

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

County.

P. E. Norton the applicant
as a witness in support of the application of
by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded,
answers as follows:

1. What is your name and where do you reside? P. E. Norton Quincy Ill.
2. How long and since when have you known P. E. Norton the applicant?
From June 1862 at the time he and I joined the same Regiment & Co.
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know?
He resides at Quincy, Ill. I know him as a bonafide resident during
4. When, where and in what Company and Regiment did P. E. Norton enlist during war from 1861 to 1865? (Give date and place) Camp 5, 5th Ill. Regt at Vicksburg, Miss. in
5. How did you obtain your information of this Service? I was in my own Company
6. How long within your own personal knowledge did he perform actual military service with this Company and for how long? (Give date) From June 1862 until he was discharged
7. When did he leave his Command surrendered or discharged (give date and place) May 21, 1865 at Vicksburg, Miss.
8. Were you personally present at the Surrender? Yes
9. If not, where were you and how came you there? I was present
10. Was the applicant personally present with his Command at surrender? No
11. If not where was he and how came him there? He was at Vicksburg at the time
12. When and how did he leave his Command? He was discharged Where was his Command when he left it? At Vicksburg, Miss. For what cause did he leave? He was discharged
13. By whose authority did he leave the Command? He was discharged How long was he granted leave? He was discharged How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I was with him all the time and know all about him. He was a good faithful soldier.
14. In what way was he prevented from returning to his Command? He was discharged
15. What effort did he make to return to his Command and how do you know? None
16. Was applicant captured as a prisoner? No If so, when and where? Not
17. In what prison was he held? Not and when released? Not

Sworn to and subscribed before me, this 27th day of Oct. 1911

Ordinary

of Fullon County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County.

Personally before me comes J. S. Moore & J. H. Ward who on oath says that they are free holders residing in said County and we know of Green the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov

County.

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

- Answers as follows:
1. What is your name and where do you reside? *C. E. Watson*
2. How long and since when have you known *D. F. Garrison* the applicant? *Since 1846 at the time he and I joined the same Regiment of Co.*
3. Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? *He resides at New York Co. City.*
4. When, where and in what Company and Regiment did *the applicant* enlist during war from 1861 to 1865? (Give date and place) *Company 5 5th Regt of Mass. 1861 at Waller Mass. Co.*
5. How did you obtain your information of this Service? *I was in same Company & Regiment and present leave time & place the date*
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) *from time he joined till short time before he was discharged*
7. When and where was his Command surrendered or discharged (give date and place) *May 21 - 1863 when he broke & Johnson*
8. Were you personally present at the surrender? *Yes*
9. If not, where were you and how came you there? *I was present*
10. Was the applicant personally present with his Command at surrender? *No*
11. If not where was he and how came him there? *He left New York about 2 weeks before he was discharged and he had been in the army for some time*
12. When did he leave his Command? *When he was discharged* Where was his Command when he left it? *at New York*
13. By whose authority did he leave the Command? *at New York*
14. How long was he granted leave? *60 days or until he got to the state* How do you know all that you have stated to be true? *If of your own knowledge (Tell clearly and specifically) I was with him all the time and know all about him he was a good fighting soldier*
15. In what way was he prevented from returning to his Command? *He was not with the army*
16. How do you know? *I saw him when he was discharged*
17. What effort did he make to return to his Command and how do you know? *None*
18. Was applicant captured as a prisoner? *No* If so, when and where? *Not*
19. In what prison was he held? *at New York* and when released? *He was at New York and then at New York*
20. Sworn to and subscribed before me, this the *10th* day of *Oct* 191*1* *P. E. Watson*
- Ordinary.
- County.

STATE OF GEORGIA.

Fulton County

Personally before me comes J. S. Myrnes & Sons, who on oath says that they are free holders residing in said County and we know of them the applicant for pension and we know the County that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov

008* (State it fully by items.)

2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full value?

or was it made to obtain a pension?

Sworn to and subscribed before me, this the

15th day of Sept. 1911.

J. S. Williams
J. S. Williams

County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton County.

Ordinary of said County, certify that I know the applicant John R. Williamson for Pension in the person he represents himself to be and resides in said County. That I also know J. S. Williams the witness swearing to the service and J. S. Williams who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of J. S. Williams shows that J. S. Williams and wife value for tax is in 1908 \$ none for 1909 \$ none for 1910 \$ none.

Sworn under my hand and official seal of office this 30th day of Oct 1911.

John R. Williamson Ordinary.

County.

Fulton

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

2. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

Fulton County.

I, John R. Williamson of said State and County, hereby applies for the pension provided by Act of 1910, as Confederate Soldier, 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)
Reside in Atlanta Fulton County Georgia
2. How long and since when have you been a continuous resident citizen of this State?
8 or 9 years
3. Did you enter in the Army of the Confederate States or of 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 year and class of Service)
Enlisted in the 1st Georgia Cavalry Regiment
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)
March 2, 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service?
At Appomattox Va. U.S.A.
7. Were you actually present with your Command when it was surrendered or discharged?
Yes
8. If you were not actually present, state specifically and clearly when you were
Not present
9. Where was your Command when you left it?
At Appomattox Va.
10. When did you leave the Command?
March 2, 1865
11. For what cause did you leave?
Paroled
12. By whose authority did you leave?
By the authority of the Confederate Government
13. For how long have you been disabled?
Ever since
14. Why did you not return to your Command after leave granted?
Paroled
15. In what way were you prevented?
Paroled
16. What effort did you make to return?
None
17. Were you captured during the war?
No
18. If so, when, and where? In what prison were you held and when were you released?
Not arrested
19. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1907? (Make list by items and values.)
None

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

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list.)
None

12. Have you ever applied for the Pension before, and if so, when, and for what cause it was not granted?
Yes

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

14. Have you ever applied for the Pension before, and if so, when, and for what cause it was not granted?
Yes

Sworn to and subscribed before me, this the

30th day of Oct. 1911.

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Carroll County.

I, E. T. Stead, Ordinary of said County, do certify that I personally know Mrs. D. T. Green, the applicant, and that she is the lawful widow of D. T. Green, who was on the Pension Roll of said Carroll County, and was paid a Pension from Carroll (Oct. month) County for 1932, and at the time of his death on the 15th day of November 1932, there was due to him and unpaid his Pension of (\$60.) Nov. & Dec. Dollars from the State of Georgia, and I know _____, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 31 of December, 1932.

(Seal of Ordinary)

E. T. Stead, Ordinary
Carroll, County

*Wm. D. F.
W. Fulton Co.*

Fulton, County

1932

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid to his Widow)

BY

Mrs. W. T. Stead
Widow of W. T. Stead
Date of Marriage Nov. 14, 1888
Date of Death Nov. 15, 1932

Approved and ordered paid.

JOHN W. CLARK,
Commissioner of Pensions.

Ordinary: Fill out above in full and send this to Pension Department for approval. When approved, the Ordinary shall return it with your pay-roll for payment. Fill in the Pension Department.

(To Be Fald to His Widow)

(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, Tulsa County

Personally before me, the Ordinary of said County, comes Mrs. D. F. Green
of said County, who after being duly sworn, on oath says that she is the widow of _____

D. F. Green
and that said Pensioner was on the Pension Roll of Garroll County
and was paid a Pension of Thirty (\$50.00) Dollars
Garroll
from said County for Oct. Seven 1929, and that the said Pensioner died in

Fulton County on the 15 day of Nov., 1932
Applicant further swears that she married the said D. F. Green on the 4 day of Nov., 1888 in Douglas County and State of Ga., and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the ^{Dec} Pension, 1932, due and unpaid be paid to her.

Sworn to and subscribed before me this 30 day of Dec, 1932

Sworn to and subscribed before me this 1st day of June, 1906.
Arthur R. Markitz Ordinary
Fullon County } Miss B. T. Green, (L. S.)
 (Seal of Ordinary)

Tulson County.

STATE OF GEORGIA, Fulton County.

Personally before me comes J. L. MacLeod Jr., who
on oath says that he knew D. F. Green while in life
and that he knows Mrs. D. F. Green, the
above applicant, and knows that the said Mrs. D. F. Green
and D. F. Green were in due form of law married in the County
of _____ in the State of _____
the _____ day of _____, 18____, and that they were residing
together as husband and wife at the time of his death on the _____ day of
Nov. 1932 and that she is his dependent widow.

Sworn to and subscribed before me this 30 day of Dec, 1932

Sworn to and subscribed before me this _____ day of _____
William R. Warburton, Ordinary }
1 Fairborn, County } J. L. Hancock
 (Seal of Ordinary)

INSTRUCTIONS:

[illegible]

CERTIFICATE OF ORDINARY

STATE OF GEORGIA Fulton County.

