

*Grant, Mathie A.
Fulton Co.*

For *Fulton* County

1929

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Thos H. Jeffries Ordinary
For *Mathie A. Grant*
Date of Death *May 30, 1929*
Amount \$ *100.00*

Approved and ordered paid

Oct. 15, 1929
JOHN W. CLARK,
Commissioner of Pensions.

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

CERTIFICATE OF DEATH CITY OF ATLANTA, GA.

Registered No. *6759*

DECEASED NAME *H. A. Grant*

NO. *milledgeville, Ga. ST.* WARD

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
SEX <i>m.</i>	COLOR OR RACE <i>st.</i>	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the Word) <i>Married</i>	DATE OF DEATH <i>Oct. 7th 1929</i>		
DATE OF BIRTH			I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM		
AGE <i>50</i> Years <i>Mon.</i> Days <i>22</i>			191 <i>1</i> , to 191 <i>1</i>		
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer)			that I last saw him alive on 191 <i>1</i>		
BIRTHPLACE (State or County) <i>usa.</i>			and that death occurred on the date stated above at <i>m.</i>		
NAME OF FATHER			The CAUSE OF DEATH was as follows: <i>Paralysis</i>		
BIRTHPLACE OF FATHER (State or County)			(Duration) Yrs. Mo. Da.		
MAIDEN NAME OF MOTHER			CONTRIBUTORY (SECONDARY) (Duration) Yrs. Mo. Da.		
BIRTHPLACE OF MOTHER (State or County)			(Signed) <i>C. J. Pinson</i>		
The above is true to the best of my knowledge			191 <i>1</i> (Address)		
(Informant)			I state the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
(Address)			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
Filed <i>10/8 1929</i>			A) place of death Yrs. Mo. Da. State Yrs. Mo. Da.		
Register			Where was disease contracted? if not at place of death?		
			Permit or denial of autopsy		
			PLACE OF BURIAL OR CREMATION		
			DATE OF BURIAL		
			<i>Oakland</i> 191 <i>1</i>		
			UNDERTAKER		

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly Classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6th. Ordinary should see that the back of this blank, when folded, is filled out.

2nd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached mostly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, with your final settlement, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filled out.

Marriage License

State of Georgia--Fulton County.

To any Minister of the Gospel, Judge of the Superior Court, Justice of the Peace, or other Person authorized to Solemnize:

You are hereby authorized and permitted to join in the honorable
state of Matrimony Mr. W. W. Grant
and Miss Mattie A. Hunt

According to the Rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State; and for so doing this shall be your sufficient License.

RETURN THIS LICENSE, WITH YOUR CERTIFICATE THEREON, TO MY OFFICE FOR RECORD.

Given under my Hand and Seal this 3rd day of Sept 1968
Daniel Pittman L. S.
Ordinary.

I hereby certify that Mr. William W. Grant
and Miss Mattie A. Hunt

were joined together in the HOLY BANS of MATRIMONY

on the 3rd day of Sept 1968, by me, Charles H. Thomas
M. G.

State of Georgia,

Fulton County.

ORDINARY'S OFFICE

S.S. November 14th 1968

John R. Wilkinson Ordinary of said County, hereby certify that the
foregoing is a true copy of the Marriage License and Certificate of Marriage of

William W. Grant
and Mattie A. Hunt

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day and
year aforesaid.

John R. Wilkinson
Ordinary

STATE OF GEORGIA,

Wheeler County,

I, *Wm. H. Jackson* Ordinary of said county, do certify that I am well acquainted with *Samuel H. Grant* 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 the foregoing affidavits were made and power of attorney was signed, 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 8th day of February, 1890.

Ordinary.

Wm. H. Jackson

County.

1890.

APPLICATION FOR ALLOWANCE.

FOR YEAR BEGINS BEGINS ON 1890.

FOR

Samuel H. Grant

County, *Wheeler*

Amount, *50*

Date of warrant, *Feb 8*

Entered on record

Feb 8

Wm. H. Jackson

WARRANT HANDED TO

Applicant

STATE OF GEORGIA,

Fulton County.

I, W. L. L. L. L. Ordinary of said county, do certify that I am well acquainted with Pinkney H. Grant 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 W. L. L. L. L. 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 8th day of February 1890

W. L. L. L. L.

Ordinary

Fulton

County.

STATE OF GEORGIA,

Fulton County.

I, W. L. L. L. L. Ordinary of said County,

do certify that I am well acquainted with Pinkney H. Grant 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 W. L. L. L. L. 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 2nd day of February 1891

W. L. L. L. L.

Ordinary

Fulton

County.

1890.

Grant, Pinkney H.

APPLICATION FOR ALLOWANCE

By my agent

Applicant, Pinkney H. Grant

County Fulton

Amount, 500

Date of warrant, July 1st

Entered on record July 1st

W. L. L. L. L.

WARRANT HANDED TO

Applicant

Grant, Pinkney H.

1891

Fulton Co

No. 47

Application for Allowances

By my agent

Applicant, Pinkney H. Grant

County Fulton

Amount, 500

Date of Warrant, July 1st

Entered on record July 1st

W. L. L. L. L.

WARRANT HANDED TO

Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears *Pinckney H. Grant* 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 *11th* day of *Feb*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *H*, of *65th* Regiment of *Geo* Volunteers, *Jackson*'s Brigade; that whilst engaged in such military service, at the battle of *Atlanta* in the State of *Georgia*, on the *22nd* day of *Sept*, 1864, he was

wounded as follows: *Contracted the Syphilis from at Atlanta Geo in Johnson's army, resulting in permanent Rheumatism, mark down and general anorexia, induration & swelling, him incapable of performing the ordinary manual avocations of life.*

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 *Five* dollars.

Sworn to and subscribed before me, this the *8th* day of *February*, 1890.

Pinckney H. Grant

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,

Fulton County.

KNOW ALL MEN BY THESE PRESENTS, That I,

county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *8th* day of *February*, 1890.

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears *Pinckney H. Grant* 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 *11th* day of *Feb*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *H*, of *65th* Regiment of *Geo* Volunteers, *Jackson*'s Brigade; that whilst engaged in such military service at the battle of *Atlanta* in the State of *Georgia*, on the *22nd* day of *Sept*, 1864, he was

wounded as follows: *Contracted the Syphilis from at Atlanta Geo in Johnson's army, resulting in permanent Rheumatism, mark down and general anorexia, induration & swelling, him incapable of performing the ordinary manual avocations of life.*

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

Sworn to and subscribed before me, this, the *8th* day of *February*, 1891.

Pinckney H. Grant

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

of *Pinckney H. Grant* 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 *8th* day of *February*, 1891.

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

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

STATE OF GEORGIA, _____
County, Georgia.

STATE OF GEORGIA.

Nash County.
I, James M. Dulehn Ordinary of said county,
do certify that I am well acquainted with P. H. Grant the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the
individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this 29 day of February 1892
James M. Dulehn
Ordinary Nash County.

POWER OF ATTORNEY.
STATE OF GEORGIA, }
COUNTY. }

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

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

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

day of _____ 1894.

Executed in the presence of us _____

DIRECTIONS.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

Grant, P. H.
Fulton Co

No. 50

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name P. H. Grant

County Fulton

Disability Dr. by Duval

Amount \$ 50

Entered on record Feb 1 1892.

W. H. HARRISON,
Secretary of Executive Department.

No. 50
AGENT.

applicant

for Pension, State Treasury, Atlanta, Ga.

Fulton Co
No. 50
for Pension, State Treasury, Atlanta, Ga.

No. 2256

Soldier's Pension.

1894.

Name P. H. Grant

County Fulton

formerly of Norton Co.

Disability Disease

Amount \$ 50

1/13 1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDLED TO

applicant

for Pension, State Treasury, Atlanta, Ga.

STATE OF GEORGIA
For Applicants Herebefore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Hulton County, *De Grant*

PERSONALLY appears *Hulton* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the day of *April* 1864; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a *Private* in Company *D* of *65th* Regiment of *Georgia* Volunteers *Jackson's* Brigade; that whilst engaged in such military service at the battle of *Georgia* in the State of *Georgia* on the *first* day of *July* 1864, he was wounded as follows:

was taken at Hamilton with Typhoid fever which settled on my lungs & heart and back and I have never been able to do anything at my own expense since I first came in. I have been in the hospital for some time.

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

Sworn to and subscribed before me this the *29* day of *February* 1892. *De Grant*

De Grant Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

of *De Grant* 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 *29* day of *February* 1892.

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to *De Grant* P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Hulton County.

PERSONALLY appears *De Grant* of *Hulton*

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 *all his life* 18 *that* he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *X* of *65th* Regiment of *Georgia* Volunteers *Jackson's* Brigade; that whilst engaged in such military service at the battle of *Georgia* in the State of *Georgia* on the day of *July* 1864, he was

wounded as follows: *Contracted Typhoid Fever and heart trouble caused from exposure while in said service, which renders him unable to do manual labor*

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

Sworn to and subscribed before me, this, the *12th* day of *March* 1894. *De Grant*

W.L. Calhoun Ordinary.

STATE OF GEORGIA,

Hulton County.

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

Given under my official signature and seal, this *12th*

day of *March* 1894.



W.L. Calhoun Ordinary *Hulton* County.

Send money to me as follows, by _____ to _____ P. O.

County, Georgia.



Ordinary _____ Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County. }

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

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1895. [L. S.]

Executed in presence of us

DIRECTIONS.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
County. }

I, _____ hereby authorize _____ of _____

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

at _____

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

day of _____ 1896. [L. S.]

Executed in presence of us

(For Those Already Enrolled.)

No. 47

SOLDIER'S PENSION.
1895.

Name _____
County _____
Disability _____
Amount, \$ _____ 50

1895.
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Mr. [Signature]

(For Those Already Enrolled.)

No. 957

SOLDIER'S PENSION.
1896.

Name _____
County _____
Disability _____
Amount, \$ _____ 50

1896.
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Mr. [Signature]

STATE OF GEORGIA
For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears P.H. Grant 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 all his life 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company of 85th Regiment of Georgia Volunteers, Jackson's Brigade; that whilst engaged in such military service at the State of Georgia, he was

XXof wounded as follows: contracted Typhoid Fever and heart trouble caused from exposure while in said service, which renders him unable to do manual labor

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

Sworn to and subscribed before me, this, 26 day of March 1895. P.H. Grant

M.L. Calhoun Ordinary

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

STATE OF GEORGIA,
Fulton County.

