberculosis.

d. By whose authority did you leave? Commanding officer.

e. For how long was your leave of absence granted? In what way? As I recollect, for 30 days, but it was a sick-leave.

f. Why did you not return to your Command after leave expired? Illness continued.

g. In what way were you prevented? My illness cont nued.

h. What effort did you make to return? My illness continued, and was unable.

i. Were you captured by the enemy at any time? No.

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

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

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

Sworn to and subscribed before me, this the 16 day of Nov, 1934.

V. D. Morgan, Ordinary

of DeKalb County

(SEAL OF ORDINARY.)

Wm. I. Zachary Applicant.

(Name appears on records as Wm. N. Zachary)



Admitted to roll 1/7/50

W Zachary, W I.

For DeKalb County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

V. S. Morgan, Ordinary

For: William I. Zachry
(Name of Pensioner)

Date of Death: Dec. 11, 1934

Amount: $

PAID TO ORDINARY ON THIS CLAIM:

DATE 1936	FUND FROM WHICH PAID	$
10-20	OFC	30 00
X 30	TOTAL.	

Approved, and ordered paid,

Oct 20, 193

Nov 4 1936

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

PAY TO MRS. INEZ ROSSER
769 B PARK ST., S.W.
ATLANTA, GA.

Received of V. S. Morgan, Ordinary, DeKalb County, Georgia, Thirty and no/100 ($30.00) dollars in full settlement for funeral expenses of William I. Zachry, deceased.

This 2 day of October, 1936.

Mrs Inez Rosser.

Application for
Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, DeKalb County:

Before me, the Ordinary of said County, comes H. M. Patterson by J. E. Bowen, of said County, who, after being duly sworn, on oath says that he knew William I. Zachry 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 $ 172.50, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,
this the 9 day of January, 1935.
V. A. Morgan, Ordinary.

H. M. Patterson & Son
by J. E. Bowen

CERTIFICATE OF THE ORDINARY

GEORGIA, DeKalb County.

I certify that J. E. Bowen 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 William I. Zachry 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 9 day of January, 1935.

(Seal of Ordinary) V. A. Morgan, Ordinary.

INSTRUCTIONS:

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

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

3rd. Each account must be sworn to before the Ordinary, and in the following form:

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

4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.

5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.

6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.

9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

County of Fulton.

Before me, an officer of said State duly authorized by law to administer oaths, comes Mrs. Lucien Harris, known to me to be the person she represents herself to be and of truthful and trustworth character, who, after being duly sworn, deposes andsays:

That she is 59 years of age;

That she is the second daughter of William I. Zachary of said County;

That according to his own statements and family tradition her father is about 87 years of age;

That deponent has always understood that her father was a loyal Confederate soldier, and that he was at home, on sick-furlough, at the end of the War, and unable to perform military duty;

That deponent has every reason to believe that her father was absolutely loyal to the Confederate cause throughout the entire period of the Civil War and until the end of that War;

That her father taught his children, unceasingly, that they must cherish the memory of the Confederacy and believe, as he has always believed, that it merited every service that was rendered and every hardship that was endured in its behalf;

That when deponent can first remember, and for many years thereafter, her father suffered constantly from a chronic bronchial condition and severe cough and that he was emaciated;

That deponent believes, from tradition in the family and from her own observation of her father, which began only a few years after the end of the War, that the chronic cough referred to made it necessary for her father to go home on sick-leave and also made it impossible for him to return to the Army before the end;

That it has never been questioned, in the family counsels or otherwise, that her father was a loyal Confederate soldier, and that he was unable to return to his command until the end of the War, and that he never, in any manner, gave comfort or assistance to the enemy;

That deponent believes that the record of Confederate service preserved in the office of the Adjutant-General, Washington, D. C., credited to Wm. N. Zachary, is the record of the service performed by her father, Wm. I. Zachary, there having been an error in entering the middle initial. Deponent's family lived in Columbia County, Georgia during the Civil War, and she does not know, of her own knowledge or from hearsay of any person having a name similar to that of Wm. N. Zachary having lived in Columbia County, Georgia during that period, except her father.

That this affidavit is being made for the purpose of supplying " . . . an honorable accounting to the end of the War . ." as an amendment to the application for pension being made by her father, Wm. I. Zachary.