I, Thos H. Jeffries Ordinary of said County, do certify that I personally know the applicant and that she is the lawful widow of Charles J. Patterson who was on the Pension Roll of said Fulton County, and was paid a Pension from Fulton County for 193 and at the time of his death on the 30 day of Dec 193 there was due to him and unpaid his Pension of for Mrs D. H. Mason Dollars from the State J. H. Patterson the within

witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 30 of Dec 193 2

(Seal of Ordinary)

Thos H. Jeffries Ordinary
Fulton County

County

193

Application for Pension Due Decedent Soldier

(UNDER ACT 1891)

(To be paid to the Widow)

BY

Mrs.

Widow of

Date of Marriage

Date of Death

193

Approved and cashed paid.

193

R. & T. LAWRENCE,

Commissioner of Pensions.

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

GEORGIA

Fulton County

Personally came before me, J. W. Walker, J. P. Gaddy, who after being duly sworn say on oath; that they are both well acquainted with D. F. Green, the applicant in the application for Confederate Soldier's pension.

Deponent, J. W. Walker says that he was in the same regiment with D. F. Green, 56 Georgia, and that Green was in Company I, deponent was in Company B of the same regiment. Deponent was present at the time Mr. Green obtained furlough and knows all the facts in relation to the granting of said furlough in Green's application.

Deponent did not see Mr. Green when he received his furlough until after the war, this was in Carroll County where he both lived. Mr. Green was still suffering with rheumatism. Deponent states that Green was at this time unable to do anything and remained in that condition for a year or longer after the close of the War.

Deponent further says that he knows that D. F. Green served in the Army from the time he volunteered until the time of the furlough above mentioned.

Deponent Gaddy says that he was not in the War being too young to go, but knows about the time that D. F. Green came home from the war. Deponent was a boy about seven or eight years old, living in Carroll County. Deponent knows that Mr. Green was suffering severely at this time with rheumatism, he was unable to do any manual labor for allong time perhaps a year after the war. He came home on furlough some where about the later part of the year of 1864 and never was able to do any thing for about a year.

Deponent further says that D. F. Green has no property of any description, his wife owns a small tract of land, 46 acres, worth about \$400.00 She has some small perishable property supposed to be worth \$200.00. This is all the property they own.

Sworn to and subscribed before me this 7th day September 1914.

John R. Wilkinson
Ordinary

J. W. Walker
J. P. Gaddy

living in Carroll County. Deponent knows that his father was living severely at this time with rheumatism, he was unable to do any manual labor for allong time perhaps a year after the war. He came home on furlough some where about the later part of the year of 1864 and never was able to do any thing for about a year.

Deponent further says that D. F. Green has no property of any description, his wife owns a small tract of land, 46 acres, worth about \$400.00 She has some small perishable property supposed to be worth \$200.00. This is all the property they own.

William Henderson
Director Confederate Records
Div.

RECORD 9.
Green, L. A. (Mrs.) 6 fur
Gulton County 1938

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

County Palton
Name Mrs. D. F. Green,
Widow of D. F. Green
Date of Marriage May. 4, 1888
Date of Husband's Death Nov. 18, 1928
Company 56th & Rep. Co. Inf.
Regiment 56th & Rep. Co. Inf.
Approved DEC 27 1931 193
L. H. Miller
Director.

AUG 19 1937

STATE OF GEORGIA,

FULTON COUNTY.

1. THOMAS H. JEFFRIES

Ordinary of said County, do certify,

that I know . . . Mrs. D. F. Green,

the applicant for pension; that

she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know **A. O. Pascock & J. L. Pascock, Sr.**

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 4 day of August 1937.

(SEAL OF ORDINARY)

day of August 1937.
J. H. Gentry,
Tulsa County.

INSTRUCTIONS:

[illegible]

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

D. F. Green enlisted as a
private in Co. I, 56th Regt.
May 10, 1862. Cap-
tured at Vicksburg, July
4, 1863. Paroled July 9,
1863. On sick furlough, as-
signed rheumatism, close of
war.

Director
Confederate Records
Div.

RECORD O. F. C. (Mm) 6 W
Green of C. Army - 188
Fulton

Widow's Application

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

County, Fulton

Name Mrs. D. F. Green,

Widow of D. F. Green

Date of Marriage Nov. 4, 1868

Date of Husband's Death Nov. 15, 1932

Company 56th Regt. Inf. Col.

Regiment 56th Regt. Inf. Col.

Approved DEC 27 1937

H. H. Green
Director.

AUG 19 1937

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, THOMAS H. JEFFRIES, Ordinary of said County, do certify
that I know Mrs. D. F. Green, the applicant for pension; that
she is the person she represents herself to be, and that she has been, continuously, a bona fide resident
citizen of said State since January 1st, 1920; that I also know A. C. Pascook & J. L. Pascook, Sr.
the witness who swears to the validity of 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 4 day of August, 1937.
(SEAL OF ORDINARY) H. H. Green Ordinary.
of Fulton County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Fulton COUNTY.

Personally appears before me, Mrs. D. F. Green of said State and County
and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the
Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after
being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County) Mrs. D. F. Green,
988 Sparks St. S. W., Atlanta, Fulton County, Georgia
2. How long and since when have you been, continuously, a bona fide resident citizen of the State
of Georgia? All my life
3. (1) When, (2) where and (3) to whom were you married? Nov. 4, 1868, Douglas County,
Georgia. Mr. D. F. Green
 - a. Have you married since the death of first and soldier husband? No
 - b. When and where did your first husband die? 15th of Nov. 1932
 - c. Were you residing together when he died? Yes
 - d. If not, how long had you resided apart? None
 - e. Are you now a widow? Yes
 - f. Have you or your husband heretofore been paid a pension by the State? Yes. I received checks
for the balance of the pension due him.
If so, when and for what cause were you or your husband placed on the roll?

SECTION II.

Answer the following questions if your husband was not a pensioner:

1. When, where and in what Company and Regiment did your husband enlist as a soldier in
Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-
try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
2. When and where did the Commands of your husband surrender or discharge from the Service?
3. Was your husband personally present with his Command when it was surrendered or discharged?
4. If he was not present, state specifically and clearly where he was?
5. When did he leave the Command?
 - a. For what cause did he leave?
 - b. By whose authority did he leave?
 - c. For how long was his leave of absence granted? d. In what way?
6. What was his physical condition when he left his Command?
7. What effort did he make to return to his Command?
8. In what way was he prevented from going back to his Command?
9. Was he captured by the enemy at any time?
10. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

22nd day of July, 1937.

H. H. Green Ordinary

of Fulton County.

(SEAL OF ORDINARY)

Mrs. D. F. Green
Applicant.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

Sworn to and subscribed before me, this the

22nd day of July, 1937.

John H. Green Ordinary

of Fulton County.

(SEAL OF ORDINARY)

Mrs. D. F. Green

Applicant.

STATE OF GEORGIA,
FULTON COUNTY.

TO WHOM IT MAY CONCERN:

This is to certify that I have known *Mrs. D. F. Green* for 26 years, and that she has never married since the death of her husband, *D. F. Green*, a deceased Confederate Veteran.

Sworn to and subscribed before me

This July 22, 1937.

John H. Green
C. C. O.

John H. Green
City Office
Atlanta Ga

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS:

MRS. D. F. GREEN, WIDOW OF D. F. GREEN,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

ORDERED:

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

This, the 27th day of December 1937.

John H. Green
Director, Confederate Division
State Department of Public Welfare

Box 827-2

24004. MARSHALL & BROS. CO. WASHINGTON

State of Georgia, DOUGLAS County
ORDINARY'S OFFICE—ss.

I, J. H. McParty, Ordinary and ex-officio Clerk of the Court of

Ordinary of said County, do hereby certify that I have compared the foregoing copy of
the marriage record of Mr. D. F. Green and Miss Avalonia Edwards

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

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court of
Ordinary this the 29th. day of December, 1932.

J. H. McParty
Ordinary and ex-officio C. C. O.

STATE OF GEORGIA

Marriage Certificate

COUNTY

This Certifies that

J. P. Green

and Miss Avalonia Edwards

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By J. H. Winn, M. P. Exo. J. P.

