Ordinary's Certificate

STATE OF GEORGIA,

_____ COUNTY.

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

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

_____ Ordinary

of _____ County.

(SEAL)

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

GOERGIA, Ordinary Office
Fulton County

No. _____

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Fulton

Name Ossian D. Gorman

Company A

Regiment 4th Ga Reg Cav

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Form Pension Co. Gen. Pension Ass'n

6/22-1920
10/28-1919

4/20/ 1920/

Ossian D. Gorman,
Fulton Co.

Applicant must submit some testimony of a witness how of his own knowledge can testify to the statement of applicant- accounting for himself honorably to the end of the war from Sept., 1864- as he states it- Witness submitted knows nothing of applicant from his capture July 3d- 1863- Hereway, information and belief is no evidence.

J.W. Lindsey,
Com. of Pensions.

Application for Soldier's Pension Under Act 1910
Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,

Fulton COUNTY

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

1. What is your name and where do you reside? (Give County and Post-office) Ossian D. Gorman, 39 W. North Ave., Atlanta, Ga.

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

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

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) April 1861, Talbotton, Ga., Co. "A", 4th Ga. Reg. Inf. Vol.

5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) From enlistment to July 3, 1863

6. When and where was your Company and Regiment surrendered or discharged from the Service? Appomattox Court House, Apr. 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 Danville, Va. on way to rejoin command

a. Where was your command when you left it? Battle of Gettysburg, Pa. captured

b. When did you leave the command? July 3, 1863

c. For what cause did you leave? Captured

d. By whose authority did you leave?

e. For how long was your leave granted? In what way? Held at Ft. Delaware and exchanged Sep. 30, 1864 and sent to Richmond, getfutough and came home to Ga. where he stayed by authority of hospital surgeons on account of physical disability for about six months and then went to Va. to try to get back to command

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

g. In what way were you prevented? ~~but the Army surrendered before I could rejoin~~

h. What effect did you make to return?

i Were you captured during the war? Yes

j If so, when, and where? In what prison were you held and when were you released? Battle of Gettysburg, July 3, 1863, held at Ft. Delaware until Sep 30 1864.

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

10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Never applied

Sworn to and subscribed before me, this the 22 day of October 1919.

Ossian D Gorman

_____ Ordinary

of Fulton County.

(SEAL)

Questions for Witness as to Service

STATE OF GEORGIA,

_____ COUNTY.

John T Blount of said State and County is hereby presented as a witness in support of the application of A D Gorman for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? John T Blount in Cobb County & said State

2. How long and since when have you known A D Gorman the applicant? Since 1882

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? I know that he has been a resident of Ga for sixty odd years and that he now resides in Atlanta Ga

4. When, where and in what Company and Regiment did A D Gorman enlist during war from 1861 to 1865? (Give date and place.) To the best of my recollection he joined Co H 4 Reg Ga Vol at Portsmouth Va in May 1861

5. How did you obtain your information of this Service? I was a member of said Co and Regiment at that time

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) From date of his enlistment until he was captured at Gettysburg on the 2 or 3 day of July 1863

7. When and where was his command surrendered or discharged (give date and place) I do not know

8. Were you personally present at the surrender? I was not

9. If not, where were you and how came you there? I was with John Morgan's Cavalry having resigned as Lieutenant of Co H and joined Morgan

10. Was the applicant personally present with his command at surrender? I do not know

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

12. When did he leave his command? When Captured Where was his command when he left it? In Pennsylvania 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 By my own knowledge as I was with said Reg & Co from its enlistment until I resigned in the Spring of 1864

13. In what way was he prevented from returning to his command? X

How do you know? X

14. What effort did he make to return to his command and how do you know? X All answered above ~~He was in July~~

15. Was applicant captured as a prisoner? He was If so, when and where? At Gettysburg in ~~At Gettysburg in July 1863~~ In what prison was he held? I do not know and when released I do not know

Sworn to and subscribed before me, this the 24 day of October 1929

J M Grimes Ordinary

Cobb County.

(SEAL)

John T Blount X

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes OSSIAN D. GORMAN, who upon oath says:

That he was a member of Company "A" of 4th Ga. Reg. of Vol. Inf., and served with said company and regiment from his enlistment in April of 1861 to the Battle of Gettysburg on July 3, 1863. That he was held as a prisoner from July 3 1863 to Sept 30, 1864 at Fort Deleware, and was exchanged, on September 30, 1864 and sent to Richmond, Va., on furlough. After reaching Richmond, affiant's physical condition was such as to make him unfit for service and he was sent home on furlough in October 1864 and stayed by authority of hospital physicians for about six months. As soon as his health wuld permit, affiant returned to Virginia and made an effort to rejoin his command but was never able to do so. Affiant had gone as far as Danville, Va. when Genl Lee surrendered at Appomattox in April 1865 and he, with all other Confederate troops, was ordered to return home after the surrender, which affiant did, and later received a parol in Macon, Ga.

Affiant knows of no living member of his company and regiment who can make affidavit as to his service after his capture at Gettysburg. The above is submitted to the best of affiant's knowledge and belief

Sworn to and subscribed before me
this May 26, 1920

Ossian D. Gorman

Ordinary Fulton County, Ga.

NAME Gorman, Ossian YEAR 1920 COUNTY Fulton.

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

ENLISTED WHEN AND WHERE? April 1861 at Talbotton, Ga.

RANK:

COMPANY AND REGIMENT? Co. A 4th Ga. Regt. Infantry Vol.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? July 3,1863 at battle of Gettysburg,Pa.

RELEASED: Held at Fort Delaware, until Sept. 30,1864 and was exchanged.

WHEN AND WHERE SURRENDERED? Present at surrender April 9,1865 at Appomattox C.H., Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Danville, Va. on way to join command. After being released from prison was sent to hospital on account of physical disability for about six months.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: John T. Blount----------same Command-------no date.

1912 Fulton Co.
1st payment

Old No. 1

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 Fulton

Name Mrs. Adeline Gossett

Widow of T. R. Gossett 7-30 1919

Company E

Regiment 16th Ga

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-23-1919

ORDINARY'S CERTIFICATE

STATE OF GEORGIA, Fulton COUNTY.

I, T. H. Jeffries, Ordinary of said County, do certify that I know Mrs Adeline Gossett, 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 16 day of August 1919 witness ~~my hand, and official seal~~ ~~[illegible]~~

That I also know R. R. Woods, ~~[illegible]~~; 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 23 day of Oct 1919

(SEAL.) T. H. Jeffries Ordinary.

Fulton 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 tell the truth, the whole truth, and nothing but the truth, so help you God."
2. Separate 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 authentic copies of marriage licenses are admissible. If not, prove marriage, by some person, or by general reputation.
5. Only entitled copies of marriage licenses are admissible. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners use the Blue Application Blank and state and prove full term of husband's service. Assume no proof of service and was not required to do so.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Fulton COUNTY.

I, T. H. Jeffries Ordinary of said County, do certify that I know Mrs. Adeline Gosnell 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 16 day of August 1919

That I also know A. P. Wood witness ~~as to marriage, and I also know~~ ; that both of the foregoing were duly sworn by my clerk 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 16 day of Oct 1919

(SEAL.) T. H. Jeffries Ordinary.
Fulton 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.

Gosnell, Adeline
Fulton Co. 150.

For Fulton County

1932

Application for Pension Due Deceased Pensioner
(UNDER ACT 1904)
(To pay expenses of last illness and funeral)

Thos. H. Jeffries Ordinary
For Adeline Gosnell
Date of Death Mar. 9 1932
Amount $ 100.00

Approved and ordered paid

DEPARTMENT OF REFERENCE
Approved Commissioner of Pensions
Through
VETERANS SERVICE OFFICE

PAID TO ORDINARY ON THIS CLAIM:			
DATE	FUND FROM WHICH PAID		
2-25	1930	127	00
	TOTAL	127	00

MAR 7 1935

TO PAY-
1930.
Cig. & C. Tax. $
TOTAL $ 127

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

No. 1/2 to Fulton Co. 1/2 to Treasurer

County Fulton
Name Mrs. Adeline Gosnell
Widow of T. R. Gosnell 7-30 1919
Company G
Regiment 16th Ga.
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-23-1919

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,
Fulton COUNTY.

Personally before me comes Mrs Adeline Gosnell of said County, who, after being duly sworn, says that she is the widow of Thos. R Gosnell to whom, in the County of Habersham State of Ga she was married on the 22 day of Oct 1866 and that she remained his wife, and resided with him to the date of his death in Fulton County Ga July 20 1919 and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in said State of Georgia, and he was on the August Pension Roll of the State and paid a pension of $60.00 in Fulton County for 1919 per annum, on account of being a soldier in Company E Regiment 1 Ga (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since 1st day of June 1894

Sworn to and subscribed before me, this the 26 day of August 1919
Chas W Massey Ordinary of Fulton County.
(SEAL)

her
Mrs Adeline x Gosnell
mark

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

STATE OF GEORGIA,
Fulton COUNTY.

Personally before me comes D. P. Mood 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. Adeline Gosnell, who made the foregoing affidavit, is the lawful widow of Thos R Gosnell who died in Fulton County in said State of Ga on 20 day of July 1919, 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 1st day of June 1894, and that the Thos R Gosnell was the same man who was on the pension roll of said State from Fulton County Georgia when he died.

Sworn to and subscribed before me, this the 26 day of Aug 1919
Chas W Massey Ordinary of Fulton County.
(SEAL)

D P Mood

Application for Pension Due to a Deceased Pensioner

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)
(Under Act Approved August 15, 1904)

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes Harry G Poole Jr. Wife Harry G Poole of said County, who, after being sworn, on oath says that he knew Mrs Adeline Gosnell of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Fulton County, in this State, on the 9 day of March 1921, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of $150.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,
Arlen R Marlatt Ordinary
Fulton County
(Seal of Ordinary)

Harry G. Poole Jr.

CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos A Jeffries Ordinary of said County, do certify that I personally know Harry G Poole Jr, 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 Adeline Gosnell while in life and that this was the same person whose name appears on the Pension Roll of Fulton County, and was paid a Pension of Thirty ($30.00) Dollars in said County for March 1921 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 18 day of March, 1921
(Seal of Ordinary) Thos A Jeffries, Ordinary
Fulton 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 directed.

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.

M. Funeral expenses of Mrs. Adeline Gosnell.

IN ACCOUNT WITH

HARRY G. POOLE

FUNERAL DIRECTOR

164 PRYOR STREET, S. W.

ATLANTA, GA.

1896 1931

WALNUT 0288 0289

March.11th.1932. March.17th.1932

To,

Casket,Embalming,Hearse & Services $ 150.00

Georgia,
Fulton Co.,

This is to certify that the above account is just,true,and correct and was for the funeral expenses of Mrs.Adeline Gosnell, who died March,9th, 1932-without funds to pay her burial expenses.

Harry G. Poole Jr.

Aileen Rimarent
Notary Public,Fulton County.
G.C.O.

A Certificate

STATE OF GEORGIA, County of Fulton

IN RE: Expenses last illness and funeral Mrs Adeline Gosnell

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 16 day of Aug 1936.

T H Jeffries, Ordinary

(SEAL)

(Ordinary will please complete and return immediately to A. L. Henson, Director, Veterans Service Office, State Capitol, Atlanta, Ga.)

Received of Thomas H. Jeffries, Ordinary, $127.00, for the account of Adline Gosnell. This amount has not previously been paid and is now owing to me.

March 7 1933.

Harry G Poole
By H B Walden

GEORGIA,HABERSHAM COUNTY.

To any Judge,Justice of the Inferior Court,Justice of the Peace,or Minister of the Gospel:

You are hereby authorized to join in the holy state of matrimony J R Gosnell and Adeline Whitworth according to the Constitution and Laws of this State,and for so doing this shall be your sufficient License.

Given under my hand,this 12 day of Nov 1866.

W L Evans
Ordinary.

GEORGIA, HABERSHAM COUNTY.

I Certify that the above named parties were duly joined in matrimony,by me,this 15 day of Nov 1866.

J G Grow, J.P.

Georgia, Habersham County.

I, J. A. Robertson,Ordinary and ex-officio Clerk of the Court of Ordinary of said County,do hereby certify that the above and foregoing is a true and correct copy of the marriage and record of J R Gosnell and Adeline Whitworth as the same appears of record in my office.

This Aug 27 1919.

J A Robertson Ordinary.

(SEAL)

T. H. Jeffries, Ordinary

(Ordinary will please complete and return immediately to A. L. Hanson, Director, Veterans Service Office, State Capitol, Atlanta, Ga.)

Received of Thomas H. Jeffries, Ordinary, $127.00, for the account of Abbie Grenell. This amount has not previously been paid and is now owing to me.

March 7 1922.

Harry G. Pole
By F. B. Walker

as the same appears of record in my office.

This Aug 27 1919.

J. A. Robinson Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

_____ COUNTY.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1905.

_____ [L. S.]

Executed in the presence of

_____

_____

Gossnell, T. R.
Fulton County

CODE SECTION 1290.
(FOR THOSE ALREADY ENROLLED.)

No. 39

DISABLED
SOLDIER'S PENSION
1905.

Name T. R. Gossnell
County Fulton.
Co. E Regiment Nat Gas
Disability lost right eye
Amount, $30.00

1/19 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

KO DATA

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

I, _____ hereby authorize

of _____

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

_____ by _____

at _____

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

day of _____ 1905.