Mrs Lucien Harris

Sworn to and subscribed before me,
this the 16 day of Nov. 1934.

Edward Harris
Notary Public Georgia, State at Large

Established 1892

H. M. PATTERSON & SON

Spring Hill at Tenth

ATLANTA, GA.

Sold to: For Funeral Expenses of William Inus Zachry — December 12, 1934

Residence - Route 1, Doraville, Ga., DEKALB COUNTY

To Our Complete Service Including Casket	$139.00
SPECIAL DISBURSEMENTS FOR YOUR CONVENIENCE	
Suit	23.50
Opening Grave	10.00
	$172.50

State of Georgia)
County of DeKalb)

The above and foregoing account is rendered for funeral expenses of WILLIAM INUS ZACHRY, who died without owning sufficient property to pay this bill.

H. M. PATTERSON & SON

By [signature]
Member of Firm

Sworn to before me this 7 day of January, 1935

[signature]

A. L. HENSON, DIRECTOR — C. ARTHUR GREATHAM, ASST. DIRECTOR — MISS LILLIAN HENDERSON, ASST. DIRECTOR

THE VETERANS SERVICE OFFICE

STATE CAPITOL

ATLANTA

IN RE: Application for pension for
William I. Zachary,
DeKalb County, Georgia:

It appearing that this applicant performed more than six months of actual military service as a Confederate soldier, and that he is honorably accounted for until the end of the War, it is ordered that he be enrolled as a pensioner of DeKalb County, Georgia, for the month of December, 1934, and thereafter.

This the 17th day of November, 1934.

A. L. Henson

Director

State of Georgia
County of Fulton.

Before me, an officer of said State duly authorized by law to administer oaths, comes Lucien Harris, known to me to be the person he represents himself to be and of truthful and trustworthy character, who, after being duly sworn, deposes and says:

That he has witnessed the signatures of William I. Zachary to the application for pension herewith attached, and that it was signed in his presence by the said William I. Zachary.

Lucien Harris (L.S.)

Sworn to and subscribed before me,
this the 16th day of November 1934.

Stewart Harris

Notary Public, Georgia State at Large.

State of Georgia,
County of DeKalb.

Before, the Ordinary of said County, comes William I. Zachary, applicant for pension, who, after being duly sworn, deposes and says that, so far as knows, there is no surviving comrade of his by whom to prove the Confederate military service claimed in his application for admission to the Georgia pension roll; this affidavit being made for the purpose of authorizing the Director, Veterans Service Office to accept, as evidence, the record of service on file in the office of the Adjutant-General, Washington, D. C.; the middle initial shown in said record being shown as N. when it should have been shown as I.

William I. Zachary

Sworn to and subscribed Before me,

this the 16 day of November, 1934.

V. A. Morgan

CERTIFICATE OF DEATH
GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

Registered No. 543

1. PLACE OF DEATH

County DeKalb Militia District (Number and Name) State of Georgia

City or Town Doraville Length of residence in this city or town: Yrs. Mos. Ds. NON-RESIDENT (Yes or No.)

Street and Number (No. (Street) Ward

(If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME William Inus Zachry

Residence (City or Town) Doraville, Ga. (Street and Number) (State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (month, day, year) 12/3/1848

7. AGE — Years: 86 | Months: | Days: | if less than one day — Hours: Minutes:

8. OCCUPATION

(a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.

(c) Date deceased last worked at this occupation (month and year) (d) Total years spent in this occupation

9. BIRTHPLACE Ga.
(P. O. Address)

FATHER

10. NAME William Zachry

11. BIRTHPLACE Ga.
(P. O. Address)

MOTHER

12. MAIDEN NAME Mary Jane Tindall

13. BIRTHPLACE Ga.
(P. O. Address)

14. INFORMANT
(Signed) Mrs. Inez Rosser
(Address) Doraville, Ga. Rt. 1

19. BURIAL PLACE
(Cemetery) College Park, Ga.
(Postoffice) (Date) 12/2/34

20. UNDERTAKER H.M. Patterson & Son
(Signed) by J.E. Bowen
(Address)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec. 11, 1934, at 2:36 A M.
(Month, Day, Year) (Hour)

17. I HEREBY CERTIFY, That I attended the deceased from 12/8/1934 19 , to 12/10/34 19

I last saw h im alive on 12/10/34 19 , death is said to have occurred on the date and hour stated above.