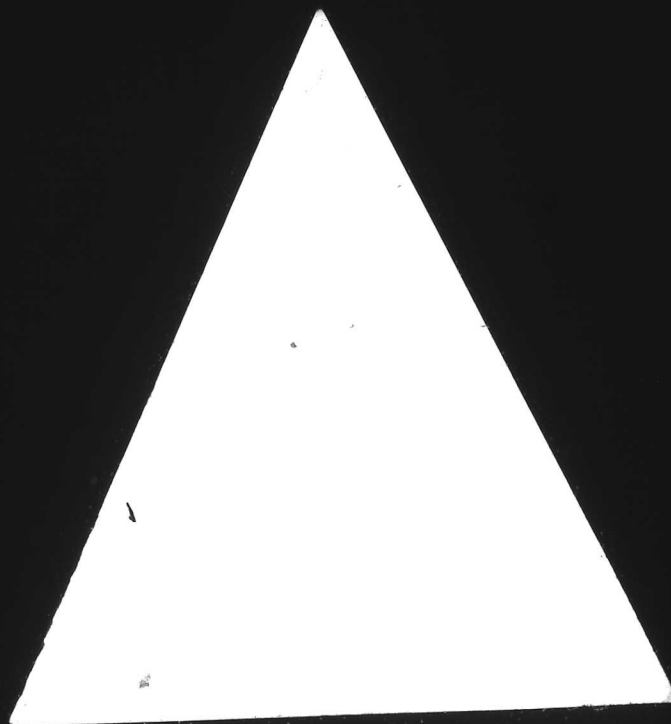
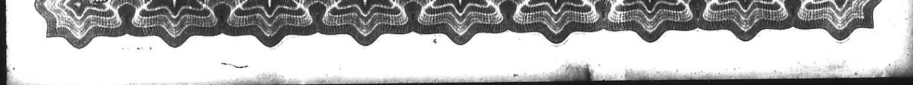
1888

On the 4th day of November in the year of our Lord ~~1888~~

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

page 225 This 29th day of December 1932

J. H. M. Larty
ORDINARY



Permit May 10 1864

noted as Col. May
17, 1864

Green, John M.
Hunters Co. 1864

9/10 1917

No. 1061918

for the State of Georgia
officer 9/10-1917

Confederate

Soldier's Application.

UNDER ACT 1916.

County Fulton

Name John M. Green

Company A Co

Regiment 8th Caval

Approved

J. W. LINDSEY.
Commissioner of Prisons.

CLAS. P. BYRD, State Printer, Atlanta.

1-8-19

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Fullerton County.

I, *John McHenry* of said State and County, hereby apply for the pension provided by Act of 1910, to Confederate Soldiers, and submit 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).
John McHenry 95 East North Avenue Atlanta Ga
2. How long and since when have you been a continuous resident citizen of this State?
all my life
3. Did you enlist in the Army of the Confederate States or of 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).
May 1864 Marietta Ga Company A 1st Georgia Cavalry
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge).
until May 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service?
in Georgia
7. Were you actually present with your Command when it was surrendered or discharged?
Yes
8. If you were not actually present, state specifically and clearly where you were.
9. Where was your Command when you left it?
Disbanded in Augusta Georgia
10. When did you leave the Command?
About May 1st 1865
11. For what cause did you leave?
For's Surrender
12. By whose authority did you leave?
Genl Robt Lee
13. For how long was your leave granted? In what way?
14. Why did you not return to your Command after leave expired?
Was closed
15. In what way were you prevented?
None
16. What efforts did you make to return?
17. Were you captured during the war?
No
18. If so, when, and where? In what prison were you held and when were you released?
19. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1908? (Make list by items and value.)
nothing except what was mortgaged for debts and otherwise closed out to pay debts and has assumed property of indeterminate
20. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?
Only as above
21. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and its cash value? (Make itemized list).
None
22. What annual or monthly income or earnings of yourself and the source derived have you?
My earnings on Commission - not regular nor of large amount
23. Are you drawing a pension of any amount from this State or the United States?
No
24. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
No

Sworn to and subscribed before me, this

day of *May*, 1917

Thos H. [Signature]

Ordinary

of *Fullerton* County.

Received May 10 1865
noted and m[?] 10, 1865,

Confederate

Soldier's Application.

UNDER ACT 1910.

County *Fullerton*
Name *John McHenry*
Company *A 1st*
Regiment *Georgia Cavalry*

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CLARK P. REYN, State Printer, ATLANTA.

1-8-17

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Fulton County.

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

1. What is your name and where do you reside? Andrew J. Shropshire
262 Myrtle Street Atlanta Ga
2. How long and since when have you known John Wilkes the applicant?
Since January 1864
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Atlanta Ga
Have known him intimately since 1864
4. When, where and in what Company and Regiment did John Wilkes enlist during war from 1861 to 1865? (Give date and place). 1864 - Atlanta Ga - 7th Regt. Georgia
5. How did you obtain your information of his service?
Was with him all the time
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) About 12 months
7. When and where was his Command surrendered or discharged (give date and place).
Augusta Ga - May 1865
8. Were you personally present at the Surrender? Yes
9. If not, where were you and how came you there?
?
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came him there?
?
12. When did he leave his Command? About May 1865 Where was his Command when he left it? Augusta Ga for what cause did he leave? Surrender
By whose authority did he leave? Genl Robert E. Lee and how long was he granted leave? Indefinitely How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).
I was present & associated with him
13. In what way was he prevented from returning to his Command? Surrender
How do you know? Was present
14. What effort did he make to return to his Command and how do you know?
None
15. Was applicant captured as a prisoner? No If so, when and where?
In what prison was he held? ? and when released?

Sworn to and subscribed before me, this the

8 day of May 1917

Thos H. Jeffries

Ordinary,

of Fulton County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County.

Personally before me comes _____ who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and of the cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant since Nov. 4, 1908? (State it fully by items.)
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full value?
or was it made to obtain a pension?

Sworn to and subscribed before me, this the

day of _____ 1917

Ordinary,

of _____ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I, Thos H. Jeffries Ordinary of said County, certify that I know

the applicant _____ for Pension is the person he represents himself to be and resides in said County. That I also know _____ the witness swearing to the

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

Tax Returns of Fulton County shows that John Wilkes value for tax is in 1908 \$ _____ for 1909 \$ _____ for 1910 \$ _____ for 1911 \$ _____ for 1912 \$ _____ for 1913 \$ _____ for 1914 \$ _____ for 1915 \$ _____

Sworn under my hand and official seal of office this

8 day of May 1917

Thos H. Jeffries

Ordinary,

of Fulton County.

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

13. In what way was he prevented from returning to his Command? Surrender
 How do you know? Was present
 14. What effort did he make to return to his Command and how do you know? None
 15. Was applicant captured as a prisoner no If so, when and where? ✓
 In what prison was he held? ✓ and when released ✓
 Sworn to and subscribed before me, this the 8 day of May 1917 } Andrew J. Shakespeare
Frank H. Gifford Ordinary,
 of Fulton County.

Sworn under my hand and official seal of office this 8 day of May 1917
Frank H. Gifford Ordinary
 of Fulton County.
 NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words
 "You do solemnly swear that you will true answers make to each question asked you and the evidence you
 shall give shall be the whole truth, so help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary and certified by him.
 4. If applicant has no property at all in his possession, use or control of said affidavits of freeholders unnecessary.

John M. Green
Fulton Co.
 For Fulton County

1917

Application for Pension Due Deceased Pensioner (UNDER ACT 1904)

(To pay expenses of last illness and funeral)

Thos H. Gifford Ordinary

For John M. Green

Date of Death Oct 11 1917

Amount \$100.00

Approved and ordered paid

Nov 14, 1917 R. deT. Lawrence
 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.

JOB. W. AWTRY, Pres. & Treas.
 FRANK R. LOWNDER, Vice-Pres. & Mgr.

PHONES WALNUT 7066
 WALNUT 7067

AWTRY & LOWNDES COMPANY FUNERAL DIRECTORS AMBULANCE SERVICE

21 Cain Street, N. W.
 ATLANTA, GA., Nov/4/1917

In Account With

Mr. Clifford Green,
 Montgomery, Ala.

For Mr. John M. Green.	
Oct/11/1917	
Service.	20.00
Hearse.	10.00
One Limousine.	10.00
Grave.	20.00
Vault.	50.00
Pallbearers Gloves.	2.00
Constitution.	3.00
Journal.	3.00
Georgian.	2.00
	<u>121.00</u>

The Fulton County Pensioner, appearing H. R. Bankston of Awtry Lowndes Co. who declares the above bill is true and was for funeral expenses of John M. Green H. R. Bankston sworn to and subscribed before me Nov 17, 1917. Arthur R. McIntosh, C. O.

Application for Pension Due to a Deceased Pensioner

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

(Under Act Approved August 15, 1904)

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes H.B. Bankston
Ordinary of said County, who, after being sworn, on oath
 says that he knew John W. Green of said County, and that said Pensioner
 was on the Pension Roll of said County at the time of death, which occurred in Montgomery, Ala
White Plains, Ga County, in this State, on the 11 day of Oct, 1929,
 and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral
 expenses, which amounted to the sum of \$121.00, per sworn statements fully and completely
 ITEMIZED hereto attached.

Sworn to and subscribed before me,

William B. Bankston Ordinary
Fulton County
 (Seal of Ordinary)

H.B. Bankston

CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, H. B. Bankston Ordinary of said County, do certify
 that I personally know H. B. Bankston of Ordinary County, who is a resident
 citizen of said County, and that said person is of truthful and trustworthy character, entitled to full
 faith and credit; that I also knew John W. Green 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 Fifty (50) Dollars
in said County for 1929, 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 11 day of Oct, 1929

(Seal of Ordinary)

H. B. Bankston Ordinary
Fulton County

INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form:
 "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill.
- 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, properly receipted, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

the root of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 6 day of August, 1929
(Seal of Ordinary) Frank J. [Signature] Ordinary
County

INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill.
- 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached hereto to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, properly receipted, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County, }

I,

of

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

by

Witness my hand and seal this

day of

1895.