_____ [L. S.]

Executed in the presence of

Yoeuell, T. R.
Fulton County

CODE SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 39

DISABLED
SOLDIER'S PENSION
1905.

Name T. R. Yoeuell
County Fulton
Co. E Regiment 6th Ga.
Disability Lost right eye
Amount, $12.00
1/19 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

The Franklin Printing Co., Publishers
Cor. W. Mitchell, Hancock, Peachtree Streets.

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 _____ 1906.

_____ [L. S.]

Executed in the presence of

_____

Yoeuell, T. R.
Fulton Co.

CODE SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 1 1

DISABLED
SOLDIER'S PENSION
1906.

Name T. R. Yoeuell
Fulton
Co. E Regiment 6th Ga.
Disability Lost Right Eye
Amount, $12.00
1/15 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
[illegible]

The Franklin Printing and Publishing Co., Cor. W. Mitchell, Atlanta.

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Fulton. COUNTY.

Personally appears T. R. Goswell of Fulton. County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 18__; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a _____ in Company E, of 16th 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:

Lost right Eye

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 Fulton County, been allowed an invalid pension of Thirty _____ Dollars, for the year 1904.

Sworn to and subscribed before me, this the _____ day of JAN 2 1905 1905.

John R. Wier Kinsey

T. R. his + mark Goswell

Post-office Atlanta

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

STATE OF GEORGIA,
Fulton. COUNTY.

I, John R. Wier Kinsey Ordinary of said County, do certify that I am well acquainted with T. R. Goswell the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit 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 JAN 2 1905 day of _____ 1905.

John R. Wier Kinsey

Ordinary Fulton. 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, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Fulton. County.

Personally appears T. R. Goswell of Fulton. County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____ 18__; that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a _____ in Company E, of 16th 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:

Lost Right Eye

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 Fulton. County, been allowed an invalid pension of Thirty _____ Dollars, for the year 1905.

Sworn to and subscribed before me, this the _____ day of JAN 1 1906 1906.

John R. Wier Kinsey

T. R. Goswell

Post-Office Atlanta, 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,
Fulton. County.

I, John R. Wier Kinsey Ordinary of said County, do certify that I am well acquainted with T. R. Goswell the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit 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 JAN 1 1906 day of _____ 1906.

John R. Wier Kinsey

Ordinary Fulton. 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.

Georgia Fulton County.

Before me the undersigned authority personally appeared before me James A. H. Edwards and R. N. Weaver who being duly sworn on oath say that they are practicing physicians , and that they have examined T. R. Gosnell who is an applicant for a pension and that in addition to the certificate heretofore made by them, they say that he is physically unable to earn a living for himself by his own labor.

James A. H. Edwards MD

R. N. Weaver MD

Sworn to and subscribed before me. This April 22 1908.

A. Pardell JP

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 _____ 1907.

_____ [L. S.]

Executed in presence of

_____

Gosnell, T. R.
Fulton Co

Cross Section 1250.
(FOR THOSE ALREADY ENROLLED)

No. 13

DISABLED
SOLDIER'S PENSION
1907.

Name T. R. Gosnell
County Fulton.
Co. G Regiment 4th Ga
Disability Weak Eye
Amount, $30.00 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Not Pd

STATE OF GEORGIA.

FOR APPLICANTS HEREFORE ALLOWED PENSIONS

Georgia Fulton County.

Before me the undersigned authority personally appeared T. R. Gosnell, who being duly sworn on oath says that he is the applicant for a pension as a Confederate Veteran and that he is now physically unable to work and earn a living for himself and that owing to his physical disability he cannot earn by his own labor as much as $60 per year.

T. R. his x mark Gosnell

Sworn to and subscribed before me. This April 22 1908.

J. A. Marsh
Notary Public Fulton Co. Ga.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Fulton County.

Personally appears T. R. Gosnell of Fulton 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 Ga) during the war between the States, and served as a _____ in Company C, of 16 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:

Lost Right Eye

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1907. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of Thirty Dollars, for the year 1906.

Sworn to and subscribed before me, this the _____ day of JAN 2- 1907.

John R. Wilkinson.

T. R. his x mark Gosnell

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,
Fulton. County.

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with T. R. Gosnell the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit 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 JAN 2- day of _____ 1907.

John R. Wilkinson.
Ordinary Fulton County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

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

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

_____ [L. S.]

Executed in presence of
_____

Every Question MUST Be Answered

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Fulton COUNTY.

I, J. R. Gowell, of said State and County, desiring to avail himself of the Pension Act (Section 1264, Code), hereby submits his proofs, and after being duly sworn tres 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.) J. R. Gowell Fulton co Ga Atlanta
2. How long and since when have you been a resident of this State? 64 years
3. When and where were you born? Habersham Co Ga 1842
4. When and where did you enlist, what company and regiment did you enlist or enter? Co B. 16th Ga Regt Habersham Co Sept 1st 1862
5. How long did you remain in such company and regiment? two year and seven months
6. When and where was your company and regiment surrendered and discharged? Was not present
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 confined April the 6 - 1865
9. How much can you earn (gross) per annum by your own exertions or labor? 100.00
10. What has been your occupation since 1865? farming till 1892 cotton mill
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 blindness & 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. Shipwreckinine for the last six years two the last three years I have been compelled to cut wood and single able to see any thing that blind in one eye since 1865
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, 1905, 1906 and 1907, 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? Fort Co Ga 1901 & 1902 Fulton Co Ga none
16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? I worked in cotton mill 1901 & 1903 Jesse Childress support me
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 could not say I earned 60 cts for three
18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What wages did you receive in each year? 1901 - 1902 - 1903 60 cts pr day cotton mill
19. Have you a family? If so, who composes such family? Give their mode of support? Have they a homestead, or other property? Their ages and how employed? my self & wife wife is 60 years old Keeping house
20. Are you receiving any pension? If so, what amount and for what disability? yes $20.00 per year Blindness me only
21. Have you ever made an application for pension before? I have
22. How many applications have you ever made and under what laws? Three in Fulton Ga

Sworn to and subscribed before me this the _____ day of _____ 190__

_____ Ordinary.
Fulton County.

J. R. Gowell
Mark
Applicant.

Pension Office
Filed Oct 20 1909
For Pension Year ending June 30th 1910
Examined Pension Office
Examiner

Pensioner's Name J. R. Gowell
Post Office Atlanta
Fulton Co Ga
Filed Oct 20th 1909

INDIGENT PENSION.

1909

Name J. R. Gowell
Office Atlanta
County Fulton
State Ga
Age 67
Rate $20
Disease Blindness
Contributory Cause
Residence Atlanta
Date of Death
Date of Application Oct 20th 1909

QUESTIONS FOR WITNESS.

STATE OF GEORGIA, Habersham COUNTY.

A M Dawkins of said State and County, having been presented as a witness in support of the application of J R Gossett 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? A M Dawkins Habersham county Ga
2. Are you acquainted with J R Gossett, the applicant; if so, how long have you known him? Yes I have come he was a boy
3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Fulton County London Ga all the life
4. When, where and in what company and regiment did he enlist, and how do you know? In Sept 1862 in Habersham County I was present
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? about 2 years & 6 months
7. When and where was his command surrendered? Appomattox Va April 1865
8. Were you present when it surrendered? No I was captured in the 3rd of Sept 1864
9. Was applicant present? No he was captured at the same time I was
10. If he was not present, where was he? Got the sick he was a furlough
When did he leave his command? [illegible] For what cause? Sick furlough
By what authority he left? [illegible] How do you know all of this? I was with him
11. What property, effects or income has the applicant? (Give your means of knowledge.) None
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, did he make of same? None
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? He has not
14. What is the applicant's occupation and physical condition? Chopping wood when able Feeble from old age and blindness
15. Is the applicant unable to support himself by labor of any sort; if so, why? From his feeble health and blindness
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? In the first four years prior his not labor in a cotton mill
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? Feebleness from old age and blindness
19. Who composes family? What property have they? Children's ages and their earning capacity? Himself and wife None all married and gone
20. What interest have you in the recovery of a pension by this applicant? None

J. T. Brooks

Sworn to and subscribed before me, this the 27 day of Aug 1907

A M Dawkins

J. T. Brooks

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA, Fulton COUNTY.

Personally came before me Jas A H Elmore and R N Reese, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully Jno R Gossett, applicant for pension under Section 1254, Code, and after such personal examination say that his general physical condition is as follows: Owing to feeble health from old age, chronic rheumatism [illegible] Blind in one eye, Left eye very weak. Our only opinion applicant is not physically able to do any material work.

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

Sworn to and subscribed before me, this the [illegible] day of June 1907

Jas A H Elmore M.D.

R. N. Reese M.D.

John Wolcott Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Fulton COUNTY.

I, John Wolcott Ordinary, in and for said County, hereby certify that the applicant J R Gossett resides in said County, and has been a bona fide resident of this State since the _____ day of _____ 189__ and that the witnesses, viz. J. T. Brooks

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

I further certify that before answering the foregoing questions the applicant and each witness took the oath herein prescribed, and that the full text of the affidavit 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 _____ 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.

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

Witness my hand and seal of office, this 24 day of September 1907

John Wolcott Ordinary.

of Fulton County.

NOTE.

[illegible] the Ordinary shall swear applicant, and the witnesses in the following [illegible] made to each of the witnesses asked of you, and the evidence you shall give will be [illegible]

[illegible] may be admitted if their proofs are satisfactory.

[illegible] the Ordinary must certify to the character of the witness, and as to the execution of the proof [illegible]

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? For the first four years prior his own labor for a [illegible]

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 Feebleness from old age and blindness

19. Who composes family? Wife property have they? Children age and their average capacity? Himself and wife None All married and grown

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

Sworn to and subscribed before me this the 27 day of Aug 1907 } A. M. Stephens [illegible]

[illegible]

Dollars of property; in 1904

Dollars of property; in 1905

Dollars of property; in 1906

Dollars of property; in 1907

Dollars of property.

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

Witness my hand and seal of office, this 24 day of September 1907

John Wesley Linder Ordinary.

of Dalton County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant, and the witnesses in the following manner: [illegible]

2. Blank spaces in answers may be stricken if blank spaces are inadvertent.

3. In taking the proof the Ordinary must certify to the character of the witness, and as to the execution of the proof [illegible]

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

_____

Amanuelus
Pleare
Recorder
Mrs A to
Mr Dept

INDIGENT PENSION
1902.

Name W. T. Green
County Fulton
Co. Ct. 3 Reg.
Applied
JOHN W. ELDRIDGE
Ordinary
Warrant issued
Order of 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 _____ 1902.

_____ [L. S.]

Executed in presence of

_____

Amanda
Gross
Received
March 10
War Dept

Good Ch.
Dec. 1902
Dec. 1902

INDIGENT PENSION
1902.
April
Name W. T. Gross
Fulton
Co. R. 3 Atl.

14/30-1903
To Pension Bureau
Washington D. C.
Please send the
Pension to Applicant
Care of Rev
Corner Ell & Ga
Atlanta Ga
Care Rev
Corner
Atlanta Ga

Questions for Applicant.

Every Question MUST be Answered.

STATE OF GEORGIA,
Fulton County.

W. T. Gross 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)
W. T. Gross Atlanta State of Ga Fulton County Po. Atlanta

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

3. When and where were you born? In Dekalb Co Ga. Dec. 17 1847.

4. When and where and in what company and regiment did you enlist or serve? In winter of 1863 in Virginia Co H. 3 G. Ga.

5. How long did you remain in such company and regiment? until Sept 19-1864 when captured and carried to Point Lookout a prisoner.

6. When and where was your company and regiment surrendered and discharged? I was not present

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? Was made prisoner as above stated on Sept 19 1864 and carried to Point Lookout where I was held as a prisoner until end of the war.

9. How much can you earn (gross) per annum by your own exertions or labor? About $50.

10. What has been your occupation since 1865? Farmer and Carpenter.

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 and third

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?
lung trouble eidney and bladder affection vision lost memory and blindness not totally blind.

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

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, by sale or gift, have you made of same? Had no.

15. In what County did you reside during those years, and what property did you then return for taxation?
Dekalb County return no property.

16. How were you supported during the years 1899, 1900 and 1901? By what work I did and the 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? Cost about $150 Contributed about $50.

18. What was your employment during 1898, 1899 and 1901? What pay did you receive in each year?
Carpenter about 50 dollars peramum.

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have a wife and two girls have no means except work have no homestead.

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? One time.

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

Sworn to and subscribed before me this the 15 day of Sept 1902.
John R. Williamson Ordinary,
of Fulton County.