The principal cause of death and related causes of importance in the order of onset and duration of each:

Paralysis

Other contributory causes of importance:

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

If death was due to external causes (violence) fill in also the following:

Was injury an accident, suicide, or homicide?

Where did injury occur?
(Specify city or town, if outside of limits, the county, and also the state)

Did injury occur in a home, public place or industry?

Manner of injury

Nature of injury

(Signed) J. E. Flowers M. D.
(Address) Doraville, Ga.

15. FILED 12/12/1934 19
(Signed) J.R. Evans, M.D. DeKalb Co. Health Officer
Local Registrar

OFFICE OF THE REGISTRAR OF VITAL STATISTICS
For the City of Atlanta

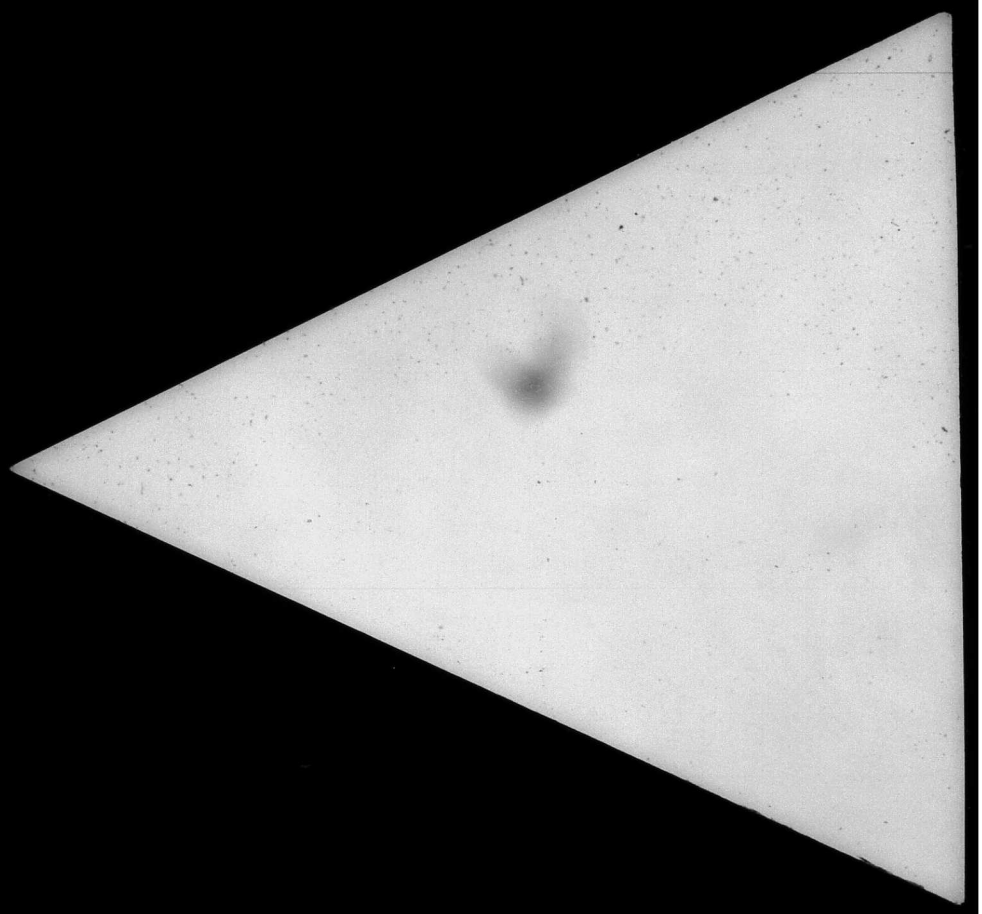
Atlanta, Ga., 1/5/35

GEORGIA,
FULTON COUNTY.