Executed in presence of

herely authorize

No. 723

Green Newman
Green Newman
Green Newman
INDIGENT PENSION

1895.

Name *Green Newman*

County *Miller*

Ground

Aug 11 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, Head Printer, ALBANY.

County.

I, _____ hereby authorize _____ of _____ to receive and receipt for the pension allowed and request that he remit same to _____ at _____ by _____ day of _____ 1865.

Witness my hand and seal this _____ day of _____

Executed in presence of _____

STATE OF GEORGIA.

Fulton County

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

1. What is your name and where do you reside? (give State, County and post office) *Herman
Grove, Rider in Fulton Co. State of Ga., Atlanta O. C.*
2. Where did you reside on January 1st, 1864, and how long have you been a resident of this State? *Fulton Co. Ga. from the death of Civil State 1864.*
3. When and where were you born? *May 20th 1820, in Prichard.*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *In the Army*
5. When and where did you enlist? *13th July 1861 in Huntsville Ala*
6. In what company and regiment did you enlist? *Co F 16th Ga.*
7. How long did you remain in that company and regiment? *from 13th July 61 to 9th April 68*
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? *Was never discharged nor ever transferred.*
9. For how long a period did you discharge regular military duty? *from 13th July 61 to 9th April 68*
10. When, where and under what circumstances were you discharged from service? *was discharged from service by the surrender of Ga at Appomattox 9th April 1865*
11. What is your present occupation? *I have no Army*
12. How much can you earn per annum by your own exertions or labor? *\$2000 or perhaps*
13. What has been your occupation since 1865? *Merchandising & trading what I can buy.*
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? *\$4000 would support me might could but not at all*
15. What is your present physical condition and how long have you been in such condition? *I am now nearly 71 yrs old, and have been infirm in various ways since 6th April 1865, was injured at Sanders Creek, by tripping over the ground & being pulled, tottering in very weak, I can't lay on my back.*
16. Upon which of the following grounds do you base your application for pension, viz. first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? *Age & poverty*
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? *For the past 4 or 6 yrs, I have been getting more feeble so much so that I can't earn a support.*
18. What property, effects or income do you possess? *None whatever*
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? *I had nothing in the year of '93 or '94.*
20. In what County did you reside during those years and what property did you then return for taxation? *Resided in Fulton Co., but returned no property for taxation*
21. How were you supported during the years 1893 and 1894? *By my friends and what little I could earn.*
22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *Probably \$1000 or \$1200 per annum and I never have much at all*
23. What was your employment during 1893 and 1894? What pay did you receive in each year? *I fiddled and read & some when I could get a letter money to come in*
24. Are you married and have you a family? If so, in your wife living and how many children have you? Give age and sex of children and their means of support? *I am not married and have no family, but relations, have one cousin in Richmond Ga. No other relatives in America*

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

I have never received a Pension

Sworn to and subscribed before me this the

30th day of March 1895.

W. L. Kachum Ordinary

of *Fulton* County.

Norman Green
Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton County.

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

1. What is your name and where do you reside? *W. H. Wilson - Atlanta Fulton County Ga*

2. Are you acquainted with *Norman Green* the applicant, if so how long have you known him? *Yes - Since July 1861*

3. Where does he reside, and how long has he been a resident of this State? *Atlanta Ga - I have been a resident for over 30 years*

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *Yes - I was member of same Co & Capt*

5. When, where and in what company and regiment did he enlist? *in the Co B of 16th Ga Regt Inf*

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

7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? *from September 1861 until surrender - serving for the most part as a good soldier - discharged when his Army surrendered*

8. What property, effects or income has the applicant? (Give your means of knowledge.) *None*

9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? *None*

10. What is the applicant's occupation and physical condition? *no occupation & physical condition - weak & declining*

11. Is the applicant unable to support himself by labor of any sort, if so, why? *Yes - from age - hard labor & general disability*

12. How was he supported during the years 1893 and 1894? *by friends*

13. What portion of his support for these two years was derived from his own labor or income? *Not over 25%*

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? *his general physical condition - gradual declining health - from age & hard service*

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

Sworn to and subscribed before me, this

the 15th day of April 1895.

W. L. Kachum
Ordinary

W. H. Wilson

Applicant.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton County.

Personally came before me

W. M. Dushaw and *W. A. Smith*

both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have examined carefully *Examined Newman Green* applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

Has Scrofula Kerzina, and that he has a wound of the left arm made by a Minnie ball, leaving one of the muscles of the arm

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

Sworn to and subscribed before me, this

the 30th day of March 1895.

W. L. Kachum *W. A. Smith M.D.*
Ordinary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I, *W. L. Kachum* Ordinary in and for said County, hereby certify that the applicant *Norman Green* resides in said County, and is a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz. *W. H. Wilson, W. M. Dushaw & W. A. Smith* are of trustworthy character and that their statements are entitled to full faith and credit.

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

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

Witness my hand and seal of office, this 15th day of April 1895.

W. L. Kachum Ordinary
of *Fulton* County.

NOTED.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of

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

at _____

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

day of _____ 1897.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

State of Georgia,

County. }

I, _____ hereby authorize

of

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

at _____

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

day of _____ 1898.

[L. S.]

Executed in presence of _____

ACT OF 13 DEC., 1884.

(For Those Already Enrolled.)

No. 36

INDIGENT

Soldier's Pension.

1897.

Name Norman Green
County Fulton

1897.

July 11

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Appel

NO. 352

No date

Name Norman Green
County Fulton

ACT OF 13 DEC., 1884.

(For Those Already Enrolled.)

No. 352

INDIGENT

SOLDIER'S PENSION,

1898.

Name Norman Green
County Fulton

WARRANT ISSUED

1898.

July 11

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Appel

NO. 352

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears Newman Green of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1857; that he is 72 years old and by occupation a Merchant; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of Four years in Company E, of 16th Regiment of Georgia; that his physical condition is as follows: Scrotal Hernia.

that his property consists of the following items: Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of Fulton county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, 11th day of January 1897, Newman Green Ordinary.

STATE OF GEORGIA,

Fulton County.

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

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

Ordinary Fulton County.

NOTE.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears Newman Green of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1857; that he is 72 years old and by occupation a Merchant; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company E, of 16th Regiment of Georgia; that his physical condition is as follows: Scrotal Hernia general debility.

that his property consists of the following items: Nothing

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

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

Sworn to and subscribed before me, this, 12th day of January 1898, Newman Green Ordinary.

State of Georgia,

Fulton County.

I, M. H. Aubrey Ordinary of said County, do certify that I am well acquainted with Newman Green 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 January 1898.

Ordinary Fulton County.

NOTE.—The blank spaces must be filled.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____, hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of _____ (L. S.)

CODE REG. 1284.

(For These Already Enrolled.)

No. 455

INDIGENT

SOLDIER'S PENSION,
1899.

Name *Norman Grier*
County FULTON

WARRANT ISSUED

11/8 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

appd

Geo. W. Lindsey, State Printer, Atlanta.

*Writate
Sylvan, Norman
Fulton County*

CODE REG. 1284.

(For These Already Enrolled.)

NO. 162

INDIGENT

SOLDIER'S PENSION,
1900.

Name *Norman Grier*
County FULTON

WARRANT ISSUED

Jan 10 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

appd

Geo. W. Lindsey, State Printer, Atlanta.

Writate

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1900.

[L. S.]

Executed in presence of _____

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
FULTON County.

Personally appears Norman Green of FULTON County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1851; that he is 74 years old and by occupation a Merchant; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 4 years in Company D, of 16th Regiment of Inf; that his physical condition is as follows:

General debility

that his property consists of the following items _____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of FULTON county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, 16 day of Aug 1899. W. H. Hulsey Ordinary.

State of Georgia,
FULTON County.

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

Given under my official signature and seal, this 18 day of Aug 1899.



W. H. Hulsey Ordinary FULTON County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
FULTON County.

Personally appears Norman Green of FULTON County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1851; that he is 74 years old and by occupation a Merchant; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 4 years in Company D, of 16th Regiment of Inf; that his physical condition is as follows:

General debility

that his property consists of the following items _____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Fulton county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, 15 day of Jan 1900. W. H. Hulsey Ordinary.

State of Georgia,
FULTON County.

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

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



W. H. Hulsey Ordinary FULTON County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of

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

at

by _____

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

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of

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

at

by _____

Witness my hand and seal, this _____ day of _____ 1904.

[L. S.]

Executed in the presence of

(FOR THOSE ALREADY ENROLLED.)

No. 148

INDIGENT

SOLDIER'S PENSION
1903.