I, M.L. Calhoun Ordinary of said County,

do certify that I am well acquainted with P.H. Grant 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 27 day of March 1895.



M.L. Calhoun

Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears P.H. Grant 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 all his life 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company of 85th Regiment of Georgia Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Georgia, on the day of 186, he was wounded, injured or diseased as follows: contracted Typhoid Fever and heart trouble caused from exposure while in said service, which renders him unable to do manual labor.

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

Sworn to and subscribed before me, this, 26 day of Feb 1895. P.H. Grant

M.L. Calhoun Ordinary

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

STATE OF GEORGIA,
Fulton County.

I, M.L. Calhoun Ordinary of said County,

do certify that I am well acquainted with P.H. Grant 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 26 day of Feb 1895.



M.L. Calhoun

Ordinary Fulton County.

POWER OF ATTORNEY

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 _____

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 _____

Grant, P. H.
Fulton Co.
ACT OF 3 OCT., 1887.
(For Those Already Enrolled.)
No. 614

INVALID
SOLDIER'S PENSION.
1897.

Name P. H. Grant
County Fulton
Disability Disreal
Amount, \$ 50
2/24 1897.

RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
Appt
SEC. W. HARRISON, STATE PRINTER, AT 2074.
No data

Grant, P. H.
Fulton Co.
ACT OF 3 OCT., 1887.
(For Those Already Enrolled.)
No. 2212

INVALID
SOLDIER'S PENSION.
1898.

Name P. H. Grant
County Fulton
Disability
Amount, \$ 50
2/17 1898.

RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
Appt
SEC. W. HARRISON, STATE PRINTER, AT 2074.
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears P. H. Grant 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 all his life 18 ; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company 4, of 65th Regiment of Georgia Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Georgia, on the day of 186 , he was wounded, injured or diseased as follows:

Contracted typhoid fever and slight trouble caused from exposure while in said service, which rendered him unable to do manual labor

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of 50 Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 17 day of July 1897. POST OFFICE

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 24 day of July 1897.

M. H. Huley
Ordinary Fulton County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears P. H. Grant 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 birth 18 ; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company 4, of 65th Regiment of Georgia Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Georgia, on the day of 186 , he was wounded, injured or diseased as follows:

Contracted typhoid fever and trouble caused from exposure while in said service

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of 50 Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 17 day of July 1898. POST OFFICE

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 17 day of July 1898.

M. H. Huley
Ordinary Fulton County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I,

hereby authorize

of

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

by

at

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

day of

1899.

[L. S.]

Executed in presence of

(For These Already Enrolled.)

No. 1835

INVALID

SOLDIER'S PENSION.

1899.

Name P. H. Grant

County Fulton

Disability

Amount, \$ 50.

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Aphek

U.S. W. HARRISON, STATE PRINTER, ATLANTA

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I,

hereby authorize

of

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

by

at

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

day of

1900.

[L. S.]

Executed in presence of

(For These Already Enrolled.)

No. 490

INVALID

SOLDIER'S PENSION.

1900.

Name P. H. Grant

County Fulton

Disability

Amount, \$ 56.50

1900.

Warrant issued

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

U.S. W. HARRISON, STATE PRINTER, ATLANTA

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears P. H. Grant 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 Birth 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 Private in Company H of 4th Regiment of Ga. Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Ga. on the day of 18 , he was wounded, injured or diseased as follows:

Contracted heart trouble while in the Army

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1890. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$50 Dollars, for the year 1890.

Sworn to and subscribed before me, this, 10th day of March, 1890. Mark POST OFFICE

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 15th day of May, 1890.

Ordinary

W. H. Halsey
Fulton

County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears P. H. Grant 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 County, and has resided therein continuously ever since the day of Birth 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 Private in Company H of 4th Regiment of Ga. Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Ga. on the day of 18 , he was wounded, injured or diseased as follows:

Heart trouble contracted in the Army

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of Dollars, for the year 1890.

Sworn to and subscribed before me, this, 10th day of March, 1900. Mark POST OFFICE

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 15th day of March, 1900.

W. H. Halsey
Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

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

day of _____, 1901.

[L. S.]

Executed in presence of _____

NAME SECTION (For Those Already Enrolled.)

No. 396

DISABLED

SOLDIER'S PENSION.

1901.

Name P. H. Grant
 County Fulton
 Disability Heart trouble
 Amount, \$ 50.00

January 18, 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

My
 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 _____, 1901.

[L. S.]

Executed in presence of _____

DISABLED

SOLDIER'S PENSION.

1902.

Name P. H. Grant
 County Fulton
 Disability Heart trouble
 Amount, \$ 50.00

January 18, 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

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

No date

STATE OF GEORGIA,

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears P. H. Grant 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 Birth 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 Private in Company H, of 4th Regiment of Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Ga, on the day of 18 , he was wounded, injured or diseased as follows: Heart trouble contracted in the army

Deponent makes application for the pension to which he is entitled for year ending October 30th, 1901. I have heretofore under said law as a resident of Fulton County been allowed an invalid pension of \$50.00 Dollars, for the year 1900.

Sworn to and subscribed before me, this 11 day of May 1901. Postoffice Atlanta Ga

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

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

John R. Wickerson

Ordinary Fulton County.

BOILER OF ATTORNEY

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears P. H. Grant 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 Birth 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 Private in Company H, of 4th Regiment of Volunteers, Jackson's Brigade; that whilst engaged in such military service in the State of Ga, on the day of 18 , he was wounded, injured or diseased as follows: Heart trouble contracted in the army

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1902. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of Twenty Dollars, for the year 1901.

Sworn to and subscribed before me, this 11 day of May 1902. Post-office Atlanta Ga

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

Given under my official signature and seal, this 11 day of May 1902.



John R. Wickerson Fulton County.

STATE OF GEORGIA. Fill all blanks and of Company and Regiment. Note: All vouchers and affidavits must bear date after January 1, 1902.

BOILER OF ATTORNEY

Fulton County.
I, John R. Crookston Ordinary of said County,
do certify that I am well acquainted with J. H. Grant 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 1901.

John R. Crookston
Ordinary Fulton County.

BOOKER OF VOUCHERS

I, John R. Crookston Ordinary of said County,
do certify that I am well acquainted with J. H. Grant
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 16 1902



John R. Crookston Fulton County.

STATE OF GEORGIA. All vouchers and affidavits must bear date after January 1, 1902.

BOOKER OF VOUCHERS

Audited 18

COMPTROLLER-GENERAL

Maimed Soldiers.

Voucher No. 574

Amount \$ 50

Paid to Pinekey H. Grant

For Discharged by

Discharge

July 8 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK

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

Applicant

Audited 1891

COMPTROLLER-GENERAL

Grant, Pinekey H.
Fulton

1891.

Maimed Soldiers.

Voucher No. 47

Amount \$ 50

Paid to Pinekey H. Grant

For Discharged by

Discharge

July 3 1891

Included in warrant No.

issued to Treasurer.

1891

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

Applicant

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 574

Atlanta, Ga., Dec 8 1890

Mr. Pinckney N. Grant 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

Disability to disabled thereby

He is entitled to receive the sum of Eighty + 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.

By the Governor,

M. H. Hammon

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Eighty + 00 Dollars,
per above voucher, this 8 of Decy 1890

W. J. Speer

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

1891.

No. 47

Atlanta, Ga., Dec 3 1891.

Mr. Pinckney N. Grant 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 Acts

approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Disability by disease

He is entitled to receive the sum of Eighty Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

M. H. Hammon

CLERK EXECUTIVE DEPARTMENT.

\$150

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

Eighty + 00 Dollars,
per above voucher, this 3 of Decy 1891.

W. J. Speer

Fifty 100 Dollars,
per above voucher, this *8* of *High* 1890
Wish
M. J. Speer

Fifty 100 Dollars,
per above voucher, this *8* of *High* 1891
Wish
M. J. Speer

NAME, Grant, Pinckney H. *1890*

WHEN AND WHERE BORN? Georgia State, Birth.

ENLISTED WHEN AND WHERE?

COMPANY AND REGIMENT? Private, Co. K, 68th. Regt. Georgia Vols.
Jackson's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Contracted typhoid fever at Marietta, Ga.

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES,

P.O. 1890 COUNTY. Fulton

DIED, WHEN AND WHERE?

BURIED,

WITNESSES,

P.O.

1880

COUNTY.

Fulton



Ordinary's Certificate

STATE OF GEORGIA,

Fulton

COUNTY.

I, W. H. Phillips Ordinary of said County, certify that I know

the applicant Edmund L. Graves for position is the person he represents himself to be and

resides in said county. Next to above

states: that Edmund residents of said county and were duly sworn by me signing the foregoing affidavit and Edmund truthful and trustworthy and above statements are entitled to full faith and

credit.

Sworn under my hand and official seal of office this 17 day of Oct 1899

Ordinary

of Fulton 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 additional evidence may be obtained if such answers are insufficient."
2. All affidavits sworn to before the Ordinary of the county in which the applicant or witness resides and sworn to certify to said Ordinary.

No. 1120
Confederate

Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Fulton

Name Edmund L. Graves

Company Nutts Scouts

Regiment La. Cav.

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

State Printing Co. State Printers, Atlanta.

10-31-1919

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, T. H. Jeffries Ordinary of said County, certify that I know the applicant Edwin L. Graves for pension is the person he represents himself to be and resides in said county. That I also know the witness residing in the stress my own stress stress residents of said county and were duly sworn by me before signing the foregoing affidavit and stress stress truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 17 day of Oct 1899

Ordinary

of Fulton 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 to blank spaces are transmittal.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by each Ordinary.

Soldier's Application

Under Act 1910 - As Amended by Act of 1919.

County Fulton

Edwin L. Graves

Company Twelfth Scouts

Sa. Cal.

J. W. LINDSEY,

Commissioner of Pensions.

First Printing Co. State of Georgia, Atlanta.

10-21-1919

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

Questions For Applicants to Answer

STATE OF GEORGIA,

Fulton COUNTY.

EDWIN L. GRAVES 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) Edwin L. Graves, 167 1/2 Deatur St.
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) Feb. 1864 Rome Ga., 1st U.S. Scouts, Ia. Cav.
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) From Feb. 1864 to June 7, 1864
6. When and where was your Company and Regiment surrendered or discharged from the Service? Greensboro, N. C. April 1865
7. Were you actually present with your command when it was surrendered or discharged? No
8. If you were not actually present, state specifically and clearly where you were. At home, paroled prisoner
- a. Where was your command when you left it? Near Rome, Ga.
- b. When did you leave the command? June 7, 1864
- 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?
- f. Why did you not return to your command after leave expired? Held as prisoner
- g. In what way were you prevented?
- 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? June 7, 1864 near Rome, Ga., held at Camp Manton, Indianapolis, Ind. until March 1865 when I was paroled and went home
- k. 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

21 day of October 1899

Edwin L. Graves

William M. Mendenhall Ordinary

of Fulton County.