W. T. Gross
Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
~~Gwinnett~~ DeKalb COUNTY.

Allen Brown of said State and County, having been presented as a witness in support of the application of W. T. Goss 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? Allen Brown and I reside in DeKalb County Ga
2. Are you acquainted with W. T. Goss, the applicant; if so, how long have you known him? I am and have known him since 1863
3. Where did he reside, and how long and since when has he been a resident of this State? In ~~Walton~~ DeKalb County
4. When, where and in what company and regiment did he enlist, and how do you know? In the Winter of 1863. Co K 38th Ga on Va Near Orange Court House,
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? I was not with the regiment all the time I am not sure
7. When and where was his command surrendered? At Appomattox Court House April 9th 1865.
8. Were you present when it surrendered? I was
9. Was applicant present? He was not
10. If he was not present, where was he? He was a prisoner
When did he leave his command? 19th Sept 1864 For what cause? He was a Prisoner
By what authority he left? Because he was a prisoner How do you know all of this? Was present most of the time. Allen Brown
Sworn to before me, W M Randall, Ordinary
11. What property, effects or income has the applicant? (Give your means of knowledge?) None at all, I know him & have for a long time
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, did he make of same? He had none.
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? Has not.
14. What is the applicant's occupation and physical condition? Carpenter, Physical Condition very feeble
15. Is the applicant unable to support himself by labor of any sort, if so, why? He is able in part.
16. How was he supported during the years 1898, 1899, 1900 and 1901? By his and his Children work
17. What portion of his support for these four years was derived from his own labor or income? I guess not any
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? All I know is that he is feeble now and has been for a long time and is not able to make a support by his own labor.
19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 15 day of Sept 1902. L. L. Alford Witness.
John R. Wilkins Ordinary.

Signed.

Georgia, DeKalb County. I hereby certify that I am acquainted with Allen Brown and know his statements are worthy of belief. Witness my hand and official seal this 15th day of Sept 1902. John R. Wilkins Ordinary DeKalb County Ga

I certify that L. L. Alford is a citizen of Fulton County. John R. Wilkins

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton COUNTY.

Personally came before me W. P. Martin and J. H. Vining 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. T. Goss, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

That his constitution is delicate, eyes, lungs, kidneys, partially affected. We are of the opinion his eyes & kidneys are not strong enough to permit him working for support. His prospects is poor and and that we have no interest in said pension being allowed.

J. H. Vining M. D.
W. C. Martin M. D.

Sworn to and subscribed before me, this the 15 day of Sept 1902.
John R. Wilkins Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton COUNTY.

I, John R. Wilkins Ordinary in and for said County, hereby certify that the applicant W. T. Goss resides in said County, and has been a bona fide resident of this State since the 1864 and that the witnesses, viz.: J. H. Alford 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 they 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 my opinion the foregoing claim is made in good faith.

Witness my hand and seal of office, this 15 day of Sept 1902.
John R. Wilkins Ordinary.
of Fulton 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

_____

Good, W. T.
Fulton Co.

Code Section 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 149

INDIGENT
SOLDIER'S PENSION
1906.

Name W. T. Good
County Fulton.
Co. K Regiment 55 Ga

WARRANT ISSUED 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

_____

Rowan W. T.
Fulton Co.

Code Section 1254.
(FOR THOSE ALREADY ENROLLED)

No. 1805

INDIGENT
SOLDIER'S PENSION
1907.

Name W. T. Rowan
County Fulton
Co. K Regiment 55th Ga.

WARRANT ISSUED 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, Franklin Printing, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Fulton. County.

Personally appears W. T. Goss of Fulton. County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the all day of his life 18__; that he is 38 years old and by occupation a Carpenter; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 years in Company K, of 38 th Regiment of Ga; that his physical condition is as follows: Infirmity poverty & Blindness

that his property consists of the following items: no property

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 Fulton. County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the _____ day of JAN 1 1906 1906.

W. T. Goss

John R. Wilkinson Ordinary.

State of Georgia,
Fulton. County.

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with W. T. Goss the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit 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 JAN 1 1906 day of _____ 1906.

John R. Wilkinson
Ordinary Fulton. 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,
Fulton. County.

Personally appears W. T. Goss of Fulton. 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 60 years old and by occupation a Carpenter; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 yrs in Company K, of 38 th Regiment of Ga; that his physical condition is as follows: Infirmity Blindness & poverty

that his property consists of the following items: _____

of the value of none 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 Fulton. County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the _____ day of JAN 2 1907.

W. T. Goss

John R. Wilkinson Ordinary.

State of Georgia,
Fulton. County.

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with W. T. Goss the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit 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 2 1907.

John R. Wilkinson
Ordinary Fulton. County.

Affix your seal here

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

Atlanta Ga Dec the 19 1903

I W T Goss applicant for Pension was a member of Co: K 38 Ga Regm.t was in field off Battle made Prisener the 19 of Sept 1864 at Winchester V.A. Remaining at Winchester a bout 3 months nursing the wounded.

was then carried to Baltimore MD to the South Portion of the city where I still nursed the wounded a bout 2 months more.
was then carried to fort Mc Henry staying a few days there.
then down Chesepeke Bay to Point Lookout stopping a short time.
and from there down the Bay and up James River to Landing where we Landed and was carried through the federal Lines and met by our Soldier Boy in Gray who Received us gladdly.

we went in to Richmond and were given furloughs in Feb or Mar 1865.
after the Surrender I with others was notified By the federal officer then in Atlanta, that all who had served as soldiers in the confederate army must take the oath.
While I was in the army with my

Atlanta, Ga.
Jan. 19, 1903

W. T. Goss applicant for pension in addition to trouble set forth see other affidavit has rupture on right side and in view of all his affidavits it is our opinion he is not physically competent to support himself

F. H. Linney M.D.
M. C. Martin M.D.

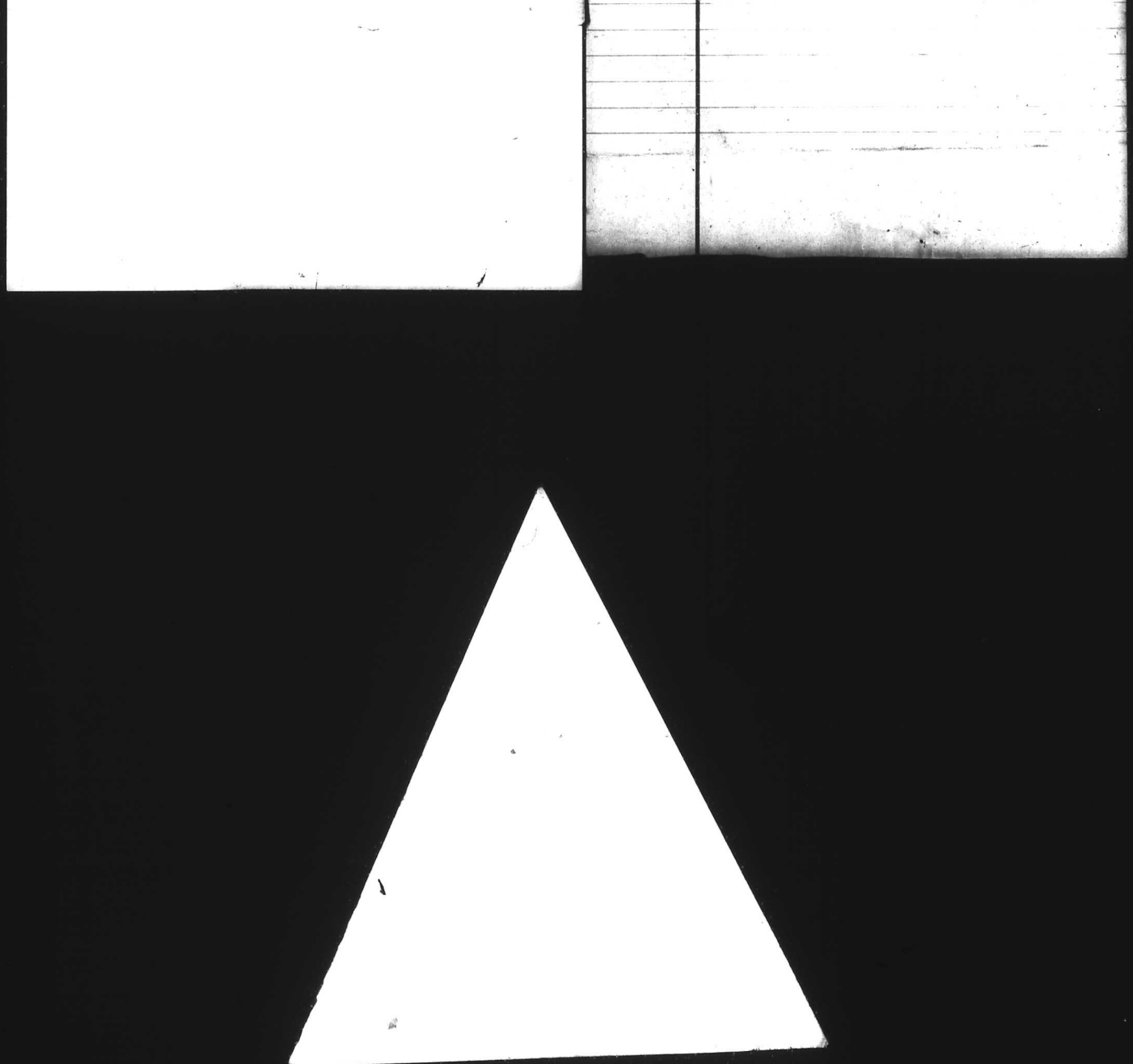
command, I performed every duty as fully as I possibly could.

While I was in prison I never did take the oath of allegiance to the United States, but held my faith and allegiance to the ~~United~~ Confederate States of America.

I was released from prison about the 4th or March, 1865, but I cannot now remember the exact date. We paroled prisoners came to Richmond, Va, and there we were given furloughs. Soon afterwards we learned of the surrender.

W T Goss

Sworn to and subscribed before me December 24th 1903
John R. Wrexshire
Ordinary



NOTES.

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

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

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

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

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

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

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

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

Bullock Co

No. 1216

APPLICATION FOR ALLOWANCE

FOR

Joe F. Fuger

Applicant John A. Bassett

County Bulloch

Amount $

Date of Warrant Mch 8

Entered on record Mch 8 1886

Secretary Executive Department

Applicant

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,
Fulton County.

PERSONALLY comes before me W. L. Cochran Ordinary of said county, Harding C. Cook and Jno. H. Viring, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Wm. B. Gossett and after such examination say that the applicant has been injured as follows: [illegible] and that the injury is permanent and renders applicant unable to perform the ordinary manual avocations of life [illegible] and that the applicant is [illegible] and effects at the time of injury as [illegible] for 12 months [illegible] and the applicant [illegible]

Sworn to and subscribed before me, this
5th day of March 188 9

W. L. Cochran
ORDINARY.

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

STATE OF GEORGIA,
Fulton County.

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

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

Given under my official signature and seal, this 6th day of March 1889

W. L. Cochran
Ordinary Fulton 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

NOTES.

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

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

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

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

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

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

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

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

Gossett, William B.
Fulton Co.

No. 1876

APPLICATION FOR ALLOWANCE

FOR

Rgt & Co's Name
Applicant Wm B Gossett
County Fulton
Amount 50
Date of Warrant Apl 15 1889
Entered on Record Apl 15
WHH

SECRETARY EXECUTIVE DEPARTMENT.

No additional data
Office copy

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears Wm B Gossett of Fulton 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 2nd day of March 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 F, of 20th Regiment of Georgia Volunteers Benning's's Brigade; that whilst engaged in such military service, at the battle of Malvern Hill & Sharpsburg in the States of Va, & Maryland, on the 7th & 17th days of July & September 1862 & 1864, the was wounded as follows: By three Gun shot wounds, one penetrating the groin & emerging midway of the thigh, another entering the front of the Thigh and passing out near the Hip joint and fracturing the bone of the rump; and the Third one entered the left side of the neck. The first two wounds very severely impaired the Hip joint causing it to be permanently stiff and rendering me a cripple for life.

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

Sworn to and subscribed before me, this the 2d day of April 1889

W H H Beatty N P Fulton Co Ga

William B Gossett
mark

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,
Fulton County.

PERSONALLY came before me M L Abbott of the county of Fulton State of Georgia, who being duly sworn, says that he was a commissioned officer in Company F, of 20th Regiment of Ga Georgia Volunteers, and that deponent knows Wm B Gossett, 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 Wm B Gossett as stated by him in said affidavit. Deponent further states that said Wm B Gossett is a *bona fide* citizen of this State and resides in Fulton county.

M L Abbott Capt Co F 20th Ga Vols.

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 affidavits of three responsible citizens should be furnished:

Sworn to & subscribed before me
This 2nd Day of April 1889
W H H Beatty N P
Fulton Co Ga

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,
Fulton County.

PERSONALLY comes before me W. L. Mathews Ordinary of said county, H. H. Cook and John H. Venning, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Wm B. Gossett and after such examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this
day of 188

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,
Fulton County.

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

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

Given under my official signature and seal, this 2nd day of April 1889

W. L. Mathews
Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County.

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

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

_____ (L.S.)

Executed in the presence of us:

STATE OF GEORGIA,
Fulton County.

I, W. L. Cadenhead Ordinary of said county, do certify that I am well acquainted with John B. Copeland 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 7 day of February 1890

W. L. Cadenhead
Ordinary Fulton County.

Barrett, William H.
Fulton Co. Ga.

1890.
Barrett, William H.

No. 490
APPLICATION FOR ALLOWANCE.
Guy Wade & J. Finger
Attorneys at Law
Applicant, Barrett
County, Fulton
Amount, $5.
Date of warrant, Feb. 7
Entered on record _____ 189 0
W. L. Cadenhead
Ordinary Fulton County.
WARRANT HANDED TO
Applicant

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 _____ 1907.

_____ [L. S.]

Executed in presence of

_____

Barrett, W. A.
Fulton Co.