I hereby certify that the foregoing is a true and correct copy of the record of death Number 543 of the series of 1934 for William Inus Zachry as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

(Signed) J.R. Evans, M.D. DeKalb Co. Health Officer
by L. Thornton
LOCAL REGISTRAR.

SEAL



Zetler, B. M.
DeKalb Co
C. N. Jan 1912

No.....

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name B. M. Zetler

Company B

Regiment 8 Ga Inf

Approved .....

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

9/19-19

ENTERED ROSTER OFFICE

Jan 2 1911

Zettler B. M.
DeKalb Co
C.N. Jan 1912

No.

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name B. M. Zettler
B

Company

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Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

ENTERED ROSTER OFFICE

Questions for Applicants to Answer.

STATE OF GEORGIA, County.

Berrien M. Zettler 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) Berrien M. Zettler, Kirkwood, DeKalb Co. Georgia

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

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) May 21, 1861 At Savannah Ga. Co B 8th Ga Reg. Vol. Infantry

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) In the field till Aug 30, 1862

6. When and where was your Company and Regiment surrendered or discharged from the Service? At Appomattox Va April 9, 1865

7. Were you actually present with your Command when it was surrendered or discharged? No

8. If you were not actually present, state specifically and clearly where you were I was Gov. agt. in Georgia for collection of Farmers' Tithe Tax

a. Where was your Command when you left it? On battlefield of Second Manassas

b. When did you leave the Command? Aug 30, 1862

c. For what cause did you leave? Severely wounded + carried to home

d. By whose authority did you leave? Army Surgeon

e. For how long was your leave granted? In what way? I was furlough for 90 days + furlough was twice extended for 90 days each

f. Why did you not return to your Command after leave expired? permanently disabled

g. In what way were you prevented? assigned to special service

h. What effort did you make to return?

i. Were you captured during the war? No

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

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) Owned no property myself except watch + a few books; wife owned house and lot in Kirkwood Ga, cash value $2500.00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? I have disposed of none; Wife sold house for reinvestment, to J. W. Beckman for $3300.00

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). I own a vacant lot in Kirkwood Ga the cash value of which is Five hundred dollars; wife owns house and lot cash value $1500.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? No regular income; Teach, collect, have small poultry business

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

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Never applied for a pension

Sworn to and subscribed before me, this the 21 day of Jany 1911

B M Zettler

James R. George Ordinary,

of DeKalb County.

Letter 09, 712
Decatur Co.
Ga. N. Jan 1912

No.

Confederate Soldier's Application.

UNDER ACT 1910.

County DeKalb

Name B. M. Zettler
B

Company

Regiment 8th Ga Inf

Approved

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

ENTERED ROSTER OFFICE

1. What is your name and where do you reside? (Give County and Post-office) Berrien M. Zettler, Kirkwood, DeKalb Co. Georgia

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

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) May 21. 1861 At Savannah Ga. Co. B 8th Ga Reg. Vol. Infantry

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) In the field till Aug 30. 1862

6. When and where was your Company and Regiment surrendered or discharged from the Service? At Appomattox Va April 9 1865

7. Were you actually present with your Command when it was surrendered or discharged? No

8. If you were not actually present, state specifically and clearly where you were I was on detail in Georgia for collection of Farmers' Tithe Tax

a. Where was your Command when you left it? On battlefields of Second Manassas

b. When did you leave the Command? Aug 30, 1862

c. For what cause did you leave? Severely wounded & unable to return to duty

d. By whose authority did you leave? Army Surgeon

e. For how long was your leave granted? In what way? Leave for 60 days & furlough was twice extended for 60 days each

f. Why did you not return to your Command after leave expired? Permanently disabled

g. In what way were you prevented? Assigned to special service

h. What effort did you make to return?

i. Were you captured during the war? No

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

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) Owned two personal property consisting of a few household & kitchen furniture & one small horse owned house and lot in Kirkwood Ga, cash value $250.00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? I have disposed of none; My wife sold household for investment, to M. Bachman for $330.00

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). I own a residence lot in Kirkwood Ga the cash value of which is Five hundred dollars; wife owns residence and lot cash value $1500.00

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? No regular income; I teach, collect, have small poultry business

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

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Never applied for a pension

Sworn to and subscribed before me, this the 21 day of January 1911

B M Zettler

James R. Gudger, Ordinary,
of DeKalb County.