(SEAL)

Sworn to and subscribed before me, this the
 21 day of October, 1919.
William R. Walcott Ordinary
 of Fulton County.
 (SEAL)

Edwin L. Graves

Edw. L. Graves, E. L.
Fulton Co., Ga.
1923

**Application for Pension Due
 Deceased Pensioner**
 (UNDER ACT 1904)

(To pay expenses of last illness or funeral)

For Thos. H. Jeffries Ordinary
Edwin L. Graves
 of Fulton County
 Old or New Class? Sp 18
 Died Sp 18 1923
 Amount \$ 4100.00

Approved and ordered paid: [Signature]
[Signature]
[Signature]

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

Printed by Co., Atlanta, Ga.

entered
paid

JOS. W. AWTRY, Pres. & Treas.

FRANK B. LOWNDES, Vice-Pres. & Mgr.

Atlanta, Ga., 9-26-23 192

M

TO AWTRY & LOWNDES CO., DR.
FUNERAL DIRECTORS

Phone Ivy 5512
 Phone Ivy 5512

AUTO AMBULANCE
 17 WEST GAIN STREET

Funeral expense of Ed. L. Graves 9-8-23

Casket	\$75.00
Shipping case	10.00
Embalming	15.00
Hearse	10.00
Drayage	2.00
Grave	7.50
Robe	10.00
Hose & shirt	3.50
Telegrams	3.98

\$136.91

Personally appeared W. B. Bankston of Awtry & Lowndes Co., who swears
 the above bill is for funeral expenses of Edwin L. Graves.
 Sworn to and subscribed before me this, 26th day of Sept., 1923. W. B. Bankston
 C.C. Ordinary.

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes
 EDWIN L. GRAVES, who upon oath says:

That he was a member of Nutt's Company La. Cav C.S.A.
 (Red River Rangers) and served with said company from Feb. 1864 to
 June 7, 1864, when he was captured near Rome, Ga. That he has made
 every effort to locate some member of his company and regiment and has
 been unable to do so and he now knows of no living member of said
 company and regiment.

Affiant attaches hereto a statements received from
 the U. S. War Department regarding the record of his service as a
 Confederate Soldier and asks that same be accepted as proof of his
 service in the Confederate Army.

Sworn to and subscribed before me
 this October 21, 1919.

William R. Walcott
 C C ORDINARY FULTON CO., GA.

Edwin L. Graves

Application for Pension Due to a Deceased Pensioner

(Under the Act of August 15, 1904)

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

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes H.B. Bauselton of County Founders Co of said County, who, after being sworn, on oath says that he knew Edmund Graves of said County, and that said pensioner was on the Pension Roll of Fulton County at the time of death, which occurred in Fulton County, in this State, on the 8 day of Sept 1923, and that a Pension of One Hundred Dollars was due pensioner and unpaid at the time of pensioner's death. That he left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$36.91 per sworn statement fully and completely itemized, hereto attached.

Sworn to and subscribed before me this 16 day of Sept 1923 Arthur R. Bauselton Ordinary, County Founders Co Fulton County.

AFFIDAVIT OF ORDINARY

GEORGIA, Fulton County.

I, Thos. H. Jeffries Ordinary of said County, do certify that I personally know H.B. Bauselton, who is a resident citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew Edmund Graves 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 One Hundred Dollars in said County for 1923, and I now believe said pensioner to be dead.

Given under my hand and official seal, this 16 day of Sept 1923 Thos. H. Jeffries Ordinary, Fulton County.

INSTRUCTIONS:

- 1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months and died without owing pensioner property in any such expense. The widow or child, if she is living, has prior claim over these expenses and must make application for expenses of last illness and expenses of funeral, to make out their account in full (unless there are surviving dependents) and the value of it and each date.
- 2nd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms "just, true, due, unpaid," etc.)
- 4th. The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of Edmund Graves who died without owing sufficient property to pay this bill.
- 5th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached thereto, this bill must be properly completed as indicated.
- 6th. The completed voucher, this bill, and the bill, must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 7th. The Ordinary signs pay-roll, as Ordinary, for the pension and then disburses the money himself and takes receipt.
- 8th. Except no bill for running account for expenses of last illness, the pensioner is very great, death.
- 9th. Pensioner's children, or children-in-law, must not charge the State for board and common humanity so-called.
- 10th. With this application, and attached bills, with your final settlement to the Pension Office.
- 11th. Ordinary should see that the back of this bill, when filled, is filled out.
- 12th. Funeral expenses of deceased "war" pensioners covering all or part of both the 1900 and 1901 pensions require two separate sets of this voucher and bill—one set to be filed in the Pension Office with the pension papers of each year.

NAME Graves, Edwin L. YEAR 1920 COUNTY Fulton.

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

ENLISTED WHEN AND WHERE? Feb. 1864 at Rome, Ga.

RANK:

COMPANY AND REGIMENT? Watt's Scouts, Louisiana Cavalry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? June 7, 1864 near Rome, Ga.

RELEASED: March 1865 from Camp Morton, Indianapolis, Ind. Was paroled and went home.

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

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home a paroled prisoner.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: Mrs. Ella F. Samuel-----sister, personal knowledge--
no data.

NEW

INSTRUCTIONS:
 1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and died without leaving sufficient property to pay such expenses. The widow of a soldier, if she is living, has prior claim over these expenses, and must make application on yellow blank.
 2nd. Require those claiming accounts for expenses of last illness, and expenses of funeral, to make out their account in fully itemized form, giving each item and the value of it, and each date.
 3rd. Running accounts cannot be paid—only those connected with the last illness. Just before death when pensioner grew worse to die.
 4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "Just, true, due, unpaid," etc.)
 "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____ who died without leaving sufficient property to pay this bill."
 5th. The Ordinary must see to it that each bill is perfectly legitimate in every respect.
 6th. The completed voucher, this blank and the bill, must be sent to the Pension Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
 7th. The Ordinary, before presenting an Ordinary for the pension and then disburses the money himself and takes receipts.
 8th. Accept no bill for services, and you write the Pension Office, stating the circumstances in very great detail.
 9th. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
 10th. Return this application and attached bills, with your final settlement in the Pension Office.
 11th. Ordinary should see that the back of this blank, when folded, is filed.
 12th. Funeral expenses of deceased "new" pensioners covering all or part of both the 1890 and 1891 pensions require two separate sets of this voucher and bill—one set to be filed in the Pension Office with the pension papers of each year.

WITNESSES: Mrs. Ella F. Samuel-----sister, personal knowledge--
 No data.

NEW

To Whom It May Concern :

This is to certify that Edwin L. Graves (a brother of mine) was a member of Capt Nutt's scouts, Red River Rangers, a detachment of which company was stationed in Rome, Ga., for some time before Rome was evacuated by the Confederate troops, on or about the 16th of May 1864, and left with them when they left Rome, Ga., and as I remained in Rome, after the Federals occupied the town, with my father and sister. I did not see him until after he was captured and brought to Rome as a prisoner, where he was a prisoner for several days until he was sent North to a Federal Prison.

Ella F. Samuel

Sworn to and subscribed before me by Mrs. Ella F. Samuel
 this the 27th day of Sept., 1919.

David L. Samuel
 County Judge of Dallas County, Texas

brought to Rome as a prisoner. ~~where~~
days until he was sent North to a Federal Prison.

Wm. C. La. H. O'Connell.

Sworn to and subscribed before me by Mrs. Ella F. Samuel
this the 27th day of Sept., 1919.

Wm. C. La. H. O'Connell.
County Judge of Dallas County, Texas

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County,

I, Mrs. C. M. Lindsey

of J. M. Couch

do hereby authorize

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

day of 19 January 1901.

W. M. C. O. H. (S. S.)

Executed in presence of

John W. Lindsey
Ordinary

Gray, (Mrs) C. M.
Fulton County
Fulton County - 1900
To These Heretofore Paid.

1901.

No. 317

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

Mrs. C. M. Lindsey
or J. M. Couch
Fulton County
Widow of Raymond

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 17 1901,

AND HANDS TO

J. M. Couch

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

I, Mrs C. M. Gray hereby authorize
J. M. Couch of _____
to receive and receipt for the pension paid hereon and request that he remit same to
_____ at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of 17th Jan'y 1901.

to Mrs. C. M. Gray [L. S.]

Executed in presence of

John P. Wilkinson
Ordinary

1901.

No. 817

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

Mrs. C. M. Gray

Fulton County.

Widow of Benjamin

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan 17 1901,

AND HANDLED TO

J. M. Couch

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

I, C. M. Gray hereby authorize
J. M. Couch of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ at _____

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

Executed in presence of

John P. Wilkinson
Ordinary

1902.

No. 324

WIDOW'S PENSION,

For year ending Dec 31, 1902.

PAID TO

Mrs. C. M. Gray

OF

Fulton County.

Widow of B. Gray

Co. _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

3/18 1902

AND HANDLED TO

J. M. Couch

Geo. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton

Personally Comes Mrs.

C. M. Gray

who, being sworn, says on oath, that she is a bona fide resident of said County of

Fulton formerly Coweta State of Georgia, and that she has resided in said State

continuously ever since Nov 1840 That she is the Widow of

Benjamin Gray who was a soldier in Company

H of the Third Regiment of Georgia

Volunteers, that he enlisted in said regiment on or about the month of

1863 and served in the Army up to Nov 22 1864 That he lost his

life on the Thirteenth day of December 1864 (State here

particulars of the husband's death, when, where and from what cause) He died from

gun shot wound in his ankle which produced

gangrene The wound was received Nov 22nd

1864 in the battle of Griggsville Ga.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1862

I have been allowed a pension as a resident of Coweta County for the year ending February 15th, 1902, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this

17 day of Jan 1901.

John R. Wickham

Ordinary.

Post Office

Mrs. C. M. Gray

State of Georgia,

Fulton County.

Ordinary of said County, certify that I am well acquainted

with Mrs. C. M. Gray who made the above affidavit and am satisfied

that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the day of November 1860

Given under my official signature and seal, this 17 day of Jan 1901.

Official Seal

Ordinary of Fulton County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Fulton

PERSONALLY COMES MRS.