Cert. Number 1916
(FOR THOSE ALREADY ENROLLED)
W. A. Barrett Co. 1916
DISABLED
SOLDIER'S PENSION
1907.
Name, W. A. Barrett
County, Fulton
Co. F 10th Regiment Ga.
Disability, Stomach
Amount, $12.00
1907.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Geo. W. Redwine, Notary Public, Atlanta.

W. A. Barrett

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

PERSONALLY appears W. B. Gossett of Fulton 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 1866 ~~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 F, of 22th Regiment of Geo Volunteers Toombs's Brigade; that whilst engaged in such military service, at the battle of Sharpsburg in the State of Md, on the 17th day of September 1862 he was wounded as follows: Gun shot wound at right side and also left thigh from the effects of this wound I have suffered ever since and it has caused me to become a cripple for life — The bone of thigh broken off at Ball's Gap Farm with an axe on the 22nd day of March 1865

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

Sworn to and subscribed before me, this the 7th day of January 1890

W m B Gossett
Mark

W. L. Wilson
J. P.

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 authorising 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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Fulton. County.

Personally appears W. B. Gossett of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a in Company F, of 20th 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:

Wounded

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 Fayette County, been allowed an invalid pension of Fifty Dollars, for the year 1906.

Sworn to and subscribed before me, this the day of JAN 2- 1907.

W B Gossett
Mark

John R. Wilkinson

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,
Fulton. County.

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with W. B. Gossett the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit 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 2- 1907.

John R. Wilkinson
Ordinary. Fulton 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.

to P.O.

County, Georgia.

By three Gunshot wounds - one Ball entering the right Groin and passing downwards through the thigh, made its exit at the back of the same;

Another Ball entering the thigh in front, and passing upward through the great muscles of the hip and fracturing the Ischium, emerged in the Gluteal regions.

The third Ball penetrated the left side of the neck near the Mastoid Muscle,

As a result of the first two wounds above mentioned the muscles, fascia, and other structures that make up the Hip-joint are, all along the tracks of the balls, agglutinated together into a semi-cartilaginous cicatrix, which [illegible] and permanently [illegible] of the limb.

By reason of the above described injuries the Applicant is permanently disabled in the use of the Hip-joint and will be a cripple for life, and in our opinion he is permanently physically incapacitated to perform the ordinary manual avocations of life

Sworn to and subscribed before me. April 2nd 1889
W. L. Rathbun
Notary

H. C. Brook M.D.
Jno. F. Vining M.D.

We, the Undersigned, have examined the within named Applicant, Gossett, and concur in the Certificate given above by Dr Brook & Vining.

A. H. Brantley, M.D.
M C Morehead M.D.

over

GEORGIA, Forsyth County.

I, the undersigned, do certify that W. B. Gossett now Invalid Pensioner of this county, is on the Pension roll and draws a pension of $55.00 Dollars for 1906. The bearer is the same man of F Company 20 Regiment, who enlisted on 7 day of July 1861, and was discharged on the 11 day of Apr 1865, was granted a pension $ 55.00 for Invalid

Proven by _____ as witnesses.

Given under my hand and official seal this the 21 day of June 1906

H V Jones
Ordinary's L. S.

(SEAL.)

J. E. Cocein M.D.
C. E. Murphey M.D.
N. H. Buell M.D.
I. L. Leach. M.D.
J. F. Roughton M.D.

Audited April 10 1889.

Wm A Wright
COMPTROLLER GENERAL.

Fulton

Maimed Soldiers.

Voucher No. 1876

Amount, $ 50

Paid to Wm B Gossett

For Right leg
Disabled
April 10 1889.

Included in Warrant No

issued to Treasurer

1889.

WARRANT CLERK.

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

Applicant

No. 1876

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Apl 10 1889.

Mr William B. Gossett of the County of Fulton 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

Leg disabled

He is entitled to receive the sum of Fifty 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.

John B. Gordon
GOVERNOR.

By the Governor.

M H Hams
CLERK EXECUTIVE DEPARTMENT.

TREASURER'S OFFICE PAID STATE OF GEORGIA

50.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/ Dollars,

per above voucher, this 10 of April 1889.

W B Gossett

Test: W J Green

Audited Mch. 8 1889.
Wm A Wright
COMPTROLLER-GENERAL.

Fulton

Maimed Soldiers.

Voucher No. 1316

Amount. $ 5.

Paid to Wm B. Gossett

For Loss of one finger.

March 8 1889

Included in Warrant No.
issued to Treasurer

1889

WARRANT CLERK

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

Applicant

No. 1216

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. Mch 8 1889

Mr. William B. Gossett of the County of Sheldon 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 one finger

He is entitled to receive the sum of Five dol 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.

TREASURER'S OFFICE PAID STATE OF GEORGIA

J. B. Gordon
GOVERNOR.

By the Governor
W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Five dol Dollars,
per above voucher, this 8 of March 1889.
William B. Gossett

Audited 18
COMPTROLLER-GENERAL.

Maimed Soldiers.

Voucher No 490
Amount $ 55 00
Paid to W. B. Gossett
For Leg Disabled
& Loss of 1 Finger
Febry 7 1890

Included in warrant No.
issued to Treasurer
18
WARRANT CLERK.

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

applicant

No. 490

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga., Feby 7 1890

Mr. Wm B. Gossett of the County of Fulton having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, approved, Dec. 24, 1888, and the same having been examined and allowed for Leg disabled and loss of one finger

He is entitled to receive the sum of Fifty 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,
C. A. Harrison
CLERK EXECUTIVE DEPARTMENT.

$55 00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty Five & 00/ Dollars,
per above voucher, this 7 of Feby 1890
Wm B Gossett
X
Wit W. Dodson

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty Five x 00/

Dollars,

per above voucher, this 7 of July 1890

Wm Bhel

X Forrest

Wm Dolpen

Gowdy, David H
Fulton Co

No.
C.K. Jan 1907

INDIGENT PENSION

1906

Name David H Gowdy
County Fulton
Co. Maxwell Battery 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, Supt., Atlanta, Ga.

1/25/06

20

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ COUNTY.

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

Witness my hand and seal, this _____ day of _____ 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

_____

Every Question MUST Be Answered.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
Fulton COUNTY.

David H Gowdy 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.)
David H Gowdy Atlanta Fulton Co Ga

2. How long and since when have you been a resident of this State? Since Dec 1-1845 at which time I was born

3. When and where were you born? Lumpkin County Ga dec 1-1845

4. When and where and in what company and regiment did you enlist or serve? Enlisted in Co A Massella Battalion of Artillery at Dawsonville Ga in May 1864

5. How long did you remain in such company and regiment? Untill April 26/65 At which time Genl J E Johnston surrendered at Greensboro N C

6. When and where was your company and regiment surrendered and discharged? At Cotton Factory (Now Called Freeman Mills) 18 Miles from Greensboro N C Apr 26/65

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

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was with my Command continually from May 1864 untill Johnston surrender Apr 26-1865

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

10. What has been your occupation since 1865? Various and at that business when able at present I am a Carpenter and

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Infirmity & Poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I have Hernia of long standing which for some years has been getting gradually worse and for the past 3 years I have suffered from rheumatism, which is growing worse all the time and most of the time entirely incapacitates me for manual labor, and I am now entirely incapacitated for manual labor

13. What property, real and personal, or income, do you possess, and its gross value? Household & kitchen furniture which is worth ($50.00) Fifty Dollars

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? None except what is enumerated in answer no 13

15. In what County did you reside during those years, and what property did you then return for taxation? Fulton County Ga. Household & Kitchen Furniture for Fifty Dollars

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? By my own labor

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

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? Carpenter About ($400.00) Four Hundred Dollars

19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? I have a wife and two children with me and a daughter married living in Atlanta Ga. My wife is entirely dependent upon me for support. My daughter married is entirely dependent upon her husband for support. My son is 18 years old and is entirely dependent upon me for support. My son is a student at home

20. Are you receiving any pension? If so, what amount and for what disability? No

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

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

Sworn to and subscribed before me this the 23 day of August 1906

John R Wells Ordinary, of Fulton County.

David H Gowdy (R)
Applicant.

Indigent Pension 1906

Name David H Gowdy
County Fulton
Ordinary John R Wells
Approved
Filed
JOHN W. LINDSEY, Commissioner
WARRANT HANDED TO
Ordinary with notice of approval or disapproval
Warrant issued Pension Roll

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton COUNTY.

B. W. Cook of said State and County, having been presented as a witness in support of the application of David A. Gowdy 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. W. Cook
Atlanta Fulton County Ga
2. Are you acquainted with Yes, the applicant: if so how long have you known him? About fifty years
3. Where does he reside, and how long and since when has he been a resident of this State?
He has lived in Atlanta Fulton Co Ga about 50 years
4. When, where and in what company and regiment did he enlist, and how do you know?
Was in Maxwells Battery. Saw I joined the Company June 1864
5. Were you a member of the same company and regiment? Yes
6. How long did he pefrorm regular military duty? Until the close of the war Apr 26/65
7. When and where was his command surrendered? At Union Factory near Greensboro N.C. Apr 26/65
8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? He was with the company at the surrender
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.)
I do not know
12 What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? I do not know
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
I do not know
14. What is the applicant's occupation and physical condition?
I do not know
15. Is the applicant unable to support himself by labor of any sort; if so, why?
I do not know
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?
I do not know
17. What portion of his support for these four years was derived from his own labor or income?
I do not know
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code I do not know his physical condition
19. Who composes family? What property have they? Children's ages and their earning capacity?
I am not acquainted with his family
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 23 day of Aug, 1906
John R Wilkinson Ordinary.
B. W. York (A) Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton COUNTY.

Personally came before me L. P. Stephens and John M. Brawner, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully D. A. Gowdy, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Varicose Veins, left leg; Rheumatism in knee & elbow; Right Inguinal Hernia
Unable to work at his trade on account of age and infirmity

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

Sworn to and subscribed before me, this the 23 day of Aug 1906
John R Wilkinson Ordinary.
L. P. Stephens M.D.
Jas. M. Brawner M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton COUNTY.

I, John R Wilkinson Ordinary, in and for said County, hereby certify that the applicant D. A. Gowdy resides in said County, and has been a bona fide resident of this State since the ____ day of ____ 189__ and that the witnesses, viz.: B. W. York & A. P. Stewart 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 ____ Dollars of property, and in 1902 ____ Dollars of property; in 1903 ____ Dollars of property; in 1904 ____ Dollars of property; in 1905 ____ Dollars of property.

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

Witness my hand and seal of office, this 23 day of Aug 1906
John R Wilkinson Ordinary.
of Fulton 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 _____ 190__

_____ [L. S.]

Executed in presence of

_____

INDIGENT PENSION.
190 6

Name of D. H. Lunsey
County Pulton
Co. Regt.
Approved 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Hereby Daniel H. Fulton Co.
No.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton COUNTY.

A P Stewart of said State and County, having been presented as a witness in support of the application of D H Lunsey 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 pefrorm 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.) None - Juroche tax Collector of Fulton Co.
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? None - Except fodder.
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? No.
14. What is the applicant's occupation and physical condition? Carpenter - His physical condition -
15. Is the applicant unable to support himself by labor of any sort; if so, why? Not wholly by manual labor - He is badly ruptured and gets worse as he grows older
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? He was supported by his own labor.
17. What portion of his support for these four years was derived from his own labor or income? All - but for 1906 he is feeble and can't earn a support.
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code He is disabled by Rheumatism and rupture as shown by Physicians certificate
19. Who composes family? What property have they? Children's ages and their earning capacity? Wife and one child - The child earns about Ten Dollars per month. - He lost a child Saturday, 25/6/06
20. What interest have you in the recovery of a pension by this applicant? None - except the ever a desire to see the law fulfilled

Sworn to and subscribed before me, this the 6 day of Sept 190 6

A P Stewart Witness.

John C Wellborn Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
_____ COUNTY.

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

_____

_____

_____

_____

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

Sworn to and subscribed before me, this the _____ day of _____ 190____

_____ Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Chatham COUNTY.

I, Henry McAlpin 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.: Jos A Hugo

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 _____ Dollars of property, and in 1902 _____ Dollars of property, in 1903 _____ Dollars of property, in 1904 _____ Dollars of property, in 1905 _____ Dollars of property.~~

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

Witness my hand and seal of office, this 17th day of August 1906

Henry McAlpin Ordinary.
Chatham 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.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
_____ COUNTY.

Joseph A Hugo of said State and County, having been presented as a witness in support of the application of Dave H Conely 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? Joseph A Hugo Savannah Ga
2. Are you acquainted with Yes the applicant: if so how long have you known him? since sometime in 1863
3. Where does he reside, and how long and since when has he been a resident of this State? Atlanta & since birth
4. When where and in what company and regiment did he enlist, and how do you know? Light Battery Georgia Regulars about 1863 I was there
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? to the surrender of Johnston's army
7. When and where was his command surrendered? We left the army the day of the surrender by request of Gen. Wheeler
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? day army surrendered For what cause? end of war

By what authority he left? of his Commanding officer How do you know all of this? I was in command at time of the Battery

11. What property, effects or income has the applicant? (Give your means of knowledge.)
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort; if so, why?
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code
19. Who composes family? What property have they? Children's ages and their earning capacity?
20. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the 14th day of August 1906

Henry McAlpin Ordinary.
Chatham Co Ga

J. A. Hugo Witness.

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

_____

Hereby Daniel
Fulton Co
26

CODE SECTION 1264.
(FOR THOSE ALREADY ENROLLED)

No. 339

INDIGENT
SOLDIER'S PENSION
1907.