LIGHT PRINT OR BAD COPY

STATE OF GEORGIA,
Thomas County.

Wm B. Dasher of said State and County is hereby presented as a witness in support of the application of B M Zettler 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? Wm B. Dasher Thomasville Ga

2. How long and since when have you known B M Zettler the applicant? Ever since a small boy

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? Kirkwood Ga. All his life, because I have known him and where he lives all his life.

4. When, where and in what Company and Regiment did B M Zettler enlist during war from 1861 to 1865? (Give date and place) Elisted 27th day of May 1861. Savannah Ga. Co. B 8th Ga Regiment

5. How did you obtain your information in this Service? I enlisted in the same Company with him and at same time

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) from Enlistment to 30 day of August 1862

7. When and where was his Command surrendered or discharged (give date and place) Apr 9 1865 at Appomattox C.H. Va

8. Were you personally present at the Surrender? Was not

9. If not, where were you and how came you there? I the Hospital at Farmville Va. Wounded (two days before surrender)

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

11. If not where was he and how came him there? On account of his wounds he was relieved from field service, & detailed for home service

12. When did he leave his Command? Augt 30th 1862. Where was his Command when he left it? Battle of Manassas for what cause did he leave? Wounded in both of thighs By whose authority did he leave Army Surgeons and how long was he granted leave? Carried to hospital How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) because I was familiar with all the circumstances

13. In what way was he prevented from returning to his Command? was Physically unable. How do you know? I know that all the flesh from one high board was torn off with a shell

14. What effort did he make to return to his Command and how do you know? he was never able to return to field service,

15. Was applicant captured as a prisoner No If so, when and where? not at all — In what prison was he held? None and when released? Never was a prisoner

Sworn to and subscribed before me, this the 6 day of Jany 1911 } W. B. Dasher

Wm M. Jones Ordinary,

of Thomas County.

Was wounded in 2nd Battle of Manassas Va

STATE OF GEORGIA.
DeKalb County.

Personally before me comes E. O. Reagin & A B Brown who on oath says that they are freeholders residing in said County and we know B M Zettler 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 [redacted] owns Vacant Lot In the Town of Kirkwood [redacted] his wife owns One House & Lot in the Town of Kirkwood Val of $2000.00 House Hold Goods $200.00 Total of wife $2200.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) his wife sold a House & Lot in Kirkwood for $3300.00

2. When and to whom was it sold or given to? Sold to J W Bachman

3. What was the price paid or stated to be paid? $3300.00

4. What relation is the party to applicant? None

5. What disposition was made of the proceeds of the sale? Invested in Present Lot now owned by his wife.

6. Was the disposition of this property made in good faith and full values? It was or was it made to obtain a pension? was not

Sworn to and subscribed before me, this the 27 day of Jany 1911 } E. O. Reagin & A B Brown

James R. George Ordinary,

of DeKalb County.

ORDINARY'S C[redacted]

Com. Roads and Revenue.

STATE OF GEORGIA,
DeKalb County.

I, James R. George Ordinary of said County, certify that I know the applicant B M Zettler for Pension is the person he represents himself to be and resides in said County. That I also know ~~E O Reagin & A B Brown~~ the witness swearing to the service and E O Reagin & A B Brown who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of B M Zettler Taxes shows that He and his wife value for tax is in 1908 $ none for 1909 $ wife 1650.00 Husband 100.00 for 1910 $ wife $1250.00 Husband 430.00

Sworn under my hand and official seal of office this 19 day of Sept 1911

James R George Ordinary,

of DeKalb County.

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

Marriage License

State of Georgia--Fulton County.

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

You are hereby authorized and permitted to join in the honorable state of Matrimony Mr. Berrien McPherson Zettler and Mrs. Mahuldah Lucy Harris

According to the Rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State; and for so doing this shall be your sufficient License.

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

Given under my Hand and Seal this 15th day of January ~~190~~ 1890

W. L. Calhoun L. S.
Ordinary.

I hereby certify that B. M. Zettler and M. L. Harris were joined together in the HOLY BANS of MATRIMONY on the 16th day of January ~~190~~ 1890, by me. G. A. Nunnally, M. G.