C. M. Gray

who, being sworn, says on oath, that she is a bona fide resident of said County of

Fulton State of Georgia, and that she has resided in said State

continuously ever since Nov 1840 That she is the Widow of

B. Gray

who was a soldier in Company

No of the 2nd Regiment of Ga

Volunteers, that he enlisted in said regiment on or about the month of

1863 and served in the Army up to Nov 22 1864 That he lost his

life on the 13th day of Dec 1864 (State here

particulars of the husband's death, when, where and from what cause)

Died from gun shot wound recd at battle

of Griggsville Ga Nov 22nd 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1862

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

Sworn to and subscribed before me,

this 17 day of Jan 1902.

Mrs. C. M. Gray

Ordinary.

Post-Office

State of Georgia,

Fulton County.

Ordinary of said County, certify that I am well acquainted with Mrs. C. M. Gray who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of Nov 1840

Given under my official signature and seal, this

Official Seal

Ordinary of Fulton County.

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

Official
Seal

OFFICIAL

Ordinary of

John W. Lindsey
County.

POWER OF ATTORNEY

Official
Seal

Ordinary of

Fulton
County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____, hereby authorize

of

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

at

In Witness Whereof, I have hereunto set my hand and seal, this _____

day of _____ 1903.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

I, *Mrs. C. M. Gray*, hereby authorize

J. M. Branch of *Atlanta Ga*

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

at

In Witness Whereof, I have hereunto set my hand and seal, this *the 22nd*

day of *Jan*, _____ 1904.

Mrs. C. M. Gray [L. S.] x

Executed in presence of

John W. Lindsey
Ordinary

Gray, C. M. (Mrs.)
Fulton Co

To Those Heretofore Paid

1903.

No. 53

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. C. M. Gray

or

Fulton County.

Widow of

Co. No. Regiment 3rd Yn

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/2 1903

AND HANDED TO

Gray

Official Seal

Gray, C. M. (Mrs.)
Fulton, County
TO THOSE HERETOFORE PAID.

1904.

No. 71

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. C. M. Gray

or

Fulton County.

Widow of

Co. No. Regiment 3rd Yn

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1/2 1904.

AND HANDED TO

Gray

Official Seal

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton.

PERSONALLY COMES MRS.

C. M. Gray

who, being sworn says on oath, that she is a bona fide resident of said County of Fulton, State of Georgia, and that she has resided in said State continuously ever since Nov 1840. That she is the Widow of B. Gray who was a soldier in Company K of the 3rd Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Nov 22 1864, and served in the Army up to Dec 1864. That he lost his life on the 13th day of Dec 1864. (State here particulars of the husband's death, when, where and from what cause.)

Died from wound recd at battle of Buzzardsville Ga

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1862.

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

Sworn to and subscribed before me, this JAN 22 1903 day of JAN 1903.

Chas. M. Gray
Ordinary. Post Office _____

State of Georgia,
Fulton County.

I, John R. Wilkinson

Ordinary of said County, certify that I am well acquainted with Mrs. C. M. Gray, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of Nov 1840.

Given under my official signature and seal, this JAN 22 1903 day of JAN 1903.

Official Seal.

Ordinary of _____ County.

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

Form No. 1.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Fulton.

PERSONALLY COMES MRS.

C. M. Gray

who, being sworn, says on oath that she is a bona fide resident of said County of Fulton, State of Georgia, and that she has resided in said State continuously ever since Nov 1840. That she is the Widow of B. Gray who was a soldier in Company K of the 3rd Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Nov 22 1864, and served in the Army up to Dec 1864. That he lost his life on the 13 day of Dec 1864. (State here particulars of the husband's death, when, where and from what cause.)

Died from wound received at battle of Buzzardsville Ga

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1862.

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

Sworn to and subscribed before me, this JAN 22 1904 day of JAN 1904.

Chas. M. Gray
Ordinary. Post Office Atlanta Ga

State of Georgia,

Fulton County.

I, John R. Wilkinson

Ordinary of said County, certify that I am well acquainted with Mrs. C. M. Gray, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of Nov 1840.

Given under my official signature and seal, this JAN 22 1904 day of JAN 1904.

Official Seal.

Ordinary of _____ County.

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

Official Seal.

Ordinary of

County.

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

Official Seal.

Ordinary of

County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton COUNTY.

I, Mrs. Crulman, hereby authorize
J. M. Couch of Atlanta
to receive and receipt for the pension paid hereon, and request that he remit same to

me in person

In Witness Whereof, I have hereunto set my hand and seal, this 19
day of January 1906.

John B. McGraw [L. S.] x

Executed in presence of

John R. Wilkinson
Osborne

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

at _____

In Witness Whereof, I have hereunto set my hand and seal, this _____

day of _____ 1906.

[L. S.]

Executed in presence of

George E. M. Crum
Fulton County
To Those Herebefore Paid.

1905.

No. 143

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO Mrs. L. M. Gray

OF

Fulton County,

Widow of John W. Lindsey

Co. C, Regiment 10th Inf

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1905 1906.

AND HANDED TO

J. M. Couch

To Those Herebefore Paid.

Gray, L. M. (Mrs.)
Fulton County
To Those Herebefore Paid.

1906.

No. 18

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. L. M. Gray

OF

Fulton County,

Widow of John W. Lindsey

Co. C, Regiment 10th Inf

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

19 1906.

AND HANDED TO

J. M. Couch

To Those Herebefore Paid.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES Mrs.
County of Fulton } C. M. Gray

who, being sworn, says on oath, that she is a bona fide resident of said County of Fulton State of Georgia, and that she has resided in said State continuously ever since all of life. That she is the Widow of Benjamin Gray who was a soldier in Company H of the 19th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of March 1863, and served in the Army up to Killed Dec 1864. That he lost his life on the 10th day of Dec 1864. (State here particulars of the husband's death, when, where and from what cause.)

He was killed by a shell from a gun which was fired in March, 1864, and died Dec 1864.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1862 before she was

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

Sworn to and subscribed before me, this JAN 2 day of JAN 2 1905. John P. Westerson Ordinary. Post Office Mr. C. M. Gray

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

Given under my official signature and seal, this 2 day of JAN 2 1905.

Official Seal

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

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES Mrs.
County of Fulton } C. M. Gray

who, being sworn, says on oath that she is a bona fide resident of said County of Fulton State of Georgia, and that she has resided in said State continuously ever since 1860. That she is the Widow of Benjamin Gray who was a soldier in Company H of the 19th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of March 1863, and served in the Army up to Dec 1864. That he lost his life on the 10th day of Dec 1864. (State here particulars of the husband's death, when, where and from what cause.)

Died Dec 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1862

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

Sworn to and subscribed before me, this JAN 1 day of JAN 1 1906. John P. Westerson Ordinary. Post Office Mr. C. M. Gray

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

Given under my official signature and seal, this 1 day of JAN 1 1906.

Official Seal

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

Official Seal

Ordinary of

County.

Fulton.

County.

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

Official Seal

Ordinary of

County.

Fulton.

County.

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

Georgia, Cornelia County.

I the undersigned do certify that Mrs C. M. Gray now of the County Fulton is the same person who as widow pensioner was on the pension rolls of this county, and drew a pension of 60 dollars for 1900, and the bearer is same man.

Given under my hand and official seal of office Jan. 10 — 1901.

L. A. Perdue, Ordy. [L. S.]

SEAL

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____ to receive and receipt for the pension paid hereon, and request that he remit same to _____ at _____
In Witness Whereof, I have hereunto set my hand and seal, this _____ day of _____ 1907.

[L. S.]

Executed in presence of _____

Gray, C. M. (Mrs)
To Those Hereafter Paid.
1907.
No. 77
WIDOW'S PENSION
For Year ending Dec. 31, 1907.
PAID TO
Mrs. C. M. Gray
Fulton
Widow of C. M. Gray
Co. No. _____ Regiment 19th Ill
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
AND HANDLED TO
1907.
One W. Lindsey, State Printer, Atlanta.

STATE OF GEORGIA

FOR WIDOWS HEREAFTER ALLOWED PENSIONS

Form No. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Fulton.

PERSONALLY KNOWN Mrs.

B. M. Gray

who, being sworn says on oath, that she is a bona fide resident of said County of

Fulton

State of Georgia, and that she has resided in said State

continuously ever since

1840

That she is the Widow of

Benjamin Gray

who was a soldier in Company

of the

19th

Regiment of

Inf.

Volunteers, that he enlisted in said regiment on or about the month of

1864, and served in the Army up to

Dec

1864

That he lost his

life on the

day of

18

(State here

particulars of the husband's death, when, where and from what cause.)

Died Dec. 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1864

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

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

John R. Wilkinson Ordinary.

Post Office

Mrs. B. M. Gray

State of Georgia,
County of Fulton.

I, John R. Wilkinson

Ordinary of said County, certify that I am well

acquainted with Mrs. B. M. Gray who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of 1840

Given under my official signature and seal, this the day of JAN 2- 1907.

Official Seal

John R. Wilkinson
Ordinary of Fulton County.

year ending December 31, 1906, and now apply for the personal protection of
December 31, 1907.

Sworn to and subscribed before me
this 1st day of JAN 2- 1907. Mrs. G. M. Gray.
John R. Wilkinson. Ordinary. Post Office _____

State of Georgia, Fulton County. I, John R. Wilkinson.
Ordinary of said County, certify that I am well
acquainted with Mrs. G. M. Gray, who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 18 30

Given under my official signature and seal, this the 1st day of JAN 2- 1907.

John R. Wilkinson.
Ordinary of Fulton County.

NOTE.—All blanks must be filled.
Verifications must be filed with the court clerk's office on or before January 1st, 1907.

STATE OF GEORGIA.

COUNTY OF FULTON.

I, Ordinary Fulton Co., Ga., hereby certify that I know the within applicant for pension; that she is the person she represents herself and is a bona fide resident of said County; that she is a widow of John M. Gray and that she is entitled to full and credit for the service of said husband as shown by the attached certificate of service given under my hand and official seal of office this

October 30, 1919.

Ord. 61, Certificate
No. 19, 65, Bell and,
June 17, 65.
1919.

Ordinary Fulton Co., Ga.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Fulton
Name Mrs. J. M. Gray
Widow of John M. Gray
Company 6th Ga. Regt.
Regiment 6th Ga. Regt.
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Bye Printing Co. State Printers, Atlanta.

10-31-1919

Ordinary's Certificate

STATE OF GEORGIA.