Name J. H. Bloody
County Fulton
Co. _____ Regiment _____
Infantry Bat.

WARRANT ISSUED
1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
_____

GEO. W. BARNES, PRINTER, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton. **County.**

Personally appears D. M. Goudy of Fulton 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 65, that he is 61 years old and by occupation a Clerk, 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 mos. in Company A, of ___th Regiment of Maxwell's Bat. of Ark, that his physical condition is as follows: infirmity & poverty

that his property consists of the following items: _____

of the value of None 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 Fulton County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the _____ day of JAN 2- 1907.

D. M. Goudy

John R. Wilkinson Ordinary.

State of Georgia,

Fulton **County.**

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with D. M. Goudy, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit 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 2- 1907.

John R. Wilkinson

Ordinary Fulton County.

Affix your seal here

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

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, Fulton County.

Personally before me comes Mrs. Kate E. Gouedy, of said county, after being duly sworn, on oath says that she is the widow of David H. Gouedy who was duly enrolled as a ..... Pensioner from the county of Fulton and was paid a Pension of Sixty Dollars from Fulton county for 1911, and that the said David H. Gouedy died in Fulton county on the 20 day of January 1913, and at the time of his death a Pension of $60.00 was due him from Fulton county and unpaid for 1913.

Applicant further swears that she married the said David H. Gouedy on the 17 day of Dec. 1871, 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 23 day of January 1913.

John R. Wilkinson, Ordinary. Fulton County. | Mrs. Kate E. Gouedy (L. S.)

AFFIDAVIT OF WITNESS.

GEORGIA, Fulton County.

Personally before me comes Mrs. Carrie F. Justice, who on oath says that he knew David H. Gouedy while in life and that he knows Mrs. Kate E. Gouedy the above applicant; that he knows that the said David H. Gouedy and Mrs. Kate E. Gouedy were in due form of law married in the county of Muscogee in the State of Georgia on the 17 day of Dec 1871, and that they resided together as husband and wife from date of marriage to the day of his death on the 20 day of January 1913, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 23 day of January 1913.

John R. Wilkinson, Ordinary. Fulton County. | Mrs. Carrie F. Justice

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

the above applicant; that he knows that the said ....

and Mrs Kate E. Goudy were in due form of law married in the county

of Muscogee in the State of Georgia on

the 27 day of Dec 1871, and that they resided together

as husband and wife from date of marriage to the day of his death on the 20 day

of Jany 1913, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 23 day of Jany 1913.

John R Wilkinson Ordinary.
Fulton County.

Mrs Carrie F. Justice

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.

Goudy, D.H.
Fulton County

No. 1

1913

Application for Pension Due Deceased Soldier

UNDER ACT 1891.

To be paid the Widow or Dependent Children

BY

Mrs. Kate E. Goudy

Widow of D.H. Goudy

of Fulton County

Co. .... Regt. .... Vols.

Approved and paid

.... 191..

W. LINDSEY,
Commissioner of Pensions.

Goudy, D. H.
Fulton County

No. ____ 1912.

Application for Pension Due Deceased Soldier

UNDER ACT 1891.

To be paid to Widow or Dependent Children of

Mrs. Kate E. Goudy

Widow of D. H. Goudy

Rank ____ Co. ____ Regt. ____ Vols.

Appointed and paid

W. LINDSEY,
Commissioner of Pensions.

Number ____

County ____

Vol. ____

Fulton County.

Application for Pension Due Deceased Soldier

STATE OF GEORGIA. CONFEDERATE VETERANS' ACT, 1891.

ORDERED TO ____ and was on ____ county, and was paid ____ county for 19____ and at the time ____ 1913, there was due to ____ Dollars from the State ____ the within ____ Dollars ____ day of ____ 1912.

Ordinary, ____ County.

State of ____ County.

Personally appeared before me ____ who being duly sworn, says that he is the ____ of ____ and that he is the lawful wife and is now the dependent widow, and she has been married to the said ____ since the Pension on the said ____ was paid to ____ day of ____ 1912.

Sworn to and subscribed before me this ____ day of ____ 1912.

PENSION POWER OF ATTORNEY

State of Georgia, Fulton County. } Know All Men by these Presents:

That I, Mrs Kate E Goudy of the County and State aforesaid have constituted and appointed, and by these presents constitute and appoint Jesse H. Goudy of said State and County my true and lawful Attorney in fact, for me and in my name, place and stead, to receive and receipt for the Confederate pension allowed me by the State of Georgia and due me at this time. And I give and grant unto my said Attorney full power and authority to do and perform every legal act and thing necessary in the premises, as amply, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said Attorney shall lawfully do by virtue hereof.

In witness whereof, I have hereunto set my hand and seal, this the ____ day of ____ 191__

Mrs Kate E Goudy (SEAL.)

Signed, sealed and delivered in presence of

(SEAL) NOTARY PUBLIC, FULTON COUNTY, GA

My commission expires 15 March 1915

POWER OF ATTORNEY EXECUTED

By ____

PENSION POWER OF ATTORNEY

POWER OF ATTORNEY EXECUTED

By Mrs Kate E Gonedy
Mrs Kate E Gonedy

State of Georgia,
Fulton County, } Know All Men by these Presents:

That I, Mrs Kate E Gonedy of the County and State aforesaid have constituted and appointed, and by these presents constitute and appoint Jesse H. Gonedy of said State and County my true and lawful Attorney in fact, for me and in my name, place and stead, to receive and receipt for the Confederate pension allowed me by the State of Georgia and due me at this time. And I give and grant unto my said Attorney full power and authority to do and perform every legal act and thing necessary in the premises, as amply, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said Attorney shall lawfully do by virtue hereof.

In witness whereof, I have hereunto set my hand and seal, this the ____ day of _____ 191__

Mrs Kate E Gonedy (SEAL.)

Signed, sealed and delivered in presence of

(SEAL) Mary E McMyers
NOTARY PUBLIC, FULTON COUNTY, GA

My commission expires 15 March 1915

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Fulton COUNTY.

I, T. H. Jeffers Ordinary of said County, do certify that I know Mrs. Kate E. Gouedy 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 8 day of Oct 1919

That I also know. D. A. H. Cochran 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. my clerk

Sworn under my hand and official seal of office this 16 day of Oct 1919

(SEAL.) T. H. Jeffers Ordinary.
Fulton 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, 1883, 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.

Ordinary Kate E. (Mrs) Gouedy
Fulton County
No. 7 Fulton County

Widow's Application

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

County Fulton
Name Mrs. Kate E. Gouedy
Widow of D. H. Gouedy 1913
Company Maxwell's Bat.
Regiment
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-23-1919

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Fulton COUNTY.

I, T. H. Jeffries Ordinary of said County, do certify that I know Mrs. Kate E. Gouedy 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 8 day of Oct 1919

That I also know Dr. A. H. Cochran 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. my clerk

Sworn under my hand and official seal of office this 16 day of Oct 1919

(SEAL.) T. H. Jeffries Ordinary.
Fulton 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.

Ordinary's Certificate
Filed in Office
No. Fulton County
Oct 16 1919

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 1918.

County Fulton
Name Mrs. Kate E. Gouedy
Widow of D. F. Gouedy 1863
Company Maxwell's Bat.
Regiment
Approved

J. W. Lindsey,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-23-1919

No.

MARRIAGE LICENSE

Georgia, Muscogee County.

To any ordained Minister of the Gospel, Jewish Minister, Judge, or Justice of the Peace:

YOU ARE HEREBY AUTHORIZED TO JOIN

D. H. Gouedy and Katie E. Sikes

in the Holy State of Matrimony, according to the Constitution and laws of this State, and for which this shall be your sufficient license, to be returned at once to this office, with your certificate of fact and date of marriage.

Given under my hand and seal, this 26th day of Dec. 1891

(L. S.) John W. Dues, Ordinary.

Georgia, Muscogee County.

I do hereby certify that D. H. Gouedy and Katie E. Sikes were duly joined in Matrimony by me, this 27th day of December 1891

James H. Hall, Minister

Ordinary's Office.

State of Georgia, Muscogee County. } S. S. I, H. H. Hunter, Clerk of the Court of Ordinary of said County, do hereby Certify that I have compared the foregoing copy of the Marriage License and Certificate of Marriage of D. H. Gouedy and Katie E. Sikes with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record, and that said Court is a Court of Record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this 7th day of October 1919

H. H. Hunter
Clerk Court of Ordinary.

Ordinary's Office.

State of Georgia, Muscogee County. } S. S. I, R. J. HUNTER, Ordinary of said County, and presiding Magistrate of the Court of Ordinary thereof, do hereby certify that the above attestation subscribed by H. H. Hunter, as Clerk of said Court, is sufficient and in due form of law, and that his signature thereto is genuine.

Witness my hand and official signature, this 7th day of October 1919

R. J. Hunter Ordinary.

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,
Fulton COUNTY. }

Personally before me comes Mrs. Kate E. Gouedy of said County, who, after being duly sworn, says that she is the widow of D. H. Gouedy to whom, in the County of Muscogee State of Georgia she was married on the 27 day of Dec 18 71, and that she remained his wife, and resided with him to the date of his death in Jan 20 19 13 and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of $60 in Fulton County for 19 13 per annum, on account of being a soldier in Company Maxwell's Bat. Regiment (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since Jan. 20, 1871 19

Sworn to and subscribed before me, this the 8 day of Oct 1919

Thos H Jeffries Ordinary of Fulton County.

(SEAL)

Kate E. Gouedy
61 Lee St.

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

STATE OF GEORGIA,
Fulton COUNTY. }

Personally before me comes A. A. H. Cochran 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. Kate E. Gouedy, who made the foregoing affidavit, is the lawful widow of D. H. Gouedy who died in Fulton County in said State of Ga. on 20 day of Jany 19 13 and that she has not since remarried. ~~That she became the wife of the~~ 18, and that she and he had resided together as man and wife continuously since day of 19, and that the to the date of his death he was the same man who was on the pension roll of said State from Fulton County when he died.

Sworn to and subscribed before me, this the 16 day of Oct 1919

Adelum R. Harden Ordinary of Fulton County.

(SEAL)

A. H. Cochran

eal of the Court of Ordinary, this 7th day of October 1919.

H. H. Hunter
Clerk Court of Ordinary.

Ordinary's Office.

State of Georgia, Muscogee County. } S. S. I, R. J. HUNTER, Ordinary of said County, and presiding Magistrate of the Court of Ordinary thereof, do hereby certify that the above attestation subscribed by H. H. Hunter, as Clerk of said Court, is sufficient and in due form of law, and that his signature thereto is genuine.

Witness my hand and official signature, this 7th day of October 1919.

R. J. Hunter Ordinary.

County in said State of Georgia on the 16th day of October, 1918, 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 to the date of his death day of 18, and that the he was the same man who was on the pension roll of said State from Fulton County when he died.

Sworn to and subscribed before me, this the 16 day of Oct 1918

Allen R. Hardin, Ordinary of Fulton County.

(SEAL)

A. H. Cochran

Sworn Elizabeth Brown
Fulton County

No.

Widow's Pension

UNDER ACT 1910.

County Fulton

Mrs E.D. Brown

Widow of

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer.

12/11 1912

Application for Pension by a Widow Under Act of 1910.--Questions for Applicant.

STATE OF GEORGIA,

FULTON County.

Personally before me comes Elizabeth Dana Gowen 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? Elizabeth Dana Gowen, Atlanta, Ga. 251 N. Boulevard.

2. How long and since when have you been a continuing resident in the State of Georgia? Sixty seven years.

3. When, where and to whom were you married? October 1866, Savannah Ga. to Jas. F. Gowen.

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.) Sept. 26. 1863-- Camp Devant--Company A--5th Ga. Cavalry (Georgia Hussars)

5. When and where did the Commands of your husband surrender or discharge from the army? May 3, 1865 with Col. Lawtons Command

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?

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 [illegible]

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 husband die? Atlanta, Ga. March 17, 1886.

k. Were you residing together when he died? Yes

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

9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) 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? $100.00 Annual

13. Have you heretofore been paid a pension by the State? No. If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the [illegible] day of [illegible] 1912

Elizabeth Dana Gowen

[illegible] of Fulton County.

Widow's Pension
UNDER ACT 1910.

No.

County Fulton

Name Elizabeth Dana Gowen

Widow of

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

12/11 1912

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

STATE OF GEORGIA,
Floyd County.