Name *Mumman Green*

County

Co. *9* Regiment *16th*

WARRANT ISSUED

120 1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

10/11

Gen. William H. Fisher, Atlanta.

no data
Green, Newman
Fulton &

(FOR THOSE ALREADY ENROLLED.)

No. 200

INDIGENT

SOLDIER'S PENSION
1904.

Name *Mumman Green*

County *Fulton*

Co. *9* Regiment *16th*

WARRANT ISSUED

120 1904

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

10/11

Gen. William H. Fisher, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears Newman Green of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1857; that he is years old and by occupation a Merchant; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company L, of 6th Regiment of Geo; that his physical condition is as follows: I & P

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this day of JAN 20 1903 1903.

Newman Green

Ordinary.

STATE OF GEORGIA,

Fulton County.

I, John H. Wilkinson Ordinary of said County, do certify that I am well acquainted with Newman Green 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 20 1903 1903.

John H. Wilkinson
Ordinary

County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears Newman Green County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1857; that he is years old and by occupation a Merchant; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company L, of 6th Regiment of Geo; that his physical condition is as follows: I & P

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this day of JAN 20 1904 1904.

John H. Wilkinson

Ordinary.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this JAN 20 1904 day of 1904.

John H. Wilkinson
Ordinary

County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____ hereby authorize _____ of _____

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

WITNESS my hand and seal, this _____ day of _____ 1905.

[L. S.]

Executed in the presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

I, _____ hereby authorize _____ of _____

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

WITNESS my hand and seal, this _____ day of _____ 1906.

[L. S.]

Executed in the presence of _____

Fulton County

FORM SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No. *209*

INDIGENT

**SOLDIER'S PENSION
1905.**

Name *Lawman Brown*
County _____
Co. *J. Regiment 16th Regt.*

WARRANT ISSUED
11/8 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Chas

THE PENSION PAYMENT AND RECEIPT CO., ATTORNEYS AT LAW.

no date

*Green, Newman
Fulton Co.,*

FORM SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No. *401*

INDIGENT
**SOLDIER'S PENSION
1906.**

Name *Lawman Brown*
County *Fulton*
Co. *J. Regiment 16th Regt.*

WARRANT ISSUED
11/7 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Chas

THE PENSION PAYMENT AND RECEIPT CO., ATTORNEYS AT LAW.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears William Green of

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 18; that he is 81 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company D, of 16th Regiment of Geo; that his physical condition is as follows: Age and poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 2 day of JAN, 1905. Greenman Green Ordinary.

STATE OF GEORGIA.

Fulton County.

I, Ordinary of said County,

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

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

Ordinary Fulton County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears William Green of

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 18; that he is 81 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company D, of 16th Regiment of Geo; that his physical condition is as follows: Age and poverty

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 2 day of JAN, 1905-1906. Greenman Green Ordinary. Mark

State of Georgia,

Fulton County.

I, Ordinary of said County,

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

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

Ordinary Fulton County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

Grant Newman
Emulton County

COPIES RETURNED 1901.

(For Those Already Enrolled.)

No. *366*

INDIGENT

SOLDIER'S PENSION.

1901.

Name

Newman Grant

County

Fulton

WARRANT ISSUED

1901.

July 16

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

10/16

John W. Lindsey, State Printer, Atlanta.

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Pauline County.

Personally appears Newman Green of Pauline

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1851; that he is 74 years old and by occupation a Merchant that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 4 years in Company C, of 16th Regiment of Pa; that his physical condition is as follows: _____

Mania General Debility

that his property consists of the following items _____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of Pauline county been allowed a pension for the year 1899

Sworn, to and subscribed before me, this the 5th day of January 1901.

John R. Wilkinson Ordinary.

STATE OF GEORGIA,

Pauline County.

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

Given under my official signature and seal, this 5th day of January 1901.

John R. Wilkinson Ordinary Pauline County.



NOTE—The blank spaces must be filled.
NOTE—Affidavit should not be attested before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

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

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

Witness my hand and seal, this _____ day of _____ 1907.

[L. S.]

Executed in presence of _____

(FOR THOSE ALREADY ENROLLED)

No. 340

INDIGENT

SOLDIER'S PENSION
1902.

Name *Thurman Green*

County *Fulton.*

Co. *9* Regiment *16th*

WARRANT ISSUED

1/14 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W

Gen. W. Lindsey, State Prison, Atlanta.

No Data

*Green, Thurman
Fulton Co*

(FOR THOSE ALREADY ENROLLED)

No. 239

INDIGENT

SOLDIER'S PENSION
1907.

Name *Thurman Green*

County *Fulton.*

Co. *9* Regiment *16th*

WARRANT ISSUED

1/14 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W

Gen. W. Lindsey, State Prison, Atlanta.

No Data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears Newman Green of Fulton.

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1887; that he is _____ years old and by occupation a Merchant that he enlisted in the military service of the Confederate States (or of the State of Geo) during the war between the States, and served for the term of 4 yrs in Company 2, of 16th Regiment of Geo; that his physical condition is as follows:

General Debility

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Fulton county been allowed a pension for the year 1 901

Sworn to and subscribed before me, this the _____ day of _____ 1902,

Newman Green

STATE OF GEORGIA,

Fulton County.

I, John R. Wilkinson,

Ordinary of said County,

do certify that I am well acquainted with Newman Green 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 13 1902

Ordinary

Fulton County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears Newman Green of Fulton.

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1886; that he is 83 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company 2, of 16th Regiment of Geo; that his physical condition is as follows: Age & poverty

that his property consists of the following items: No property

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

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

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

John R. Wilkinson Ordinary.

Newman Green

State of Georgia,

Fulton County.

I, John R. Wilkinson,

Ordinary of said County,

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

Given under my official signature and seal this _____ day of _____ 1907.

John R. Wilkinson

Ordinary Fulton County.

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

Fulton County.

I, John R. Wilkinson, Ordinary of said County,

do certify that I am well acquainted with Norman Green
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 13 1902.



John R. Wilkinson
Ordinary Fulton County.

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

I, John R. Wilkinson, Ordinary of said County,

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

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



John R. Wilkinson
Ordinary Fulton County.

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

on roll
Greenberg, Anna
Fulton County, Mo.
July 11, 1910

Widow's Application

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

County *Fulton*
Name *Anna Greenberg*
Widow of *Raphael Greenberg*
Company *3d Bat. Heavy*
Approved *Arty N. C. [Signature]*

J. W. LINDSEY,
Commissioner of Pensions

CHAR. F. BYRD, State Printer, Atlanta.

11/3/1914

STATE OF GEORGIA

County of Fulton

Widow's Application

To the Pension Roll in Her Own Right When
Married Under Act of July 11, 1910.

County of Fulton

Anna Greenberg

Widow of Raphael Greenberg

Residing at 327 West Street
City of N. O. La.

J. W. LINDSEY,
Commissioner of Pensions

CHAS. F. STEIN, State Printer, Albany

**318 Capitol Ave
WIDOW'S AFFIDAVIT.**

STATE OF GEORGIA,
Fulton County.

Personally before me come Anna Greenberg of said County, who, after being duly sworn, on oath says, that she is the widow of Raphael Greenberg whom in the County of Marion State of La. she was married on the 1st day of Aug. 1869 and that she remained his wife, and resided with him to the date of his death in March 1914 and that she has not since his death remarried. At the time of his death he was a resident of Atlanta, Ga. County, in La. said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$60.00 in Fulton County for 1914 per annum, on account of being a soldier in Company 3rd Battalion Heavy Artillery M.C. Troops under Gen. Whiting Regiment. (Volunteers of State Militia)

At the death of Raphael Greenberg was in the use and possession of the following property Left no property

of the cash value of \$none
What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.) none
Acres land none \$none
Horses and Mules none \$none
Hogs, Cows, etc. none \$none
Total cash value of all property none \$none

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since 20 day of Aug. 1894

Sworn to and subscribed before me, this the 19 day of June 1914 Ans. R. Greenberg
John C. Williamson Ordinary,
of Fulton County.

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

STATE OF GEORGIA,
Fulton County.

Personally before me come Vol. Benjamin known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Anna Greenberg who made the foregoing affidavit, is the lawful widow of Raphael Greenberg who died in Fulton County in said State of Georgia on 20th day of May 1914 and that she has not since remarried. That she became the wife of Raphael Greenberg on the 1st day of Aug. 1869 and that she and he had resided together as man and wife continuously since 1st day of Aug. 1869 and that the Raphael Greenberg the same man who was on the pension roll of said State signed from Atlanta County. Fulton when he died.

Sworn to and subscribed before me, this the 19 day of June 1914 Vol. Benjamin
John C. Williamson Ordinary,
of Fulton County.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Fulton County.

Personally before me comes D.A. Ogleburn & Del. Benjamin who after being sworn on oath says, that they are freeholders of said County, and that they know Mrs. Anna Greenberg said County and know her said husband Repled Greenberg at his death on the 24th day of May, 1914 that she and he were in the use, possession and control of the following property at his death to wit: had no property

of the value of \$..... That she is now in the use, possession and control of the following property to wit: none

of the value of \$.....