Fulton

COUNTY

I, Ordinary of said County do certify
that I know Mrs. J. M. Gray the applicant for pension. She

is the person she represents herself to be and she is a bona fide residing resident citizen of said County
and was on the 11th November 1865; that I also know Ed. Gray

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

Sworn under my hand and official seal of office this 10 day of Oct 1919

(SEAL)

John M. Gray Ordinary,
County

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You shall give all the truth, so help you God." 2. Only widows who married prior to January 1st, 1861, are entitled. 3. All affidavits must be made before the Ordinary of the person to be sworn and certified by him. 4. All affidavits must be made before the Ordinary of the person to be sworn and certified by him. 5. Attach certificate, copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

STATE OF GEORGIA.
COUNTY OF FULTON.

I hereby certify that I know the within applicant for pension; that she is the person she represents herself and is a bona fide resident of said County; that she was duly sworn by my clerk before signing the foregoing affidavit; that she is truthful and trustworthy and her statements are entitled to full faith and credit; given under my hand and official seal of office this
October 30, 1919.

Ordinary Fulton Co., Ga.

Sub. 19, 65, 100000
June 17, 65
me

Widow's Pension
No. 7 Fulton County

Name *Widow J. M. Jones*
County *Fulton*
Widow of *J. M. Jones*
Company *6th Reg. Inf.*
Rank *Private*
Approved *J. W. Lindsey*

10-31-1919

J. W. LINDSEY,
Commissioner of Pensions,
State Printing Co., State Printing, Albany.

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 witness shall give will be the truth. So help you God."
2. Additional affidavits may be returned if same person are instituted.
3. Only affidavits who married prior to January 1st, 1861, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Sworn under my hand and official seal of office this *30* day of *Oct* 19 *19*
(SEAL)
County *Fulton*
Ordinary *J. W. Lindsey*
I, *Mr. J. M. Jones*, Ordinary of said County, do certify that I know *Widow J. M. Jones* is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 1st November 1861; that I also know the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

STATE OF GEORGIA.
COUNTY *Fulton*
Ordinary *J. W. Lindsey*

Ordinary's Certificate

STATE OF GEORGIA,
Newton COUNTY,

I, Ordinary of said County, do certify that I know Mrs. J. M. Gray the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1906; that I also know Ch. Gray the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 20 day of Oct 1919
J. P. Ward Ordinary,
Newton County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. Only widows who married prior to January 1st, 1861, are entitled.
 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Widow's Pension

Under Act 1910 - as Amended by Act of 1919.

County Newton
 Name Mrs. J. M. Gray
 Widow of J. M. Gray
 Company Co. G. Reg. 1st
 Regiment 63rd Reg. Inf.
 Approved _____

J. W. LINDSEY,

Commissioner of Pensions

200 Building Co. State Prison, Atlanta.

10-31-1919

Application for Pension by a Widow Under Act of 1910
 As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,
Newton COUNTY,

Personally before me comes Mrs. J. M. Gray of said State and County, and, after being duly sworn, says that she desires to apply for a pension allowed under the Act of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? Mrs. J. M. Gray, 308 W. Peachtree St. Newton Co. Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? Since 1910.
3. When, where and to whom were you married? To J. M. Gray, Fort Valley, Ga. on Nov. 8th - 1867.
- a. Have you married since the death of first and soldier husband? No.
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) Company C. 67th Ga. Regiment - Infantry.
5. When and where did the commands of your husband surrender or discharge from the army? Bentonville N. C.
6. Was your husband personally present at the time of the surrender or discharge of this command? No. Prisoner Camp Chase.
7. If he was not present state clearly where he was? Prisoner Camp Chase, Ohio.
8. Where was his command when he left? Bentonville N. C.
- a. For what cause did he leave his command? Captured.
- b. By whose authority did he leave his command? Prisoner.
- c. For how long was he granted leave of absence? None.
- d. What was his physical condition when he left his command? Good.
- e. What effort did he make to return to his command? In prison.
- f. In what way was he prevented from going back to Command? Prisoner.
- g. Was he captured by the enemy at any time? Yes.
- h. If so, when and where captured and where held as a prisoner, and when and for what cause released? Bentonville N. C. Put in prison. Released from prison.
- i. When and where did your first husband die? Fort Valley, Ga.
- j. Were you residing together when he died? Yes.
- k. If not, how long had you resided apart? None.
- l. Are you now a widow? Yes.
9. Have you or your husband heretofore been paid a pension by the State? No.
10. When and for what cause were you or your husband placed on the roll? Never been on the roll.

Sworn to and subscribed before me this the 20 day of Oct 1919
Mrs. J. M. Gray
Charles B. Ward Ordinary
 of Newton County.
 (SEAL)

where was he? In Prison When, where and for what
 cause did he leave Command? (Give date.) Captured at Antwerp By whose
 authority did he leave his Command? Prisoner And how
 long was he granted leave? None How do you know all this?
Personal observation - members of same Company

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

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? None known

Sworn to and subscribed before me this the

22 day of Oct 1914
J. J. Woodard Ordained
of Prisoner County, GA
 (SEAL)

Gray, J.M. (Mrs.)

For Fulton County

1924

Application for Pension Due Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness and funeral)

Thos H Jeffries Ordinary

For Mrs. J. M. Gray

Date of Death Feb 21 1924

Amount \$ 100

Approved and ordered paid

APR 19 1924
W. J. Jeffries COB.
 Commissioner

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

Entered ad ✓

H. M. PATTERSON

order my office

Ym.

FRED'K. W. PATTERSON

Established 1880

B. M. Patterson & Son
 Funeral Directors
 96 North Forsyth St.
 Atlanta, Ga.

LIMOUSINES
 AMBULANCES

Sold to Funeral expenses of Mrs. Anna B. Gray (Mrs. M. Gray) February 21, 1924.

Casket, Metal Lining and Box	315		
Embalming	15		
Constitution notice	2	70	
Journal notice	2	88	
Seven Railway tickets	29	47	
Telegram	5	75	
Motor Flower Car	10		
Motor Hearse	5		
Limousine			
County of Fulton			
State of Georgia			
Personally appeared before me F. W. Patterson, who on oath states that the above account is correct, due and			
Sworn to before me this April 14, 1924.			
<u>Samuel B. Patterson</u> Notary			

Georgia Pension Records

I, C. L. Thacker, Ordinary of said County and
 its clerk, do hereby certify that the
 within and foregoing writing and printing as a true
 and complete copy of record and bill
 in this office. Witness my official signature and
 seal of office this 22-1919

C. L. Thacker,
 Ordinary & its clerk

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 16, 1904)

GEORGIA Fulton County.

Personally before me, the Ordinary of said County, comes
F. W. Patterson of said County, who, after being sworn, on oath
 says that he knows John Jay of said County, and that said Pensioner
 was on the Pension Roll of Fulton County at the
 time of death, which occurred in Fulton County, in this
 State, on the 21 day of Feb, 1924, and that
 a Pension of One Hundred (100.00) Dollars was due pensioner and
 unpaid at the time of pensioner's death, and that pensioner left no dependent children
 surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted
 to the sum of \$25.82, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

this 17 day of April, 1924
Arthur R. Thacker Ordinary
Fulton County
 (Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA Fulton County.

I, Thos H. Jeffries Ordinary of said County, do certify
 that I personally know F. W. Patterson, 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 know John Jay 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 One Hundred (100.00) Dollars in said County for 1923,
 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 April, 1924
Thos H. Jeffries Ordinary
Fulton County

INSTRUCTIONS:

1. Put me in all cases where pensioner died after August 16, 1904, and before the 1st of Jan. 1919, and where the "Pension" was not paid to the ordinary for funeral and last illness expenses.
2. I, the ordinary, must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
3. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
4. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
5. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
6. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
7. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
8. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
9. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
10. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
11. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
12. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
13. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
14. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
15. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
16. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
17. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
18. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
19. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.
20. The ordinary must see to it that each bill is properly itemized in every respect, and properly sworn to, and all attached bills must be sworn to by the head and the bill must be sent to the Pension Department for approval and no money must be paid until the bill is received from the Pension Department.

Given under my hand and official seal, this 18th day of April, 1924

(Seal of Ordinary)

Ordinary

County

INSTRUCTIONS:

- 1st. For use in all cases where applicant died after January 1st, 1924, and was not a resident of this State at the time of death.
- 2nd. The applicant must be a resident of this State at the time of death.
- 3rd. The applicant must be a resident of this State at the time of death.
- 4th. The applicant must be a resident of this State at the time of death.
- 5th. The applicant must be a resident of this State at the time of death.
- 6th. The applicant must be a resident of this State at the time of death.
- 7th. The applicant must be a resident of this State at the time of death.
- 8th. The applicant must be a resident of this State at the time of death.
- 9th. The applicant must be a resident of this State at the time of death.
- 10th. The applicant must be a resident of this State at the time of death.



STATE OF GEORGIA,
HOUSTON COUNTY.

To any Judge, Justice of the Peace or Minister of the Gospel, or
other Person Authorized to Solemnize:

YOU ARE HEREBY AUTHORIZED

To Join J. M. Gray and
Anna B. Gray
in the Holy State of Matrimony, according to the Constitution and Laws of this State;
and for so doing this shall be your sufficient

LICENSE

And you are hereby required to return this License to me, with your certificate here-
on, of the fact and date of the marriage.

Given under my hand and seal this 6 day of November 1924

W. T. Smith Ordinary.

GEORGIA, Houston County.

I certify that J. M. Gray
and Anna B. Gray were joined in Matrimony by me
this 6 day of November, Nineteen Hundred 24 (1924)

Recorded

Ordinary.

LEADER JOB OFFICE, PORT VALLEY, GA.

GEORGIA, Houston County.

I certify that J. M. Gray
and Anna B. Gray were joined in Matrimony by me
this 6 day of November, Eighteen Hundred 07 (1867)
B. L. Ross m. 4
Recorded _____
Ordinary.

LEADER JOB OFFICE, PORT VALLEY, GA.

James B. Fulton

No. *124*

APPLICATION FOR ALLOWANCE
FOR YEAR ENDING OCTOBER 1890

FOR
Right to

Applicant *J. P. May*

County *Fulton*

Amount *\$100.00*

Date of Warrant *Dec 1890*

Entered on Record *Dec 1890*

W. H. H.

Secretary

applicant

110111

STATE OF GEORGIA.