Personally before me comes Mrs. Mary A. Wingfield 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? Mary A. Wingfield
2. How long and since when have you known Elizabeth Dana Gowen applicant?
3. How long and since when has she continuously resided in this State? (Give date.) 64 years. born raised in Savannah, Ga. —
4. When and to whom was she married? Jas. R. Gowen How do you know? Came to Selma and knew them intimately
5. How long and since when did you know October 15th 1866 her husband? 64 years
6. When and where did James R. Gowen the husband of Applicant die? March 17th 1886
7. Where the Aplicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? —
Were they divorced? —
9. When, where and in what Company and Regiment did Jas. R. Gowen enlist? Sept. 26th 1863. Camp Davant, Co. A. 5th Ga Reserves
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? Until surrender of Gen. Lee's Command at Gillsboro N. C. May 1865
12. When, and where did his Command surrender, and was discharged? Gillsboro N. C. May 3rd 1865
13. Were you personally present when it was surrendered? no If not where were you at home and how came you there? Was in Selma and heard he and other members speak of it.
14. Was the husband of applicant personally present at surrender? yes If not where was he? — when, where and for what cause did he leave Command? (Give date.) — By whose authority did he leave his Command? — and how long was he granted leave? — How do you know all this? By correspondence and personally knowing when he entered and when he returned
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 26 day of Aug. 1912 Mary A. Wingfield

John P. Davis Ordinary

of Floyd County

Only widow, Sub. Co. witness is of Floyd County

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
..... County.

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

Personal property	$
Notes and accounts due	$
Total	$

Schedule (B).

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

Personal property	$
Money, Notes and accounts	$

Schedule (C).

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

Acres of land worth	$
Horses and Mules	$
Cows and Hogs	$
Other property	$
Income and earnings	$
Total Value of all property and effects	$

Sworn and subscribed before me this the ..... day of ..... 19 .....

..... Ordinary,

of ..... County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Dallas County.

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

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

That the Tax Returns ..... Returned for Tax is for 1908 $ Nothing for 1910 $ Nothing

Sworn under my hand and official seal of office this 10 day of Dec 1912

SEAL.

John R. Wilkinson Ordinary,
Dallas County

(SEAL.)

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

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

STATE OF GEORGIA,
Chatham County.

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

1. What is your name and where do you reside? A. B. Le Roche. Savannah Ga
2. How long and since when have you known Mrs. E. D. Gowen applicant? Ever since childhood
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? Jas. D. Gowen How do you know? I saw her personally before the war
5. How long and since when did you know Jas. D. Gowen her husband? Ever since the war
6. When and where did Jas. D. Gowen the husband of Applicant die? I know he is dead.
7. Where the Apliant and her husband living together as husband and wife at the date of his death? They was living together
8. If not, how long did they live apart before his death? — Were they divorced? —
9. When, where and in what Company and Regiment did Jas. D. Gowen enlist? Camp Durant Co A. 5th Ga Cavalry (Georgia Hussars)
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? He was a member of the Co. in the Southern Confederate
12. When, and where did his Command surrender, and was discharged? Apr. 26-1865 in North Carolina
13. Were you personally present when it was surrendered? Yes If not where were you — and how came you there? —
14. Was the husband of applicant personally present at surrender? Yes If not where was he? — when, where and for what cause did he leave Command? (Give date.) — By whose authority did he leave his Command? — and how long was he granted leave? — How do you know all this? —
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 5th day of Sept. 1912

A B Le Roche

Jas. McLine Ass Cont Ordinary 5th Sergeant Co A 5th Ga Cavalry in absence from Date of Ordinary,

of Chatham County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
County.

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

Personal property	$
Notes and accounts due	$
Total	$

Schedule (B).

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

Personal property	$
Money, Notes and accounts	$

Schedule (C).

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

Acres of land worth	$
Horses and Mules	$
Cows and Hogs	$
Other property	$
Income and earnings	$
Total Value of all property and effects	$

Sworn and subscribed before me this the day of 19 Ordinary,

of County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
County.

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

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

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

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

SEAL. Ordinary,

County

(SEAL.)

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answer 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.

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 5th day of Sept 1912 A B Lee Clerk

Jos. Motley Asst Clerk & Ordinary 5th Regiment Ga A. S. Gen Cabalry

in absence from State of Ordinary,

of Chatham County.

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

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

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

SEAL. .....Ordinary,

.....County

(SEAL.)

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

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

4 All affidavits must be made before the Ordinary.

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

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

Braddy, J. T. Fulton Co.
Fulton Co.
No. 5 Jay Cir
Atlanta

INDIGENT PENSION

1909

Name J. T. Braddy
County Fulton
Co. H 10th Cav Reg't

Approved _____ 190

JOHN W. LINDSEY,
Comptroller of Pensions

WARRANT HANDED TO

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

Chas. P. Byrd, State Printer, Atlanta, Ga.

9-21-14
11-8-09

POWER OF ATTORNEY.

STATE OF GEORGIA,
_____ County }

I, _____ of _____ County, hereby authorize _____ to receive and receipt for the pension allowed and request that he result name to _____ by _____ at _____

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

(L. S.)

Executed in presence of _____

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA, }
Fulton COUNTY.

J. J. Bradley 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.) J J Bradley Fulton Co Ga - Atlanta
2. How long and since when have you been a resident of this State? over 62 years
3. When and where were you born? July 8th 1847
4. When and where and in what company and regiment did you enlist or serve? Aug 1863 - Co K - 10 Confederate Cav
5. How long did you remain in such company and regiment? until the end of the war or to April 26th 1865
6. When and where was your company and regiment surrendered and discharged? April 26th 1865 - at Union Hillsboro N.C.
7. Were you present with your company and regiment when it was surrendered? Yes.
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 there
9. How much can you earn (gross) per annum by your own exertions or labor? about $100
10. What has been your occupation since 1865? Carpenter
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?" 2 first Grounds
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. about 5 years Badly Crippled hand - old - weak and infirm
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 1903, 1904, 1905, 1906, 1907 and 1908, and what disposition, if any, by sale or gift, have you made of same? None Fulton
15. In what County did you reside during those years, and what property did you then return for taxation? Fulton County - No taxes
16. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? By Self & help of wife
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? about $150 - Contribute about 2/3
18. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? What pay did you receive in each year? Carpenter - work when able - little 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? Wife - None -
20. Are you receiving any pension? If so, what amount and for what disability? No
21. Have you ever made an application for pension before? No
22. How many applications have you ever made and under what cases? None

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 8 day of Nov 1909 } J J Bradley Applicant.

John W. Lindsey of Fulton County.

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 ..... Witness my hand and seal, this ..... day of ..... 190..... (L. S.)

Executed in presence of .....

Pension office 10/1/09
Must submit some testimony to prove his poverty, cannot be recommended.
J. W. Lindsey, Com. of Pensions.

Filed in office this 8 day of Nov 1909
J. J. Fulton Clk
By ..... Deputy Clerk

INDIGENT PENSION
No. 7470
1909

Name J J Bradley
County Fulton
Co. K 10th Cav Regt
Approved ..... 190..
JOHN W. LINDSEY, Commissioner of Pensions.
WARRANT HANDED TO .....

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

Chas. P. Byrd, State Printer, Atlanta, Ga.

Filed
Nov 8 1909

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton COUNTY.

Personally came before me J. M. Carmichael M.D. and [illegible] M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mr. Zachary T. Grondeloy, applicant for pension under Section 1254, Code, and after such personal examination say that his **precise physical condition** is as follows:

Suffering from age and infirmities and his condition is such that he can not earn or support at any trade or calling.

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

J. M. Carmichael M.D.
[illegible] M.D.

Sworn to and subscribed before me, this the [illegible] day of [illegible] 1909.
Frank Wilkinson Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton COUNTY.

I, Frank Wilkinson Ordinary, in and for said County, hereby certify that the applicant Z. T. Grooddy resides in said County, and has been a bona fide resident of this State since the ..... day of ..... 180.. 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 shows that applicant returned for taxation in his name in 1901 ..... Dollars of property, and 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; in 1908 ..... Dollars of property; in 1909 ..... Dollars of property.

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

Witness my hand and seal of office, this 20th day of Sept 1909.
Frank Wilkinson Ordinary.
of Fulton 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.

QUESTIONS FOR WITNESS.

STATE OF Ala.
Bibb COUNTY.

L. H. Brown of said State and County, having been presented as a witness in support of the application of Z. T. Grooddy 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? L. H. Brown Eufaula Ala
2. Are you acquainted with Z. T. Grooddy, the applicant; if so, how long have you known him? 1862
3. Where does he reside, and how long and since when has he been a resident of this State? He was a citizen of said State when I first knew him
4. When, where and in what company and regiment did he enlist, and how do you know? Enlisted in 1862 in Co. K. 10th Confederate Cavalry
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? Until close of the war
7. When and where was his command surrendered? Gainesville Ala
8. Were you present when it surrendered? I was not (Witness Britt was present)
9. Was applicant present? Yes
10. If he was not present, where was he? He was present. I was (Britt) was present
When did he leave his command? 1865 For what cause? Dismantled
By what authority he left? The war had closed How do you know all of this? He was a member of my company
11. What property, effects or income has the applicant? (Give your means of knowledge.) I do not know his circumstances
12. What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909? I do not know
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? I know of no conveyance
14. What is the applicant's occupation and physical condition? I do not know his occupation.
15. Is the applicant unable to support himself by labor of any sort; if so, why? I do not know
16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? I do not know
17. What portion of his support for these four years was derived from his own labor or income? I do not know
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. I do not know his physical condition
19. Who composes his family? What property have they? Children's ages and their earning capacity? I do not know anything about his family
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 9th day of Sept 1909.
[illegible] Ordinary.

L. H. Brown Witness.
W. D. Britt

I certify that the witnesses W. D. Britt and L. H. Brown are reputable citizens of Bibb County, Ala. to be witnesses. Sept 7 1909 [illegible]

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fulton COUNTY.

M. V. Hooks of said State and County, having been presented as a witness in support of the application of J. J. Crawley 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? M. V. Hooks
Fulton County

2. Are you acquainted with J. J. Crawley, the applicant; if so, how long have you known him? Since I was a man

3. Where does he reside, and how long and since when has he been a resident of this State?
Fulton Co. Ga. resident of State about — years

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 worst - Have known 8 years

12. What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909? None

and what disposition, if any, did he make of same? None

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
None

14. What is the applicant's occupation and physical condition? Old - feeble and infirm

15. Is the applicant unable to support himself by labor of any sort; if so, why?
Yes - because of age and infirmity

16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909?
Self & wife

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

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under section 1254, Code. Old - feeble and infirm

19. Who composes family? What property have they? Children's ages and their earning capacity?
Self & wife

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

Sworn to and subscribed before me, this the 24th day of March 1909.

John R. Wilkinson Ordinary

M. V. Hooks Witness

I hereby certify that M. V. Hooks is known to me to be a man of character and veracity and is a credible witness and worthy of full faith and credit.

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

Sworn to and subscribed before me, this the 7th day of Feb 1907.

Witness: M V Hosty

John R Cockrell, Ordinary.

I hereby certify that my records in Fulton County show that the statements contained in the foregoing affidavit are true to the best of my knowledge and belief. M V Hosty, Ord. R Cockrell, Ordinary

NAME Crosby, E. T. YEAR 1920 COUNTY Fulton

WHEN AND WHERE BORN? July 8, 1847

ENLISTED WHEN AND WHERE? August 1863

RANK.

COMPANY AND REGIMENT? Company E, 10th Confederate Regt. Cavalry

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 26, 1865 - near or at Hillsboro, N. C.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. L. E. Brown - same command -- No date.

IF NOT PRESENT AT SURRENDER, WHICH WAS YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. L. L. Brown - [illegible] -- No date.

State Dept. Public Welfare,
Atlanta, Nov. 9, 1937.

John Graham was appointed a Musician, Co. E, 1st South Carolina Artillery, Sept. 12, 1863. Captured, Fayetteville, N. C. Mch. 11, 1865. Released, Ft. Lookout, Md. May 13, 1865.

Director Confederate Records Div.

RECORD O. K.

Graham Annie (Mrs.)
Fulton
Ruby 1938

Widow's Application

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

County Fulton
Name Mrs. Annie Graham
Widow of John G. Graham
Date of Marriage July 11, 1892
Date of Husband's Death March 15, 1934
Company
Regiment
Approved Dec. 27 1937 193
Director.

Claims marriage certificate is on file here

1990

AUG 26 1937

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, THOMAS H. JEFFRIES, Ordinary of said County, do certify that I know Mrs. Annie Graham 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 Maurye Graham the witness who swears to the ~~service of husband and for 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 23 day of August 1937

(SEAL OF ORDINARY) , Ordinary.

of Fulton 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 Welfare,
Atlanta, Nov. 9, 1937.

John Graham was appointed a Musician, Co. E, 1st South Carolina Artillery, Sept. 12, 1862. Captured, Fayetteville, N. C. Mch. 11, 1865. Released, Ft. Lookout, Md. May 13, 1865.

Director Confederate Records Div.

RECORD O. K.

Widow's Application

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

County: Fulton
Name: Mrs. Annie Graham
Widow of: John C. Graham
Date of Marriage: July 11, 1892
Date of Husband's Death: March 15, 1934
Company:
Regiment:
Approved: DEC 27 1937
Director.

1920

AUG 26 1937

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, THOMAS H. JEFFRIES, Ordinary of said County, do certify that I know Mrs. Annie Graham 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 Maurye Graham the witness who swears to the ~~service of her husband or her~~ 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 25 day of August 1937

(SEAL OF ORDINARY) Ordinary.

of Fulton 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.

APPLICATION FOR PENSION BY A WIDOW 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,

Fulton COUNTY.