Sworn to and subscribed before me, this the 19th day of June, 1914

J. H. Wilson Ordinary,
of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton County.

I, J. H. Wilson Ordinary of said County, do certify, that, I know Mrs. Anna Greenberg the applicant for this pension and that she is the person who represents herself to be, and that she is a bona fide continuing resident of said County and was on the June 19, 1914

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

That the tax Books of Fulton County shows that none returned property, to the amount of none for 1908 & none for 1909 & none for 1910 & none

Sworn under my hand and official seal of office this 20th day of June, 1914
(SEAL.) J. H. Wilson Ordinary,
Fulton County.

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1907

Executed in presence of _____

(L. 51)

INDIGENT PENSION.

1907 Dec 1908

Name Raphael Greenberg
County Fulton
Clerk for Paul A. Kandi
Approved _____ 1907

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

Ordinary will write name of Applicant, Survivors and Regiment or Unit as indicated above.
Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr.,
Atlanta, Georgia.

760-1907

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

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

at _____ by _____

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

Executed in presence of _____

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

County.

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

1. What is your name and where do you reside? (Give State, County and Postoffice.)
Raphael Greenberg - Atlanta - Fulton County - Georgia
2. How long and since when have you been a resident of this State? Twenty years - since 1887
3. When and where were you born? Matthaba, Germany - May 13-1842
4. When and where and in what company and regiment did you enlist to serve? April, 1862 at Wilmington, N.C. Company H - 1st Battalion of Heavy Artillery - Troop of Confederate States Artillery
5. How long did you remain in such company and regiment? Until the close of war - and discharge of Battalion in April, 1865
6. When and where was your company and regiment surrendered and discharged? Near Raleigh, N.C. April, 1865
7. Were you present with your company and regiment when it was surrendered? Was present when it was surrendered
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? _____
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing -
10. What has been your occupation since 1865? Working in store & general merchandising
11. Upon which of the following grounds do you base your application for pension, to-wit: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? Age, poverty & infirmity
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? To last four or five years than was made as soon as infirmity in actual shape & infirmity. I am generally weak & broken down - weak & feeble
13. What property, real and personal, or income, do you possess, and its gross value? None
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? None
15. In what County did you reside during those years, and what property did you then return for taxation? Fulton County, Ga. - of my children
16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? My children supported me
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? About \$300 per year - I contribute nothing
18. What was your employment during 1901, 1902, 1903, 1904 and 1905? Feeding chickens - etc.
19. Have you a family? If so, who composes such family? Give their names & support? Have they land, or other property? Their age and how employed? Yes - my wife - age 35 - her name is Sarah - & 3 children - age 29 - her name is Mary - & 2 children - age 35 & 30 -
20. Are you receiving any pension? If so, what amount and for what disability? None
21. Have you ever made an application for pension before? No
22. How many applications have you ever made and under what class? None

Sworn to and subscribed before me this 21 day of May 1907.

Raphael Greenberg
John W. Lindsey
of Fulton County, Georgia.

Applicant.

My daughter, who I have all time together - what is a fine girl - she is an undertaker -

Every question must be answered.

INDIGENT PENSION.

1907 Dec 1908

Raphael Greenberg

JOHN W. LINDSEY

WARRANT HANDED TO

Ordinary and with amount of Pension and amount of back pay allowed thereon.

1907-1908

606-101708

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton County.

I, James M. Waddell of said State and County, having been presented as a witness in support of the application of Raphael Greenberg for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Atlanta Ga
2. Are you acquainted with Raphael Greenberg, the applicant? If so how long have you known him? Since early in 1861.
3. Where does he reside, and how long and since when has he been a resident of this State? Atlanta Ga. 20 years.
4. When, where and in what company and regiment did he enlist, and how do you know? Co. H 1st Batt Army Cavalry, N.C. War between Mexico and U.S. 1861-1862.
5. Were you a member of the same company and regiment? No but was a member of same.
6. How long did he perform regular military duty? From July 1861 to the close of war.
7. When and where was his command surrendered? at Appomattox Court House, Va.
8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? At Appomattox Court House, Va.
- When did he leave his command? At Appomattox Court House, Va. For what cause? War between Mexico and U.S.
- By what authority he left? At Appomattox Court House, Va. How do you know all of this? At Appomattox Court House, Va.

11. What property, effects or income has the applicant? (Give your means of knowledge.) None
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? None
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? None
14. What is the applicant's occupation and physical condition? He is a carpenter and is physically disabled by the war.
15. Is the applicant unable to support himself by labor of any sort; if so, why? Yes he is disabled by the war and is unable to support himself.
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? By his children.
17. What portion of his support for the years was derived from his own labor or income? None

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. as stated by the two doctors, I am not a doctor.

19. Who composes family? What property have they? Children's ages and their earning capacity? as per daughter and mother no property.

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

Sworn to and subscribed before me, this the 29th day of May, 1907, at Atlanta, Ga.
John W. Waddell Witness
John W. Waddell Ordinary, Fulton County

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton County.

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

He is very weak and very much emaciated. His left eye is useless. His right eye is very weak. His incapacity is such as to enable him unable to do manual labor or anything by which he can make a living and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 29th day of May, 1907, at Atlanta, Ga.
John W. Waddell Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I, John W. Waddell Ordinary, in and for said County, hereby certify that the applicant Raphael Greenberg resides in said County, and has been a bona fide resident of this State since the 1st day of May, 1897 and that the witnesses, viz: James M. Waddell

are of trustworthy character, and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed. I further certify that the tax digest of Fulton County shows that applicant returned for taxation in his name in 1901 None Dollars of property; in 1902 None Dollars of property; in 1903 None Dollars of property; in 1904 None Dollars of property; in 1905 None Dollars of property.

In my opinion the foregoing claim is not made in good faith. Witness my hand and seal of office, this 29th day of May, 1907, at Atlanta, Ga.
John W. Waddell Ordinary.

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

15. Is the applicant unable to support himself? Robert is incapable, Mr. Gimborg is totally unable to support himself

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? He was supported by his children

17. What portion of his support for the above years was derived from his own labor or income? none

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code as stated by his two doctors, I am not State it better or blander

19. Who composes family? What property have they? Children's ages and their earning capacity? one daughter and two sons no property

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

Subscribed and subscribed before me, this 29th day of May, 1907. John R. Harrison Ordinary.

John R. Harrison Ordinary, Fulton County

returned for taxation in his name in 1901 _____ Dollars or property; in 1902 _____ Dollars of property; in 1904 _____ Dollars of property; in 1908 _____ Dollars of property.

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

Witness my hand and seal of office, this 29th day of May, 1907. John R. Harrison Ordinary.

of Fulton County.

NOTE.

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

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

3. In every case the ordinary takes notice to the character of the witness, and as to the execution of the proof as above set out.

Widow's Pension
1911-1912
8685

Widow's Pension

UNDER ACT 1910

County *Duluth*

Name *Anna R. Greene*

Widow of *Alfred A. Greene*

St. Louis, Mo.

J. W. LINDSEY

Commissioner of Pensions

Class, 2, First, State Pension

10/12-1915

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

STATE OF GEORGIA,
Fulton County.

Personally before me comes Anna R. Greene 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? Anna R. Greene Atlanta Ga
2. How long and since when have you been a continuing resident of the State of Georgia? 14 Years
3. When, where and to whom were you married? 1874, Rev. C. A. ...
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.) Cavalry
5. When and where did the Commands of your husband surrender or discharge from the army? Discharged at Greenville SC between April 10 & 1865
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?
9. For what cause did he leave his Command?
10. By whose authority did he leave his Command?
11. For how long was he granted leave of absence?
12. What was his physical condition when he left his Command?
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? No
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? Lang. 1875 at Larosa & Texas
18. Were you residing together when he died?
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.) Nothing

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.) None

22. What property of any description of any value have you now? None
Give list and cash value.

23. What are your annual earnings or income from any source and their value? Nothing

24. Have you or your husband heretofore been paid a pension by the State? No
If so, when and for what cause were you or your husband placed on the Roll?