PERSONALLY appears James T. Gray 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 continuously since March 1st day of October 1878 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F of 13th Regiment of Georgia Volunteers, Goodwin's Brigade; that whilst engaged in such military service, at the battle of 7 days of Richmond in the State of Virginia, on the 22 day of July 1862, he was wounded as follows:

A Minnie Ball passed through the elbow joint, entering the joint and ball ball passed through the right side, making its exit on the right side of the arm, severing the right artery, rendering right arm substantially useless.

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

Sworn to and subscribed before me, this 6 day of May 1889.

M. L. Graham
Notary Public for the State of Georgia.

STATE OF GEORGIA.

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

A Minnie Ball passed through the right side, dislocating the ball from the joint articulation, after passing the cap from the elbow joint, rendering the right arm substantially and permanently useless.

Sworn to and subscribed before me, this 6 day of May 1889.

M. L. Graham
Notary Public for the State of Georgia.

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

APPLICATION FOR ALLOWANCE

No. 124

James T. Gray
Applicant
County Fulton
Date of Wound July 22, 1862
Emergency Name Goodwin's
Regiment 13th
Company F
Rank Private
Signature James T. Gray
Date May 6, 1889

MEINGI

STATE OF GEORGIA.

Fulton County.

I, *W. L. McLaughlin* Ordinary of said county, do certify that I am well acquainted with *James P. McLaughlin* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: *John W. McLaughlin* and *L. O. McLaughlin*

are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that *James P. McLaughlin* before whom the foregoing affidavits were made and power of attorney was signed, is a *John W. McLaughlin* of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *6* day of *February*, 188*9*

W. L. McLaughlin
Ordinary *Fulton* County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Fulton County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of *Fulton* county, in said State, do hereby appoint *James P. McLaughlin* 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 *February*, 188*9*

Executed in the presence of *John W. McLaughlin*

DIRECTION:

Send money to me as follows, by *cash* to *James P. McLaughlin* P. O. *Fulton* County, Georgia.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutches or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits the amendments must be made under oath before an official, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the County of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

Fulton County.

I, *W. L. Calhoun* Ordinary of said county,
do certify that I am well acquainted with *J. P. Gray* 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 *45* day of *February* 189*0*

W. L. Calhoun

Ordinary

Fulton

County.

STATE OF GEORGIA,

Fulton County.

I, *W. L. Calhoun* Ordinary of said County,
do certify that I am well acquainted with *James P. Gray* 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 *30* day of *February* 189*1*.

W. L. Calhoun

Ordinary

Fulton

County.

1890.

APPLICATION FOR ALLOWANCE

No. 103

Right Arm & Leg
James P. Gray
Fulton
County.

Amount, *50*

Date of warrant, *Feb 1*

Entered on record

Feb 4 189*0*

clerk

Deputy

WARRANT HANDED TO

Applicant

Gray, J. P.

1891

1891.

Application for Allowance

No. 103

Right Arm & Leg
James P. Gray
Fulton
County.

Amount, *50*

Date of Warrant, *Feb 31*

Entered on record

Feb 3 189*1*

clerk

Deputy

WARRANT HANDED TO

Applicant

Gray, J. P.

1891

1891.

Application for Allowance

No. 103

Right Arm & Leg
James P. Gray
Fulton
County.

Amount, *50*

Date of Warrant, *Feb 31*

Entered on record

Feb 3 189*1*

clerk

Deputy

WARRANT HANDED TO

Applicant

Gray, J. P.

1891

1891.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears William County, Gray of said county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the birth of himself; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 1, of 13th Regiment of Georgia Volunteers Gordon's Brigade; that whilst engaged in such military service, at the battle of Seven days fight at Bull Run in the State of Virginia, on the 28th day of June, 1862, he was wounded as follows: by a gunshot through the elbow of the right arm, disabling said hand very greatly, also by a gunshot wound through the right hip, and small of the back, totally disabling applicant from doing any active manual labor,

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

Sworn to and subscribed before me, this 4th day of February, 1890.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

KNOW ALL MEN BY THESE PRESENTS, That I,

county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4th day of February, 1890.

Executed in the presence of us:

Send money to me as follows, by

DIRECTION.

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears William County, Gray of William 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 birth of himself; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 1, of 12th Regiment of Georgia Volunteers Gordon's Brigade; that whilst engaged in such military service at the battle of Seven days fight at Bull Run in the State of Virginia, on the 28th day of June, 1862, he was wounded as follows: by a gunshot through the elbow of the right arm, disabling said hand very greatly, also by a gunshot wound through the right hip, and small of the back, totally disabling applicant from doing any active manual labor,

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of Twenty dollars, for 1890.

Sworn to and subscribed before me, this, the 4th day of February, 1891.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

of my true and lawful attorney in fact for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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 4th day of February, 1891.

Executed in the presence of us:

Send money to me as follows, by

DIRECTION.

to

County, Georgia.

P. O.

Send money to me in full, by

to

County, Georgia.

P. O.

CIVIL OF GEORGIA

County, Georgia.

P. O.

STATE OF GEORGIA.

Fulton County.

I, *W. B. Lachman* Ordinary of said county, do certify that I am well acquainted with *James P. Gray* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this *1st* day of *March* 1892

W. B. Lachman Ordinary *Fulton* County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Know all Men by these Presents, That I

of *Fulton* County, State of Georgia, do hereby appoint

of *Fulton* County, State of Georgia, my true and lawful attorney in fact, for the use and service 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 receive in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *1st* day of *March* 1892.

Executed in the presence of us:

Send money to me as follows, by

CIVIL OF GEORGIA

to

P. O.

County, Georgia.

SOLDIER'S PENSION.

1892.

FOR THIS YEAR ENDING OCTOBER 31, 1892.

Name *James P. Gray*

County *Fulton*

Disability *Body wound*

Amount, \$ *50*

Entered on record *March 1* 1892.

W. H. HARRISON,

Secretary of Executive Department.

W. H. Harrison

AGENT.

Applicant

1893.

Fulton

Application for Allowance

No. *1161*

James P. Gray

Fulton

Body wound

50

March 1

1892

W. H. Harrison

Secretary of Executive Department

Applicant

W. H. Harrison

Applicant

W. H. Harrison

Applicant

W. H. Harrison

STATE OF GEORGIA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Houston County.

PERSONALLY appears James P. Bray
of Houston County, State of Georgia, who, being duly sworn, says
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
since the 27th day of February, 1862; that he enlisted
in the military service of the Confederate States (or of the State of _____)
during the war between the States, and served as a Private in Company H,
of 13th Regiment of Georgia Volunteers Albany's
Brigade; that whilst engaged in such military service at the battle of Seven Days Richmond in the
State of Virginia, on the 27th day of July, 1862, he was

wounded as follows: shot in the right arm, hip, and back, rendering him
incapable of performing the ordinary manual exertions of life.

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

Eighty Dollars for 1891

Sworn to and subscribed before me this the

1st day of March, 1892.

W. C. Bellum Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this
day of _____, 1892.

Executed in the presence of us:

Send money to me as follows, by

DIRECTION.

County, Georgia.

LIGHT PRINT AND. OR BAD COPY

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Houston County.

PERSONALLY appears James P. Bray of Houston
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 27th
day of February, 1862; that he enlisted in the military service of the Con-
federate States (or of the State of _____) during the war between the
States, and served as a Private in Company H, of 13th Regiment
of Georgia Volunteers Albany's Brigade; that whilst engaged in
such military service at the battle of Seven Days Richmond in the State
of Virginia, on the 27th day of July, 1862, he was

wounded as follows: shot in the right arm, hip, and back, rendering him
incapable of performing the ordinary manual exertions of life.

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

Eighty dollars for 1891

Sworn to and subscribed before me, this the

1st day of March, 1892.

W. C. Bellum Ordinary.

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

STATE OF GEORGIA,

Houston County.

I, W. C. Bellum Ordinary of said County,

do certify that I am well acquainted with James P. Bray the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
dividual he represents himself to be, and that he resided in this County.

I further certify that James P. Bray was present at the battle of Seven Days Richmond in the State
of Virginia, on the 27th day of July, 1862, and was wounded as follows: shot in the right arm, hip, and back, rendering him
incapable of performing the ordinary manual exertions of life.

Given under my official signature and seal, this 1st day of March, 1892.

W. C. Bellum Ordinary.

Houston County.

STATE OF GEORGIA,

Houston County.

BOND

County, in said State, do hereby appoint.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____ 1892.

Executed in the presence of us: _____

DIRECTION.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

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 _____

has been sworn in as a Justice of the Peace for the County of _____ and County, and the said affidavit and _____

Given under my official signature and seal, this _____ day of _____ 1893.

_____ Ordinary _____ County.

STATE OF GEORGIA

COMMISSIONER OF AGRICULTURE

BOND

Audited

1889.

COMPTROLLER-GENERAL

Maimed Soldiers.

Voucher No. 124

Amount \$ 50

Paid to James P. Gray
For Right Arm
disabled
Feb 6, 1889.

Included in Warrant No.

Issued to Treasurer.

1889.

WARRANT CLERK.

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

Applicant

Audited Feb. 6th 1890

Wm. Campbell

Maimed Soldiers.

Voucher No. 103

Amount \$ 50

Paid to J. P. Gray

For Right Arm
disabled.

Feb 14 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

Applicant

No. 124

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb'y 6 1889

Mr. James P. Gray of the County
of Gulton 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

Right Arm disabled
He is entitled to receive the sum of 50.00 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 W. H. Gordon this voucher, and return same to
Executive Department for warrant.

By the Governor,

W. H. Hammon

CLERK EXECUTIVE DEPARTMENT.

\$50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100 Dollars,
per above voucher, this 6 of Feb'y 1889.

J. P. Gray

No. 100

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb'y 4 1890

Mr. J. P. Gray of the County
of Gulton 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

Right Arm disabled
He is entitled to receive the sum of Fifty 00/100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

W. H. Hammon

CLERK EXECUTIVE DEPARTMENT.

\$50.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100 Dollars,
per above voucher, this 4 of Feb'y 1890.

J. P. Gray

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 100/100 Dollars,
per above voucher, this *6* of *Feb* 1889.
J. P. Gray

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 100/100 Dollars,
per above voucher, this *4* of *Feb* 1890.
J. P. Gray

Audited _____ 1891.

COMPTROLLER GENERAL

Gray, James P.
Gulton

1891.

Maimed Soldiers.

Voucher No. *10*

Amount \$ *50*

Paid to *James P. Gray*

For *Disabled by*

body wounds

Dec 3 1891.

Included in warrant No.

issued to Treasurer,

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

1891.

No. 10

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT. }

Atlanta, Ga. Feby 3 1891.