Personally appears before me, Mrs. Annie Graham 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. Annie Graham, 207 Forrest Ave. N.E. Atlanta, Ga. Fulton County
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? twenty-two years
Give date, or year, of your birth. August 26, 1865 Age? 71
3. (1) When, (2) where and (3) to whom were you married? marriage certificate on file at State Capitol - July 11, 1892, Chicago, Ill., John C. Graham
a. Have you married since the death of first and soldier husband? no
b. When and where did your first husband die? March 15, 1934, Atlanta, Ga
c. Were you residing together when he died? yes
d. If not, how long had you resided apart?
e. Are you now a widow? yes
f. Have you or your husband heretofore been paid a pension by the State? Fulton County, Ga
g. If so, when and for what cause were you or your husband placed on the roll? 1921

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 16th day of August, 1937.

T. H. Jeffries, Ordinary

of FULTON County.
(SEAL OF ORDINARY)

Mrs. Annie Graham
Applicant.

State of Georgia
County of Fulton.

Personally before the undersigned authority now comes Maurya Graham who upon oath says that she knows Mrs. Annie Graham and knows that she was living with her husband John C. Graham at the time of his death, that she has not remarried since his death and is now his dependent widow.

Sworn to and subscribed before me this 28 day of July 1937

Maurya Graham

A. T. Bartlett
C.C. Ordinary, Fulton Co. Ga.

STATE OF ILLINOIS, } ss.
COUNTY OF COOK. }

No. 186198

John C. Graham

Chicago, in the County of Cook, State of Illinois, being duly sworn deposes and says that he was born on —
and is of the age of 41 years. That he — married, and is now —
"Never" or "Was" "Unmarried" "A Widower" or "Divorced" (Give Date, Court, etc.)
that M. Ass Annie Cummings of Chicago, in the County of Cook and State of Illinois, was born
—, and is of the age of 27 years. That she — married, and is now —
"Never" or "Was" "Unmarried" "A Widow" or "Divorced" (Give Date, Court, etc.) That said persons are not blood relatives
and are not idiots or insane. That they are both single and unmarried and may lawfully contract and be joined in marriage.

Subscribed and sworn to before me this 11
day of July A. D. 1892

Henry Wulff County Clerk.
By — Deputy.

(Signed) John C. Graham
(Address) —
(Signed) M. Salmon
(Address) —

45 Form 12 10M 9-33 (OVER

Certified Copy of Marriage License. Form 35

STATE OF ILLINOIS, } ss.
County of Cook. }

I, ROBERT M. SWEITZER, County Clerk of the County of Cook in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the original Marriage License issued to Mr. John C. Graham and M. Ass Annie Cummings together with return of Marriage thereon.

all of which appears from the records and files of my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of said County of Cook, at my office in the City of Chicago in said County, this 7th day of April A. D. 1934.

Robert M. Sweitzer
County Clerk.

35 10M 5-33

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA.

Hon. Thos. H. Jeffries, Ordinary,
Fulton County,
Atlanta, Georgia.

WHEREAS:

MRS. ANNIE GRAHAM, WIDOW OF JOHN C. GRAHAM,

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 now remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 1938, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 19 37.

L. Thos. Gillen
Director, Confederate Division
State Department of Public Welfare

State of Georgia
County of Fulton.

Personally before the undersigned authority now comes Maurya Graham who upon oath says that she knows Mrs. Annie Graham and knows that she was living with her husband John C. Graham at the time of his death, that she has not remarried since his death and is now his dependent widow.

Sworn to and subscribed before me this 28 day of July 1937

Maurya Graham

A J Battista
C.C. Ordinary, Fulton Co. Ga.

E OF ILLINOIS, } ss.
NTY OF COOK. }

No. 186198

John C. Graham

ago, in the County of Cook, State of Illinois, being duly sworn deposes and says that he was born on —

of the age of 41 years. That he — married, and is now —
"Never" or "Was" "Unmarried" "A Widower" or "Divorced" (Give Date, Court, etc.)

M ss Annie Cummings of Chicago, in the County of Cook and State of Illinois, was born — and is of the age of 27 years. That she — married, and is now —
"Never" or "Was"

unmarried" "A Widow" or "Divorced" (Give Date, Court, etc.) That said persons are not blood relatives
are not idiots or insane. That they are both single and unmarried and may lawfully contract and be joined in marriage.

Subscribed and sworn to before me this 11 of July A. D. 1892

Henry Wulff County Clerk.
By — Deputy.

(Signed) John C Graham
(Address)
(Signed) M Salmon
(Address)

83 Form 12 10M 9-33 (OVER

Certified Copy of Marriage License. Form 25

STATE OF ILLINOIS, } ss.
County of Cook.

I, ROBERT M. SWEITZER, County Clerk of the County of Cook in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the original Marriage License issued to Mr. John C Graham and M. Ss Annie Cummings together with return of Marriage thereon.

all of which appears from the records and files of my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of said County of Cook, at my office in the City of Chicago in said County, this 7th day of April A. D. 1934

Robert M Sweitzer
County Clerk.

83 10M 5-33

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Hon. Thos. H. Jeffries, Ordinary,
Fulton County,
Atlanta, Georgia.

WHEREAS:

MRS. ANNIE GRAHAM, WIDOW OF JOHN C. GRAHAM,

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 19 37.

A. Tom Gillen
Director, Confederate Division
State Department of Public Welfare

all of which appears from the records and files of my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of said County of Cook, at my office in the City of Chicago in said County, this 7th day of April A. D. 1934.

Robert M. Sweitzer
County Clerk.

83 10M 5-33

Roll of the State of Georgia for the month of January, 1938, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 19 37.

A. Thos. Gillen
Director, Confederate Division
State Department of Public
Welfare

No. 186188

LAWS IN RELATION TO

MARRIAGES

In Force July 1, 1874

6. Persons intending to be joined in Marriage shall, before their Marriage, obtain a license from the County Clerk of the County where such Marriage is to take place. Anything in any general or special law of this State to the contrary notwithstanding.

9. The Minister, Judge or Justice of the Peace shall, within thirty days after such Marriage is solemnized, make a certificate thereof, and return the same, together with the license, if one has been issued, to the Clerk of the County in which the Marriage took place, or to his successor in office.

16. If any Minister, Judge or Justice of the Peace, having celebrated a Marriage, or any clerk or secretary of any society, church or denomination among whom a Marriage is celebrated, and whose duty it shall be to make and return a certificate of such Marriage, shall fail to make and return to the County Clerk such certificate in the time and manner provided by law, he shall forfeit and pay $100, to be recovered in the name of the People of the State of Illinois, in an action of debt in any Court of competent jurisdiction.

17. It shall be the duty of the State's Attorney of the proper County to prosecute all offenses under the preceding sections.

83 20M 10-33 THE FRED J. KIMBLEY CO., CHICAGO

Returned, Registered and Filed
July 21-1892
Henry Wolff
County Clerk.

FORM 44

State of Illinois } ss.
COOK COUNTY.

Marriage License

To any Person Legally Authorized to Solemnize Marriage.

GREETING:

Marriage may be Celebrated, in the County of Cook and State of Illinois,

between Mr. John C Graham of Chicago, in the County of Cook and State of Illinois, of the age of 41 years, and Miss Annie Cummings of Chicago, in the County of Cook and State of Illinois, of the age of 27 years.

Witness, ~~Robert A. Sampson~~ Henry Wulff, County Clerk of the County of Cook and the Seal thereof,

Seal

at my office in Chicago, this 11th day of July, A. D. ~~1893~~ 1892

Henry Wulff County Clerk.

The Person who Solemnizes Marriage is cautioned against making any changes in this License.

STATE OF ILLINOIS, } ss.
COUNTY OF COOK.

I, T J Butler D. D. (OFFICE OF PERSON OFFICIATING) a Catholic Priest (OFFICIAL TITLE)

hereby certify that Mr. John C Graham and Miss Annie Cummings were united in Marriage by me at _____ in the County of Cook and State of Illinois,

on the 11th day of July, ~~1893~~ 1892

T J Butler (SIGNATURE AND OFFICIAL TITLE)

(The Names in this certificate must be identical with Names in above License)

Address 2010

N. B.—This License, with certificate of marriage properly made, ended (within 30 days) be returned to the COUNTY CLERK, by the person who performed the marriage ceremony.

FORM 46

State of Illinois } s.s.
COOK COUNTY.

Marriage License

To any Person Legally Authorized to Solemnize Marriage.

GREETING:

Marriage may be Celebrated, in the County of Cook and State of Illinois,

between Mr. John C Graham of Chicago, in the County of Cook and State of Illinois, of the age of 41 years, and Miss Annie Cummings of Chicago, in the County of Cook and State of Illinois, of the age of 27 years.

Witness, ~~Robert A. Sampson~~ Henry Wulff, County Clerk of the County of Cook and the Seal thereof,

Seal

at my office in Chicago, this 11th day of July, A. D. ~~193~~ 1892

Henry Wulff County Clerk.

The Person who Solemnizes Marriage is cautioned against making any changes in this License.

STATE OF ILLINOIS, } ss.
COUNTY OF COOK.

I, I J Butler D.D. (NAME OF PERSON OFFICIATING) Catholic Priest (OFFICIAL TITLE)

hereby certify that Mr. John C Graham and Miss Annie Cummings were united in Marriage by me at _____ in the County of Cook and State of Illinois, on the 11th day of July, ~~193~~ 1892

I J Butler (SIGNATURE AND OFFICIAL TITLE)

(The Names in this certificate must be identical with Names in above License)

Address 20 D.

N. B.—This License, with certificate of marriage properly made, must (within 30 days) be returned to the COUNTY CLERK, by the person who performed the marriage ceremony.

On the _____ day of _____ 19_____

(The Names in this certificate must be identical with Names in above License)

_____ (SIGNATURE AND OFFICIAL TITLE)

Address _____

N. B.—This License, with certificate of marriage properly made, must (within 30 days) be returned to the COUNTY CLERK, by the person who performed the marriage ceremony.

Graham James K.
No. 1087
Fulton Co

INDIGENT PENSION

1895.

Name James K. Graham

County Fulton

Ground

29 Jan 1896 1895

RICHARD JOHNSON,

Secretary Executive Department

WARRANT HANDED TO

Appt.

Geo. W. Harrison, State Printer, Atlanta.

Ex Dept 29 Jan 1896
Proof in aff ent
filed by administrator
Witness —
Richd Johnson
Sec

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

Witness my hand and seal this _____ day of _____ 1895.

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 1895.

Executed in presence of }
}

Ex Dept 22 Jan 1896
Proof can be filed out -
filed by claimant
in May -
Rich - Johnson
Sec

Application for Pension No. 10,801
Certificate No.

INDIGENT PENSION
1895.

Name James H. Graham
County Fulton
Granted 24 Jan 1896 1896
RECEIVED FROM
Pension Agent, Atlanta, Ga.
Pension Agent, Atlanta, Ga.
Pension Agent, Atlanta, Ga.
Geo. W. Thomas, Pension Attorney, Atlanta
Abel

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA, }
Fulton County. }

James H. Graham of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) J. H. Graham in Fulton County, Atlanta Ga.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? In Fulton County, Resident going on seventy years
3. When and where were you born? In Fayette Co 1819
4. Did you volunteer in the Confederate Army or in the Georgia Militia? Confederate army
5. When and where did you enlist? In Newton Co, 1862
6. In what company and regiment did you enlist? In Co A 4 Regt Ga
7. How long did you remain in that company and regiment? Until the Surrender
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? Was with State Troops at Savannah & disbanded - was discharged - then made up a company for Confed. service
9. For how long a period did you discharge regular military duty? From 1862 Till 2nd July 1865
10. When, where and under what circumstances were you discharged from service? In 1865 the 2nd day of May I surrendered and was paroled at Charlotte N.C.
11. What is your present occupation? Nothing
12. How much can you earn per annum by your own exertions or labor? Not half of a support
13. What has been your occupation since 1865? Farming - until 1890 or my death, but unable
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? Not less than fifty dollars, unable to contribute in either
15. What is your present physical condition and how long have you been in such condition? Weak feeble, full of pains nearly half of the time suffering - Also, Rheumatism and indigestion - so severe I cannot stand on my feet but little before breakfast
16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? Age and poverty
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? Upon the age + infirmity both - 1st and 2nd - have been unable to earn a support for the last three years - can't do far - remain in bed but a short time, not 2 hours in day, in bed most
18. What property, effects or income do you possess? Nothing at all
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? Nothing to speak of
20. In what County did you reside during those years and what property did you then return for taxation? In Fulton County - Returned Nothing for taxation
21. How were you supported during the years 1893 and 1894? By my Children
22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I and with my children - By selling out of pocket
23. What was your employment during 1893 and 1894? What pay did you receive in each year? Not able to work and give satisfaction on account of inability to labor I had a overseer, who did most
24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support? My wife is dead
Albert Irving age about fifty one dead
Graham age 49 - Sallie Owens age 41 -
Walter Graham age 38 - Rosella Graham age 33 -
[illegible] Graham

25. Are you receiving a pension under any law of this State, if so what amount and for what disability?
None whatever

Sworn to and subscribed before me this the 25th day of April 1895.
W. L. Calhoun Ordinary of Fulton County.

James H Graham Applicant,
41 Luckey Street
Atlanta

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Fayette County.