Sworn to and subscribed before me this the 3 day of May 1915 at Atlanta Ga
Ordinary

Widow's Pension

UNDER ACT 1910

Fulton

Anna R. Greene

Widow of Rev. C. A. Greene

of Fulton Co. Ga

J. W. LINDSEY,

Commissioner of Pensions

Class of First State Printer

12/12-1915

Questions for the Witnesses as to Service of Husband and Marriage.
STATE OF GEORGIA, Texas

Larissa County. S. C. Thigpen who after being duly sworn true answers to make, to the following questions answers as follows:

1. What is your name and where do you reside? S. C. Thigpen, Hope Texas

2. How long and since when have you known Anna R. Greene applicant? know her for several years after the war

3. How long and since when has she continuously resided in this State? (Give date.) 10 months

4. When and to whom was she married? to Albert Greene How do you know? know them

5. How long and since when did you know Albert Greene her husband? From 1861 to 1865

6. When and where did Albert Greene the husband of Applicant die? In Larissa Co. Texas about 20 years ago

7. Were the applicant and her husband living together as husband and wife at the date of his death? They were to the best of my knowledge

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

9. When, where and in what Company and Regiment did Albert Greene enlist? He enlisted in Co. F, 9th Texas, in Larissa Co. Texas in the Spring of 1861

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

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Until the war ended

12. When and where did his Command surrender, and was discharged? Disbanded at Greentown, N. C. in April 1865

13. Were you personally present when it was surrendered? Yes If not where were you? I was there

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

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

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

Sworn to and subscribed before me this the 15th day of August, 1913, at Hope County, Texas.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Duluth County. Charles H. Smith who on oath says that they are freeholders of said County and that they know Mary C. Greer of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows:

Personal property None \$
Notes and accounts due None \$
Total None \$

Schedule (B).
We know the property sold or given away since Nov. 4th, 1908, its cash value to be as follows:
Personal property None \$
Money, Notes and Accounts None \$

Schedule (C).
We also know what property she has now in her possession, use and control to-wit:
Acres of land worth None \$
Horses and Mules None \$
Cows and Hogs None \$
Other Property None \$
Income and Earnings None \$

Total Value of all property and effects None \$

Sworn and subscribed before me this the 17th day of Sept, 1913, at Duluth County, Georgia.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Duluth County. Charles H. Smith Ordinary of said County do certify that, I know Mary C. Greer the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov., 1908.

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

That the Tax Returns None Returned for Tax is for 1908 \$ None for 1910 \$ None for 1911 \$ None for 1912 \$ None for 1913 \$ None

Sworn under my hand and official seal of office this 17th day of Sept, 1913.

(SEAL.) Charles H. Smith Ordinary, Duluth County.

(SEAL.)

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

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

3. All affidavits must be made before the Ordinary.

4. Only witnesses who resided prior to first January, 1910, are entitled.

5. Attach certified copies of marriage licenses if obtainable. If not, prove marriage, by some per 2, or by general reputation.

cause did he leave Command? (Give date.) By whose
authority did he leave his Command? and how
long was he granted leave? How do you know all this?

He was there and I was there

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

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

Sworn to and subscribed before me this the

15th day of *August*, 1913

B. C. Thigpen

P. H. Green County Judge Ordinary

of *Sevaca* County *Texas*

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

That the Tax Return Returned for Tax is for
1908 \$ *none* for 1910 \$ *none* for 1911 \$ *none* for 1912 \$ *none* for 1913 \$ *none*
Sworn under my hand and official seal of office this *9th* day of *October*

(SEAL)

Wm. A. H. H. H. Ordinary,
Sevaca County.

(SEAL)

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

WIDOWS APPLICATION

Under Act of 1918--As Amended by Act of 1919, and Constitutional Amendment of 1920.

County Fulton
 Name Eliza Green
 Widow of Wm. A. Green
 Date of Marriage Oct 8 1868
 Company _____
 Regiment 9 Ga. Reg
 Approved Feb 4, 1925

N. E. Harris
 Commissioner of Pensions

10-31-1924

Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY.

I, Thos. H. Buffum Ordinary of said County, do certify that I know Eliza Green 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, 1860; that I also know Wm. A. Green 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 affidavit, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 14th day of Aug 1924
Thos. H. Buffum Ordinary.
 (SEAL OF ORDINARY)
Fulton County

Instructions:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You all swear to be the whole truth. So help you God."
2. Additional affidavits may be attached if facts require a further statement.
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 license if obtainable. If not, prove marriage, by some person, or by general reputation.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary license if obtainable. If not, prove marriage, by some person, or by general reputation.
5. Do not use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is better to handle.

WIDOW'S APPLICATION

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

County Fulton
 Name Eliza Greer
 Widow of Wm A Greer
 Date of Marriage Oct 8 1863
 Company 9 Ga Reg
 Approved Feb 4 1925

N E Harris
 Commissioner of Pensions

70-31-1924

Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY.

I, Thos H Jeffries, Ordinary of said County, do certify that I know Eliza Greer the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know J. A. Greer, the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn to before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 19th day of Aug 1924.
 (SEAL OF ORDINARY) Thos H Jeffries, 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 widows who married prior to January 1st, 1861, are entitled.
- All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
- Attach certified copies of marriage licenses if obtainable. If not, prove marriage, by some person, or by general reputation.
- Fill out the back of the application carefully.
- Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

APPLICATION FOR PENSION BY A WIDOW

Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendment of 1920

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA.

Fulton COUNTY.

Personally appears before me Mrs Eliza Greer of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, and submits testimony to support the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

- What is your name, and where do you reside? (Give Post Office and County)
Eliza Greer 487 Whitehall
- How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia?
all my life 1863 inapekata
- When, where and to whom were you married?
Oct 8 1863. Tinsboro Ga Mrs A Greer
- Have you married since the death of first and soldier husband?
No
- When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service, and give name of Colonel and Captain)
April 1861 in Louisiana 9 Ga Reg
- When and where did the commands of your husband surrender or discharge from the Service?
Near Macon Ga Spring 1865
- Was your husband personally present with his command when it was surrendered or discharged?
No
- If he was not present, state specifically and clearly where he was?
prison
- When did he leave the Command?
Captured
- For what cause did he leave?
"
- By whose authority did he leave?
"
- For how long was his leave of absence granted?
" 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 Command?
prisoners
- Was he captured by the enemy at any time?
yes
- If so, when and where? In what prison was he held and when was he released?
in East Tenn prison Camp Calhoun Ga Oct 1906
- When and where did your first husband die?
prison Camp Calhoun Ga Oct 1906
- Were you residing together when he died?
yes
- If not, how long had you resided apart?
- Are you now a widow?
yes
- Have you or your husband heretofore been paid a pension by the State?
no

If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me, this the

19th day of May 1924
Arthur Marshall Ordinary
 of Fulton County.
 (SEAL OF ORDINARY)

Mrs Eliza Greer
 Applicant.

Questions for Witness as to Service of Husband and Marriage

STATE OF GEORGIA,

Fulton COUNTY.

J. A. Greer of said State and County is hereby presented as a witness in support of the application of Wm. Eliza Greer for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside?
J. A. Greer 716 Jackson St. Atlanta
2. How long and since when have you known Eliza Greer applicant
Since 1867
3. Where does she now reside, and since when has she been continuously, a bona fide, resident citizen of this State? 716 Whitehall St. Atlanta Ga.
4. When and to whom was she married? Yes 1867 How do you know? Engaged
5. How long and since when did you know Wm. A. Greer her husband?
All my life
6. When and where did Wm. A. Greer the husband of applicant, die? Atlanta Ga.
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?
No
9. When, where and in what Company and Regiment did Wm. A. Greer enlist?
Yes in 1861 - 2nd Reg
10. How did you obtain your information of this service? Saw him when he left home
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) about four years
12. When and where was his Command surrendered or discharged? (Give date and place)
Near Macon Ga Spring of 1865 at close of war.
13. Were you personally present with this Command when it was surrendered? No
14. If not, where were you at home and how came you there?
My Command had surrendered
15. Was the husband of applicant personally present with his Command at its surrender? No
16. If not, where was he? prison and how came him there?
When, where and for what cause did he leave his Command? (Give date.) prison
17. By whose authority did he leave his Command? prison
18. and how long was he granted leave?
How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically.) being a brother I kept informed

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

16. What effort did he make to return to his Command and how do you know this?
None was a prisoner

17. Was he captured as a prisoner? Yes if so, when and where? Tennessee
In what prison was he held? Camptown and when released? close of war

Sworn to and subscribed before me, this the
30 day of April, 1924

Arthur B. Markert Ordinary
of Fulton County.

J. A. Greer
(Witness)

(SEAL OF ORDINARY)

by whose order was he granted leave?
and how long was he granted leave? (If of your own knowledge, state clearly
How do you know all that you have stated to be true? (If of your own knowledge, state clearly
and specifically). being a brother I kept informed

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

16. What effort did he make to return to his Command and how do you know this?
None was a prisoner

17. Was he captured as a prisoner? Yes If so, when and where? East Tennessee
In what prison was he held? Quincy, Ill. and when released? Close of war

Sworn to and subscribed before me, this the

30 day of April 1924

Arthur R. Mabitt Ordinary
of Fulton County

J. A. Gruen
(Witness)

(SEAL OF ORDINARY)

Pension office
12/1-1913

Appoint waste
owner of Prop
of Court nation

1916-1916 in
years of 1916

Commence gain the
cases of cases

then be accomplish
the 7a Bureau

The case is not
to be taken upon the
case must not
allow it

Edw. L. Lull
Caring Case

Widow's Pension

UNDER ACT 1916

Tuition

James R. Green

W. R. Green

I. W. HENRY
Commissioner of Social
Security

12/1/13

of Franklin County

9/29/13

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

STATE OF GEORGIA,

County.