Mr. James P. Gray of the County
of Bull having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, same having been examined and allowed for
Disability by James P. Gray
He is entitled to receive the sum of 150 Dollars
for such disability, the same being the allowance for the year ending October 24, 1891.

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

W. J. Northrup
GOVERNOR.

By the Governor,

W. H. Hanson
Sec'y EXECUTIVE DEPARTMENT.

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

150 Dollars,
per above voucher, this 3 of Feby 1891.

J. R. Gray

By the Governor.

GOVERNOR.

W. N. Hansen
Sec'y EXECUTIVE DEPARTMENT.

\$50.00

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

Fifty + 00/100 Dollars,
per above voucher, this *3* of *Feb* 1891.

J. R. May

1. Before any question is answered, the Ordinary shall move applicant and the witness in the following order: "You do solemnly swear that you will give answers made to each of the questions asked you and the evidence you shall give will be the truth, so help you God." If the applicant is a woman, she shall be asked: "Do you swear that you will give answers made to each of the questions asked you and the evidence you shall give will be the truth, so help you God?"

2. Only witnesses who appeared prior to January 1st, 1901, are entitled to be sworn.

3. If the applicant is a woman, she shall be asked: "Do you swear that you will give answers made to each of the questions asked you and the evidence you shall give will be the truth, so help you God?"

4. If the applicant is a man, he shall be asked: "Do you swear that you will give answers made to each of the questions asked you and the evidence you shall give will be the truth, so help you God?"

5. If the applicant is a woman, she shall be asked: "Do you swear that you will give answers made to each of the questions asked you and the evidence you shall give will be the truth, so help you God?"

6. If the applicant is a man, he shall be asked: "Do you swear that you will give answers made to each of the questions asked you and the evidence you shall give will be the truth, so help you God?"

7. Do not use the words "I swear" or "I solemnly swear" in your answers.

8. Do not use the words "I swear" or "I solemnly swear" in your answers.

9. Do not use the words "I swear" or "I solemnly swear" in your answers.

10. Do not use the words "I swear" or "I solemnly swear" in your answers.

INSTRUCTIONS:

(SEAL OF ORDINARY)
 Given under my hand and seal of office this 16 day of May 1944
Ordinary
 of Fulton County.

truthful and trustworthy and their statements are entitled to full faith and credit.

the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavit, and that they are

citizen of said State since January 1st, 1901; that I also know Fulton Highland

that I know Franklin Highland the applicant for pension; that

she is the person she represents herself to be and that she has been continuously a bona fide resident

that I know Franklin Highland the applicant for pension; that

she is the person she represents herself to be and that she has been continuously a bona fide resident

that I know Franklin Highland the applicant for pension; that

she is the person she represents herself to be and that she has been continuously a bona fide resident

that I know Franklin Highland the applicant for pension; that

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that I know Franklin Highland the applicant for pension; that

she is the person she represents herself to be and that she has been continuously a bona fide resident

that I know Franklin Highland the applicant for pension; that

she is the person she represents herself to be and that she has been continuously a bona fide resident

STATE OF GEORGIA.

Ordinary's Certificate

in Allentown

GRAY, MRS. MARTHA M.
 FULTON COUNTY.
 Approved May 19, 1944 for June.

Widow's Application

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

County Fulton
 Name Mrs. Martha M. Gray
 Widow of William H. Gray
 Date of Marriage Oct. 28, 1886
 Date of Husband's Death May 19, 1944
 Company Co. A, 1st Regt. S. C.
 Regiment 1st S. C.
 Approved May 19, 1944 for June
William H. Gray
 Director.

Received May 16, 1944.

Confederate Pension & Re-Dept.
 Atlanta, Ga., May 19, 1944.

This application is approved for June payment under a ruling of the Atty. General of Ga., dated Apr. 19, 1944, that widows of Confederate soldiers, who remarried after deaths of Confederate soldier husbands, and who are now widows, are eligible for pensions.

Record O. K. in Co. C, 4th Regt. S. C. State Troops and (Ed) C, 1st Confederate Regt. Inf.

William H. Gray
 Director

GRAY, MRS. MARTHA M.

FULTON COUNTY.

Approved May 19, 1944 for June.

Widow's Application

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

County Fulton
Name Mrs. Martha M. Gray
Widow of Marshall M. Gray
Date of Marriage Feb. 28, 1886
Company 1st Co. 4th Inf.
Regiment 1st Regt. 4th Inf.
Approved May 19, 1944 for June
John W. Nathan Director

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, John W. Nathan, Clerk of said County, do certify that I know Martha M. Gray 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, 1939; that I also know John W. Nathan the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 16 day of May, 1944
(SEAL OF ORDINARY) John W. Nathan Ordinary,
of Fulton County.

INSTRUCTIONS:

- Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
- Additional affidavits may be attached if blank spaces are insufficient.
- Only affidavits made prior to January 1st, 1939, are entitled.
- All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
- Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
- Fill out the back of the application carefully.
- Don't use the better form of Marriage Certificate in force throughout the State. A short, simple form is easier to handle.
- Do not take an application from any widow who is already receiving a pension.

Confederate Pension & Dept.

Atlanta, Ga., May 19, 1944.

This application is approved for June payment under a ruling of the Adj. General of the State, dated Apr. 19, 1944, that widows of Confederate soldiers, who married after deaths of Confederate soldiers, and who are now widows, are eligible for pensions.

Record O. K. in Co. O, 4th Regt. Va. State Troops and (2d) Co, 1st Confederate Regt. Inf.

John W. Nathan

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. Martha M. Gray of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:

SECTION I.

- What is your name, and where do you reside? (Give Post Office and County) Martha M. Gray, 90 Mansfield St. S.E. Atlanta, Ga.
- How long and since when have you been, continuously, a bona fide resident of the State of Georgia? All my life except 1 year in 1864.
- Give date, or year, of your birth. Nov. 29, 1861. Age? 82.
- (1) When, (2) where and (3) to whom were you married? Cambridge Co. Ga. to KANSAN, Feb. 28, 1886.
- Have you married since the death of first and soldier husband? Yes.
- When and where did your first husband die? 1904 in Atlanta Ga.
- Were you residing together when he died? Yes.
- If not, how long had you resided apart? Never separated.
- Are you now a widow? Yes.
- Have you or your husband heretofore been paid a pension by the State? Yes.
- If so, when and for what cause were you or your husband placed on the roll? Cambridge Co. Ga. 6 years in 1864. Applicant died on Feb. 28, 1886.

Answer the following questions if your husband was not a pensioner: See Campbell
1. When, where and in what Company and Regiment did your husband engage 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. 1864.

- When and where did the Commands of your husband surrender or discharge from the Service?
- Was your husband personally present with his Command when it was surrendered or discharged?
- If he was not present, state specifically and clearly where he was?
- When did he leave the Command?
- For what cause did he leave?
- By whose authority did he leave?
- For how long was his leave of absence granted? d. In what way?
- What was his physical condition when he left his Command?
- What effort did he make to return to his Command?
- In what way was he prevented from going back to his Command?
- Was he captured by the enemy at any time?
- If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the 16 day of May, 1944
John W. Nathan Ordinary,
of Fulton County.
Martha M. Gray Applicant.

do solemnly swear that you will true answers make to each of the questions asked you and the evidence you must give will be the whole truth. Do help you God.

1. Additional affidavits may be attached if blank space are insufficient.
2. Only widows who married prior to January 1st, 1900, are entitled.
3. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
4. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
5. Fill out the back of this application carefully.
6. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is order to handle.
7. Do not take an affidavit from any widow who is already receiving a pension.

Sworn to and subscribed before me, this the
 16 day of May 1944
 of Fulton County.
 (SEAL OF ORDINARY)

her
 (X) M. Gray
 mark
 Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of _____

Before me, the Ordinary of said County, comes Mrs. _____ who, after being duly sworn, deposes and says:

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;
2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;
3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;
4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Sworn to and subscribed before me, this the
 _____ day of _____, 193____
 _____, Ordinary,
 _____ County.

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

Fulton County.

_____ of said State and County is hereby presented as a witness in support of the application of Martha M. Gray for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give Post Office and County)
Pula Mitchell 90 Marshall St. S.E. Apt. 165
2. How long and since when have you known Martha M. Gray applicant
all my life
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State?
all my life, until her death in
4. When and to whom was she married?
to her father, J. S. Gray, who died
5. How long and since when did you know J. S. Gray her husband?
he was my father, J. S. Gray, who died
6. When and where did J. S. Gray die?
Atlanta, Ga. Jan. 14, 1904
7. Were the applicant and her husband living together as husband and wife at the date of his death?
Yes
8. If not, how long did they live apart before his death?
never married apart.

Were they divorced?
 If the husband of the applicant was a pensioner, DO NOT answer the following questions.

9. When, where and in what Company and regiment did _____ enlist? (Give date and place)
10. How did you obtain your information of this service?
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.)
12. When and where was his Command surrendered or discharged? (Give date and place.)
13. Were you personally present with this Command when it was surrendered? If not, where were you _____ and how came you there?
14. Was the husband of applicant personally present with his Command at its surrender? If not where was he? _____ and how came him there? When, where and for what cause did he leave his Command? (Give date.) By whose authority did he leave his Command? and how long was he granted leave?
15. How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically)
16. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
17. What effort did he make to return to his Command and how do you know this?
18. Was he captured as a prisoner? If so, when and where? _____ and when released?

Sworn to and subscribed before me, this the
 16 day of May 1944
 of Fulton County.
 (SEAL OF ORDINARY)

Pula Mitchell
 (Witness)

mand?

16. What effort did he make to return to his Command and how do you know this?

17. Was he captured as a prisoner? If so, when and where?

In what prison was he held? and when released?

Sworn to and subscribed before me, this the

10 day of May 1944

of Ashtabula County,

(SEAL OF ORDINARY)

Lula Metherland
(Witness)

Atlanta Ga
May 14, 1944.

This is to Certify that my Mother Mrs M Gray
has lived with me for the last 11 years
3 months at a time in Atlanta Ga.
and 3 months at a time with my sister
Lula Metherland in Miami Fla
she is making her home now permanently
in Atlanta Ga. 90 Memorial SE. apt 165
with her 2 Daughters Mrs Lula Metherland
+ Mrs P L Coleman.

Witness
H. P. LaState at large
My Commission expires 11/1/46

Mrs P L Coleman

ATLANTA-GA.

MAY-17-44.

This is To Certify That I have known
Mr John Gray my Step father in Law since 1905
and he Died The 9. of April 1913.