J. H. Graham, of said State and County, having been presented as a witness in support of the application of Jas. H. Graham for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. W. Graham, Jr. Fayetteville, Fayette Co. Ga.
2. Are you acquainted with Jas. H. Graham, the applicant, if so how long have you known him? about 49 years
3. Where does he reside, and how long has he been a resident of this State? In Atlanta Ga. All his life, I suppose all his life, have known him 49 years
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I know he was in the Confederate army. I was with him
5. When, where and in what company and regiment did he enlist? 1862. In Newnan, Ga., Co. H. 4th Ga. Cavalry.
6. Were you a member of the same company and regiment? I was
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? I do not know. I know he was a way from home from 1862, till the surrender. I was with him from the Winter 1864, till we surrendered at Danville Va. in April 1865
8. What property, effects or income has the applicant? (Give your means of knowledge.) None at all. I am his son and know of his financial condition
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? None and disposed of none
10. What is the applicant's occupation and physical condition? Has no occupation. Physically weak
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is. On account of his age and having suffered with Rheumatism since the war.
12. How was he supported during the years 1893 and 1894? By his children
13. What portion of his support for these two years was derived from his own labor or income? None at all
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? He is old, has diarrhea since the war and has suffered with Rheumatism since the war.
15. What interest have you in the recovery of a pension by this applicant? None, except I am his son

Sworn to and subscribed before me, this 24 day of April 1895.
D. M. Franklin Ordinary.

J. H. Graham Witness

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Fulton County.

Personally came before me, I. L. Couch M.D. and C. R. Giles M.D., both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully James H Graham, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

Suffering from Chronic Hemorrhoids Indigestion, Rheumatism and general debility

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 13th day of May 1895.
W. L. Calhoun Ordinary

Isaac L. Couch M.D. + C. R. Giles M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Fulton County.

I, W. L. Calhoun, Ordinary in and for said County, hereby certify that the applicant James H. Graham resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: Isaac L. Couch + C. R. Giles are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1893, Nothing dollars of property, and in 1894, Nothing dollars of property.

Witness my hand and seal of office, this 13th day of May 1895.
W. L. Calhoun Ordinary of Fulton County.

NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."

25. Are you receiving a pension under any law of this State, if so what amount and for what disability?

Sworn to and subscribed before me this the ..... day of ..... 1895. } ..... Applicant.

..... Ordinary.

of ..... County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA, Fulton County. }

P. F. Smith, of said State and County, having been presented as a witness in support of the application of James H Graham for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? P. F. Smith and I reside in Fulton, County, Georgia
2. Are you acquainted with James H Graham, the applicant, if so how long have you known him? I have known him since 1856.
3. Where does he reside, and how long has he been a resident of this State? In Fulton County and has lived in Georgia Seventy Six years
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I know he served in the Confederate Army, because I served with him and under him
5. When, where and in what company and regiment did he enlist? In Company "H" 4th Georgia Cavalry
6. Were you a member of the same company and regiment? I was
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? He served 3 years and was Relief. No. 6, when General Lee surrendered He was discharged, only at the close of the war between the States.
8. What property, effects or income has the applicant? (Give your means of knowledge.) He has nothing. I know this to be true because I have personally investigated.
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? None! None!
10. What is the applicant's occupation and physical condition? No occupation. He is in extremely infirm health absolutely unable to labor or do any sort of work
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is; for the reasons indicated in my answer to the above question
12. How was he supported during the years 1893 and 1894? By his children
13. What portion of his support for these two years was derived from his own labor or income? None.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? Capt. Graham is very old and his health has been bad for eight years. He is very feeble
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 18th day of June 1896 } P. F. Smith Witness.

and Epsley Notary Public Fulton Co Ga

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA, ... County. }

Personally came before me ..... and ....., both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully ....., applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the ..... day of ..... 1895. }

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, ... County. }

I, ..., Ordinary in and for said County, hereby certify that the applicant ..... resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: ..... are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of ..... County show that applicant returned for taxation in his name in 1893, ... dollars of property, and in 1894, ... dollars of property.

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

Witness my hand and seal of office, this ..... day of ..... 1895.

..... Ordinary.

of ..... County.

NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of _____ 1897.

_____ [L. S.]

Executed in presence of

Graham J. H.
Fulton Co

ACT OF 15 DEC., 1894.
(For Those Already Enrolled.)

No. 37

INDIGENT
Soldier's Pension.
1897.

Name J H Graham
County Fulton

1/2 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Applt

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No date

POWER OF ATTORNEY.

State of Georgia,
_____ County.

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

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

_____ [L. S.]

Executed in presence of

Graham, J. H. (or J. H.)
Fulton Co

ACT OF 15 DEC., 1894.
(For Those Already Enrolled.)

No. 351

INDIGENT
SOLDIER'S PENSION,
1898.

Name J H Graham
County Fulton

WARRANT ISSUED
1/2 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
Applt

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton **County.**

Personally appears J. H. Graham of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continously ever since the — day of — . 1821; that he is 77 years old and by occupation a Nothing; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of Three Years in Company H, of 4 th Regiment of Georgia (Ala State Troops at Savannah) that his physical condition is as follows: Rheumatism & piles old age,

that his property consists of the following items Nothing

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 1897. I have heretofore as a resident of Fulton county been allowed a pension for the year 1896.

Sworn to and subscribed before me. this, the 11th day of January 1897. } J H Graham

M H Hulsey Ordinary.

STATE OF GEORGIA,
Fulton **County.**

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

Given under my official signature and seal, this 11th day of January 1897.

Affix your seal here.

M H Hulsey

Ordinary Fulton County.

NOTE—The blanks spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton **County.**

Personally appears J. H. Graham of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continously ever since the — day of — 1821; that he is 77 years old and by occupation a —; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 Years in Company H of 4 th Regiment of Georgia (Ala State Troops at Savannah) that his physical condition is as follows: Rheumatism & piles. old age.

that his property consists of the following items Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of Fulton county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 12th day of Jany 1898. } J H Graham

M H Hulsey Ordinary.

State of Georgia,
Fulton **County.**

I, M. H. Hulsey Ordinary of said County, do certify that I am well acquainted with J. H. Graham the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit 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 Jany 1898.

Affix your seal here.

M H Hulsey

Ordinary Fulton County.

NOTE.—The blank spaces must be filled.

Ordinary Fulton County.

NOTE—The blanks spaces must be filled.

NOTE.—The blank spaces must be filled.

State of Georgia } I, D. C. Franklin Ordinary
Page County } in and for said County hereby Certify that the witness J. W. Graham is of the Twenty Character & that his Statements are entitled to full faith and Credit. I further Certify that before answering the foregoing questions, the witness took the oath prescribed, and that the full text of the affidavit was read to the witness before the same was signed. Given under my hand & seal of office this 24th day of April 1844.

D. C. Franklin Ordinary.

NAME, Graham, James H.

WHEN AND WHERE BORN? Telfair County, Ga. 1819.

ENLISTED WHEN AND WHERE? 1862 Cowets County, Ga.

COMPANY AND REGIMENT Co. H, 4th. Regt. Ga. Cavs. with State Troops, Savannah, Ga.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED? Charlestoe, N.C. was paroled.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, J.W. Graham. No date.
P.F. Smith

1896 Fulton County.

P.O. COUNTY.

JWT

J.W. Graham. No date.

WITNESSES, P.F. Smith

1896 Fulton County.

P.O. COUNTY.

JWT

Graham file
Fulton Co

No. O.K. for 1921

Confederate Soldier's Application.

UNDER ACT 1910.

County Fulton

Name J. C. Graham

Company B.

Regiment 1st S. C. Artillery

Approved

Entitled to Pension

J. W. LINDSEY,
Commissioner of Pensions.

6 R.O. 1422

CHAS. P. STEE, State Printer, Atlanta.

9/2-1920

Graham J. C.
Fulton Co.

No. 22 K. Jan 1921

Confederate Soldier's Application.

UNDER ACT 1910.

County: Fulton

Name: J. C. Graham

Company: B

Regiment: 1st S.C. Cavalry

Approved: [illegible]

J. W. LINDSEY, Commissioner of Pensions.

(31-18 P/STEP State Printer, Atlanta.)

12-1920

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
Fulton County.

J. C. Graham 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. C. Graham, 68 Hardee Ave. Atlanta, Ga. Fulton Co.

2. How long and since when have you been a continuous resident citizen of this State? Since Dec. 1914

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? I enlisted in Army Confederate States, 1862

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) April 1862. Charleston S. C. Company C 1st S.C. Infantry

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) From 1862 to 1865 not discharged.

6. When and where was your Company and Regiment surrendered or discharged from the Service? 1865 near Robbins Ralleh N. C.

7. Were you actually present with your Command when it was surrendered or discharged? was a prisoner

8. If you were not actually present, state specifically and clearly where you were. at Point Lookout in prison 1865

a. Where was your Command when you left it? Bentonville N. C. 1865 Johnson's Army

b. When did you leave the Command? Did not leave command, was captured

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? I was a prisoner

h. What effort did you make to return?

i. Were you captured during the war? Yes

j. If so, when, and where? In what prison were you held and when were you released? March 1865 at Point Look Out Mt May 1865

9. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1908? (Make list by items and value, and where situated.) Did not own any.

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

11. What property of any description of any kind, and of any value now owned and in the use possession and control of yourself and its cash value? (Make itemized list). —

12. What annual or monthly income or earnings of yourself and the source derived have you? Not able to make over $25.00 a month.

13. Are you drawing a pension of any amount from this State or the United States? None.

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? never applied

Sworn to and subscribed before me, this the 1st day of Oct. 1915

J. C. Graham

Wm. Robinson Ordinary of Fulton County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
.....County.

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

1. What is your name and where do you reside? J.H. McClure Charleston S.C.

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

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? 1914 dont Know the Month

4. When, where and in what Company and Regiment did 1st S.C. Artillery enlist during war from 1861 to 1865? (Give date and place) do Not Know

5. How did you obtain your information of this Service? He Was in the Regt When I Enlisted

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) from I Enlisted until I Was Wounded in Nov 1863

7. When and where was his Command surrendered or discharged (give date and place) after the Battle of Bentonville N.C.

8. Were you personally present at the Surrender? No

9. If not, where were you and how came you there? I Was Wounded at Greensborough

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

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

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

13. In what way was he prevented from returning to his Command? dont Know How do you know?

14. What effort did he make to return to his Command and how do you know? dont Know

15. Was applicant captured as a prisoner dont Know If so, when and where? dont Know In what prison was he held? dont Know and when released dont Know

Sworn to and subscribed before me, this the 28th day of Sept 1917

J.H. McClure

Jno. N. Werner Ordinary,
Notary Public for S.C. County.

AFFIDAVIT OF TWO FREEHOLDERS.

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 of its cash value to wit: (Make List by items and value.).....

1. What property, if any, has been sold or given away by the applicant since Nov. 4, 1908? (State it fully by items.).....
2. When and to whom was it sold or given to?.....
3. What was the price paid or stated to be paid?.....
4. What relation is the party to applicant?.....
5. What disposition was made of the proceeds of the sale?.....
6. Was the disposition of this property made in good faith and full 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 .....shows that..... value for tax is in 1908 $.....for 1909 $.....for 1910 $..... for 1911 $.....for 1912 $.....for 1913 $.....for 1914 $.....for 1915 $.....

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

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

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

14. What effort did he make to return to his Command and how do you know? dont Know

15. Was applicant captured as a prisoner dont Know If so, when and where? dont Know

In what prison was he held? dont Know and when released dont Know

Sworn to and subscribed before me, this the 28th day of Sept 1915 } J N McClure

Jno N Meeres Ordinary,
Notary Public for S C County.

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

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Fulton County.

I, Thos. H. Jeffries, Ordinary of said County, do certify that I personally know Mrs. Annie Graham, the applicant, and that she is the lawful widow of John C. Graham, who was on the Pension Roll of said Fulton County, and was paid a Pension from Fulton County for 1925, and at the time of his death on the 15 day of March 1934 192..., there was due to him and unpaid his Pension of ..... Dollars from the State of Georgia, and I know Mrs. J T Graham, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 13 of April 1934, 192

(Seal of Ordinary)

Thos H Jeffries, Ordinary
Fulton, County

Fulton Co.

Fulton, County

192

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow)

BY

Mrs. Annie Graham

Widow of John C. Graham

Date of Marriage July 11 1891

Date of Death March 15 1934

Approved and ordered paid

192

JOHN W. CLARK,
Commissioner of Pensions.

Ordinary: THE not above in full and send this blank to Pension Department for approval. Upon receipt of approval the general comptroller will pay warrant for same, which will be placed on pay roll for next filing in the Pension Department.

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Fulton County.

I, Thos. H. Jeffries, Ordinary of said County, do certify that I personally know Mrs. Annie Graham, the applicant, and that she is the lawful widow of John C. Graham, who was on the Pension Roll of said Fulton County, and was paid a Pension from Fulton County for 1925, and at the time of his death on the 15 day of March 1924 192 , there was due to him and unpaid his Pension of Dollars from the State of Georgia, and I know Mrs. J T Graham, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 13 of April 1924, 192

(Seal of Ordinary)

Thos H Jeffries, Ordinary

Fulton, County

Fulton Co.

Fulton, County

192

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow)

BY

Mrs. Annie Graham

Widow of John C. Graham

Date of Marriage July 11, 1891

Date of Death March 15 1924

Approved and ordered paid.

192

JOHN W. CLARK,

Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Department for approval before you pay out the money, then return it with your pay-rolls for permanent filing in the Pension Department.