Recorded this 18th day of July, 1890.

W. L. Calhoun, Ordinary

State of Georgia, Fulton County. S.S.

ORDINARY'S OFFICE

April 15 1915

Arthur R. Marbut, Clerk Court of Ordinary of said County, hereby certify that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

Berrien McPherson Zettler

and Mrs. Mahuldah Lucy Harris

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day and year aforesaid.

Arthur R Marbut
Clerk Court of Ordinary

SYL. LESTER & CO'S PRESS

1908	Mrs. M. L. Zettler	No Return
1908	B. M. Zettler	No Return
1909	Mrs. M. L. Zettler	$1250
1909	B. M. Zettler	100
		1750
1910	Mrs. M. L. Zettler	1250
1910	B. M. Zettler	430
	Jas. R. George Ordinary	$1680

GEORGIA, Dekalb County.

I, ..., Ordinary of said county, do certify that I personally know....., the applicant, and that she is the lawful widow of....., and was on the..... Pension Roll of said.....county, and was paid a Pension from.....county for 19....., and at the time of his death on the.....day of..... 191..., there was due to him and unpaid his Pension of.....Dollars from the State of Georgia, and I know....., the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this.....day of.....1915.

.....Ordinary.

.....County.

Zetter, B. M.
Dekalb Co.

No._____

1915

Application for Pension Due Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. Mrs Mahaldah Ann Zetter

Widow of B. M. Zetter

of Dekalb County

Co. B Regt. 8 Ga Vols.

Approved and paid

_____ 1915.

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer, Atlanta.

GEORGIA, ...County.

I hereby authorize and constitute.....of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 191..., through my deceased husband, ... who was on..... Pension Roll and paid from.....for 19.....

Witness my hand this.....day of.....19....

Attested before me:

.....

.....

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Dekalb County.

Personally before me comes Mrs. Mahuldah Lucy Zettler, of said county, after being duly sworn, on oath says that she is the widow of B. M. Zettler who was duly enrolled as a Indigent 1910 Pensioner from the county of Dekalb and was paid a Pension of 60.00 Dollars from Dekalb county for 1914, and that the said B. M. Zettler died in Dekalb county on the 31 day of March, 1915, and at the time of his death a Pension of 60.00 was due him from Dekalb county and unpaid for 1915. Applicant further swears that she married the said B. M. Zettler on the 16 day of January, 1890, in Fulton county and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 4 day of May, 1915.

James R. George, Ordinary. Mrs. Mahulda Lucy Zettler (L. S.)
Dekalb County.

AFFIDAVIT OF WITNESS.

GEORGIA, D County.

Personally before me comes Mrs. George, who on oath says that he knew B. M. Zettler while in life and that he knows Mrs. Mahulah Lucy Zettler the above applicant; that he knows that the said B. M. Zettler and were in due form of law married in the county of Fulton in the State of Georgia on the 16 day of Jany, 1890, and that they resided together as husband and wife from date of marriage to the day of his death on the 31th day of March, 1915 ~~and~~ I now know that she is his dependent widow.

Sworn to and subscribed before me this 4 day of May, 1915.

James R. George, Ordinary. Mrs. George M. McKinzie
Dekalb County.

Note 1st—This form can be used by guardian or minor children where there is no widow.
2d—Ordinary must send in all cases certified copy of marriage license attached.

NAME Zettler, B. M. YEAR 1912 COUNTY DeKalb

WHEN AND WHERE BORN? Born in Georgia and lived in Georgia all his life.

ENLISTED WHEN AND WHERE? May 21, 1861 - Savannah, Georgia.

RANK

COMPANY AND REGIMENT? Company B, 8th Ga. Regt. Vols. Infantry

NAME OF CAPTAIN AND COLONEL

WOUNDED? August 30, 1862, Was severely wounded at at 2nd Manassas, Virginia, battle, and carried to hospital, given 90-day furlough, which was extended twice for 90 days - permanently disabled. Did not return to command as was assigned (to special service.

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED? Command surrendered April 9, 1865 - at Appomattox, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Government Agt. in Georgia for collection of Farmers' Tithe Tax.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES W. B. Dasher - same command -- No data.

lw