J. C. Metherland
Sworn to and subscribed to this
17th Day of May, 1944 before
H. P. LaState at large
My Commission expires 11/1/46

*N.H. Taddler at large
My Commission expires 1/1/46*

Court of Ordinary
FULTON COUNTY
STATE OF GEORGIA

CERTIFIED COPY OF
MARRIAGE LICENSE
AND
CERTIFICATE OF MARRIAGE
OF

RAMSON HUTCHINS
AND
MISS LINNIE EDMONSON

Recorded in Book E Page 187
CAMPBELL COUNTY RECORDS

THOS. H. JEFFRIES
Ordinary.

Marriage License

CAMPBELL
State of Georgia, ~~Fulton~~ County

To any Minister of the Gospel, Judge of Superior Court, Justice of the Peace or other Person Authorized to Solemnize,

You are hereby authorized and permitted to join in the Honorable State of Matrimony

RAMSON HUTCHINS

and

MISS LINNIE EDMONSON

According to the rights of your Church, Provided there be no lawful cause to obstruct the same according to the Constitution and Laws of this State; and for so doing this shall be your sufficient License.

RETURN THIS LICENSE, WITH YOUR CERTIFICATE THEREON TO MY OFFICE FOR RECORD

Given under my Hand and Seal this 27th day of February 1886

R. C. BEAVERS

I, S.

~~Clerk~~ Ordinary

I hereby certify that RAMSON HUTCHINS

and LINNIE EDMONSON

were joined together in the HOLY BANS OF MATRIMONY

on the 28th day of February 1886 by me.

W. D. STUBBS, M. P. Ex. -J. P.

State of Georgia,
Fulton County } S. S.

ORDINARY'S OFFICE

ATLANTA, GA., May 16, 19 44

CLAUDE C. MASON, Clerk Court of Ordinary of said County, hereby certify that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

RAMSON HUTCHINS

and

MISS LINNIE EDMONSON

as the same appears in ~~the~~ records on records of Old Campbell County now on file in this office.
Given under my official Signature and Seal of the Court of Ordinary, the day and year aforesaid.

Claude C. Mason
Clerk, Court Ordinary

Marriage License

^{CAMPBELL}
State of Georgia--~~Fulton~~ County

To any Minister of the Gospel, Judge of Superior Court, Justice of the Peace or other Person Authorized to Solemnize,

You are hereby authorized and permitted to join in the Honorable State of Matrimony

RAMSON HUTCHINS

and

MISS LINNIE EDMONSON

According to the rights of your Church, Provided there be no lawful cause to obstruct the same according to the Constitution and Laws of this State; and for so doing this shall be your sufficient License.

RETURN THIS LICENSE, WITH YOUR CERTIFICATE THEREON TO MY OFFICE FOR RECORD

Given under my Hand and Seal this 27th day of FEBRUARY 1944

R. C. BRAVERS L. S.

~~Clerk~~ Court Ordinary

I hereby certify that RAMSON HUTCHINS

and LIENNIE EDMONSON

were joined together in the HOLY BANS OF MATRIMONY

on the 28th day of FEBRUARY 1944 by me.

W. D. STUBBS, M. P. Ex. -J. P.

State of Georgia,
Fulton County } S. S.

ORDINARY'S OFFICE

ATLANTA, GA., May 16, 1944

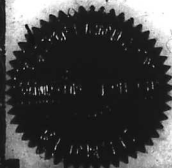
I, CLAUDE C. MASON, Clerk Court of Ordinary of said County, hereby certify that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

RAMSON HUTCHINS

and MISS LINNIE EDMONSON

as the same appears ~~in the records of said~~ on records of Old Campbell County now on file in this office.
Given under my official Signature and Seal of the Court of Ordinary, the day and year aforesaid.

Claude C. Mason
Clerk, Court Ordinary



on the 28th day of FEBRUARY 19 1926 by me.

W. D. STUBBS, H. P. Ex. -J. P.

State of Georgia,
Fulton County } S. S.

ORDINARY'S OFFICE

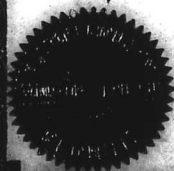
ATLANTA, GA., May 16, 19 44

I, CLAUDE G. MASON, Clerk Court of Ordinary of said County, hereby certify
that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

RAMSON HUTCHINS

and MISS LILLIAN EDMONSON

as the same appears in ~~the records of Old~~ on records of Old
Campbell County now on file in this office.
Given under my official Signature and Seal of the Court of Ordinary,
the day and year aforesaid.



Claude G. Mason
Clerk, Court Ordinary

Application
made in place
of Gray
12/10/1912

Gray, Maria V. (Mrs)
Fulton County
No evidence of
work and claim

Widow's Pension

UNDER ACT 1910

Mrs. Gray

Fulton

Name

Mrs. Gray

Widow of

M. W.

Not for record
No record
12/10/1912

ERO
1912

J. W. LINDSEY,
Commissioner of Pensions

Cap. P. Bond, State Prison

9/30-1912

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

STATE OF GEORGIA,

Fulton County.

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

1. What is your name, and where do you reside? Mrs. Roxie Gray Atlanta Ga
2. How long and since when have you been a continuing resident in the State of Georgia? all my life
3. When, where and to whom were you married? Dr. M. H. Gray June 1 1867
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.) Conf. Army regt as first Sergeant
5. When and where did the Commands of your husband surrender or discharge from the army? Richmond Va
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? Richmond Va
9. For what cause did he leave his command? Summers
10. By whose authority did he leave his Command? Gen Lee
11. For how long was he granted leave of absence? _____
12. What was his physical condition when he left his Command? Excellent from injuries at battle
13. What effort did he make to return to his command? _____
14. In what way was he prevented from going back to Command? _____
15. Was he captured by the enemy at any time? _____
16. If so, when and where captured and where held as a prisoner, and when and for what cause released? _____
17. When and where did your husband die? Conf. Army Ga Sept 20 1904
18. Were you residing together when he died? Yes
19. If not, how long had you resided apart? _____
20. 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.) A Small Cottage Value \$500
21. 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.) _____
22. What property of any description of any value have you now? None
23. Give list and cash value? _____
24. What are your annual earnings or income and their value? Some money for me
25. Have you heretofore been paid a pension by the State? No
26. If so, when and for what cause were you struck from the Roll? _____

Sworn to and subscribed before me this the _____ day of _____ 19____

John R. Anderson Ordinary,
of Fulton County.

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

Widow's Pension

UNDER ACT 1910

Gray, Roxie A. (Mrs.)

Fulton

Gray, M. H.

Richmond Va

Sept 20 1904

John R. Anderson

Fulton

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? Some proceeds from sale
 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 24th day of August, 1912, Anna R. & L. L. L.
John R. L. L. Ordinary.
 of Frederick County.

Jno. H. Lindsay
 Commissioner of Denotations
 Atlanta, Ga.

Montgomery, Ala. 179-1912

Michael McKee Gray
 went into army - from Corn
 Spring - with Corn Spring
 Regt. 1st
Col. Keith

Miss Florence Gray -
Main 5240

Miss Rorie Gray -
Floyd Co
Ms Fulton Co

Corn Spring mounted 1st
Co B - 1st Regt. Ca
State Guard

Merina, via Gray Court, S.C.,
 July 24th, 1912.
 Dear Aunt Rose -

Your letter to
 Frank Medlock, in regard
 to pension matter, was
 handed to me.

After a twenty-mile ram-
 ble I found this old soldier
 who knew Uncle Doc. in
 service. One - Mr. S. H.
 Wapshaff - was treated
 by him in Jackson hos-
 pital - Richmond - and
 sent home on furlough
 secured by him.

Waffley - was treated
by him in Jackson Hos-
pital - Richmond - and
sent home on furlough
secured by him.

Miss Rorie Gray -
Floyd Co -
Ms Fulton Co

Com Spry mounted Left
Co ~~of~~ B - 2nd Stryker Co
State Guard

will do for you, as I have for others before. It occurs to me that this might have been done previously. Only one month ago an old comrade in arms, living one mile from here, and I who knew Uncle Roe, in service, died. I visited him on his death bed and had I known of your efforts, could have secured additional proof of Uncle's services. I found two other old rebels who were in different army, who never saw him, but heard of him frequently. The rebels are thinning rapidly and there are few of the old comrades left to tell the story of the great struggle. But, Aunt Rorie, just the enclosed will be incontestable proof. Anything further that you may wish done, if you will write me, I

you as to your success.
At present we are in
unequal health. Would be
glad for you and your
family to visit us.
With best wishes from all.
Your nephew,
R. A. Nash.

W. M. NASH
SURVEYOR
NOTARY PUBLIC

GRAY COURT, S. C.

July 20th 1912

To whomsoever this may concern:

This is to certify that we
the undersigned, comrades at arms
do know that Dr. M. W. Gray of
Bacon Springs, Ga. has resided in
South Carolina, did devote his
entire time and services to
the care of sick and wounded
soldiers of Confederate army for
the entire four years of
Civil War 1861-65 being
Surgeon Physician practicing on
field and in hospital.

He saw him quite a number
of times from time to time.
He was head Surgeon of
Jackson Hospital Corps at
Richmond the last years of war.
(over)

of name from me. It was
 He was head Surgeon of
 Jackson Hospital Corps of
 Richmond the last years of war.
 (over)

Name of Comrade Soldier	Where enlisted
S. D. Mahaffey	Comp. A. = 6 Cavalry
S. M. Meares	5 th C.
	Co. E. Hampton's
	Division S. C.
R. A. Nash	Co. D. Third Battalion
	S. C.

Personally appeared before me R. A.
 Nash of Co. D. 3rd S. C. Battalion
 and upon being duly qualified
 makes oath that he was a
 member of the above Co. and knows
 S. D. Mahaffey and S. M. Meares
 and also knows they were in aban-
 doned company and that he
 and each one make his signa-
 ture and knows that they as well as
 himself and Dr. M. W. Gray in
 said Army Service
 sworn to before me this
 July 24 1912
 R. A. Nash
 W. M. Nash not Pub. J. C.

28 April 1960

See also page 10

CN I - 12/14/84 Rest

Soldier's Application.

UNDER ACT 1910.

Fulton

R. F. Green

Company 2165

1954

[Signature]

1990

(P.F.)
July 8, 1928
July 4, 1928, Sunday
Jacksonville, Fla.
1927-28
Franklin D. Roosevelt

July 7, 1928
X 60 - 798
L.H.