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

1. What is your name and where do you reside? W. C. Underbrook, 1012 S. 1st St., Savannah, Ga.
2. How long and since when have you known Samuel Green applicant? seven
3. How long and since when has she continuously resided in this State? (Give date.) since 1913
4. When and to whom was she married? W. C. Underbrook How do you know? married within
5. How long and since when did you know W. C. Underbrook her husband? from 1913 to death
6. When and where did W. C. Underbrook the husband of Applicant die? 1917, from pneumonia, Columbia, SC
7. Where the Applicant and her husband living together as husband and wife at the date of his death? yes
8. If not, how long did they live apart before his death?

Were they divorced? no divorce in this State

9. When, where and in what Company and Regiment did W. C. Underbrook enlist? In Abbeville County SC. Co. 1st, 1st Regt. Rifles

10. Were you a member of the same Company? Same Regt. Co. 1st & Co. 2nd

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from date of enlistment to surrender

12. When and where did his Command surrender, and was discharged? 9th April 1918, Appalachee, Ga.

13. Were you personally present when it was surrendered? yes If not where

you were and how came you there?

I was talking to him when we were flying over his lines

14. Was the husband of applicant personally present at surrender? yes If not

where was he? when, where and for what

cause did he leave Command? (Give date.) By whose

authority did he leave his Command? and how

long was he granted leave? How do you know all this? I was

with him almost every day

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

Command? —

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

own knowledge or how? —

Sworn to and subscribed before me this the 12th day of July, 1918

W. C. Underbrook Notary,

of Anderson County,

SC.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

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

Personal property	<u>Home & Bank Stock</u>	\$ <u>2200</u>
Notes and accounts due		\$
Total		\$ <u>2200</u>

Schedule (B).

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

Personal property	\$ <u>2200</u>
Money, Notes and accounts	\$

Schedule (C).

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

Acres of land	worth	\$
Horses and Mules		\$
Cows and Hogs		\$
Other property		\$
Income and earnings		\$
Total Value of all property and effects		\$ <u>20</u>

Sworn and subscribed before me this the 21 day of July, 1918

W. S. Lupton
Chas. H. Anderson Notary,
1012 S. 1st St., Savannah, Ga. County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

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

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

That the Tax Returns Kulturn do Returned for Tax is for 1908 \$ — for 1910 \$ —

Sworn under my hand and official seal of office this 26th day of Sept

1918

SEAL. John P. Wilkinson Ordinary,

(SEAL.) Kulturn County

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will give accurate answers 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 deemed necessary. 3. All affidavits must be made before the Ordinary. 4. Only widows who married prior to first January 1910 are entitled. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

cause did he leave Command? (Give date.) _____ and how
authority did he leave his Command? _____
long was he granted leave? _____ How do you know all this? *I was*
with him almost every day

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

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

Sworn to and subscribed before me this the _____
12th day of *July* 1913 | *W. C. C. Brook*
Ordinary
of Anderson County.
St.

County and was in the full pay, 1908. _____ the witness who swears
to the service of husband, and _____ who are
freeholders. That all of them are now residents of said County and were duly sworn by me before signing
the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to
full faith and credit.

That the Tax Returns *Kultun* *do* Returned for Tax is for
1908 \$ _____ for 1910 \$ *none*

Sworn under my hand and official seal of office this *20th* day of *Sept*
1913

SEAL. *John R. Worthington* Ordinary
Kultun County

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

Ordinary's Certificate

STATE OF GEORGIA

Frederick

COUNTY

I, *Frederick* Ordinary of said County, certify that I know

Frederick for pension in the person he represents himself to be and

residing in said county *Frederick*

residing in said county and was duly sworn by *Frederick*

and that *Frederick* and *Frederick* and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

privileges of said county and territory and *Frederick* are entitled to full rights and

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County *Frederick*

Name *Joe A. Green*

Company *A*

Regiment *5th Regt*

Approved *John W. Clark*

Commissioner of Pensions
12-8-1919

J. W. LINDSEY,
Commissioner of Pensions.

Ward Printing Co., State Printers, Atlanta.

10/28-19

By *Frederick* my hand and official seal of office this 19 day of Sept 1919
of *Frederick* County } Ordinary
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall answer applicant and witnesses in the following words:
"Yes, or solemnly swear that you will now answer truthfully to each of the questions asked you and the evidence
you produce in support of your application."
2. Additional questions may be asked if such person are insufficient.
3. The Ordinary shall not be held responsible for the Ordinary of the county in which the applicant or witness resides and
must be certified by such Ordinary.

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY, }
I, Thos. H. Jeffries Ordinary of said County, certify that I know
the applicant Joe A. Greer for pension is the person he represents himself to be and
resides in said county. That I also know his the witness my clerk
residence; that he has residents of said county and were duly sworn by me before signing the foregoing
affidavits and they are truthful and trustworthy and their statements are entitled to full faith and
credit.

Sworn under my hand and official seal of office this 19 day of Sept 1922
Thos. H. Jeffries 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 if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and
must be certified by such Ordinary.

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

Questions For Applicants to Answer

STATE OF GEORGIA,

Fulton COUNTY, }
Joseph A. Greer 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) Joe. A. Greer, 216 N. Jackson St., Atlanta, Ga.
2. How long and since when have you been a continuous resident citizen of this State? All my life except 15 yrs. spent in Ala. in the eighties
3. Did you enlist in the Army of the Confederate States or in the organized militia of the 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) Early part of 1865, West Point, Ga. Co. "A" under General Tyler
5. How long did you remain in the actual military service with said Company and Regiment? (Give
date of discharge) three or four months
6. When and where was your Company and Regiment surrendered or discharged from the Service?
West Point, Ga., April 1865
7. Were you actually present with your command when it was surrendered or discharged? Yes
8. If you were not actually present, state specifically and clearly where you were

a. Where was your command when you left it? Never left command until after surrender.
Enlisted in last draft, was not quite sixteen when I entered and served
until after the general surrender under General Tyler and was under him
b. When did you leave the command? when he was killed at West Point
c. For what cause did you leave?
d. By whose authority did you leave?
e. For how long was your leave granted? In what way?
f. Why did you not return to your command after leave expired?
g. In what way were you prevented?
h. What effort did you make to return?
i. Were you captured during the war? No
j. If so, when, and where? In what prison were you held and when were you released?
9. Are you drawing a pension of any amount from this State or the United States? No
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was
not allowed? Never applied

Sworn to and subscribed before me, this

19 day of Sept 1922

Arthur R. ... Ordinary
of Fulton County
(SEAL)

Confederate Soldier's Application

Under Act 1910-As Amended by Act of 1919.

No. 1
County Fulton
Name Joe A. Greer
Company A
Regiment 5th Inf 1st
Approved John W. Clark
Commissioner of Pensions
12-8-22

J. W. LINDSEY,
Commissioner of Pensions,
Byrd Printing Co., State Printer, Atlanta.

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes
Jos. A. Greer, who upon oath says:

That he was a member of Co. "A" of Inf. Under General
Tyler and served under General Tyler for three or four months before
the surrender in April 1865. That he was not quite sixteen years of
age when he enlisted and was not able to perform the full six months
military service on account of the surrender.

That he was 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 and is, therefore,
unable to prove his service in the Confederate Army.

Sworn to and subscribed before me
this September 19, 1922.

Arthur R. Hazen CCB

Questions for Witness as to Service

STATE OF GEORGIA.

COUNTY.

..... of said State and County is hereby presented
as a witness in support of the application of for the pension provided
by the Act of 1910, as amended by the Act of 1913 in said State, and, after being sworn true answers to
make to the questions propounded, answers as follows:

1. What is your name and where do you reside?
2. How long and since when have you known the applicant?
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State,
and how do you know?
4. When, where and in what Company and Regiment did enlist during
war from 1861 to 1865? (Give date and place.)
5. How did you obtain your information of this Service?
6. How long within your own personal knowledge did he perform actual military service with this
Company and Regiment? (Give date.)
7. When and, where was his command surrendered or discharged (give date and place)
8. Were you personally present at the surrender?
9. If not, where were you and how came you there?
10. Was the applicant personally present with his command at surrender?
11. If not where was he and how came him there?
12. When did he leave his command? Where was his command
when he left it? For what cause did he leave?
By whose authority did he leave and how
long was he granted leave? How do you know
all that you have stated to be true? If of your own knowledge, tell clearly and specifically
13. In what way was he prevented from returning to his command?
How do you know?
14. What effort did he make to return to his command and how do you know?
15. Was applicant captured as a prisoner? If so, when and where?
In what prison was he held? and
when released

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

Ordinary
of County.
(SEAL)

OFFICE OF
THE DIRECTOR

688

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

September 30, 1922.

Mr. Joseph A. Greer,
216 N. Jackson Street,
Atlanta, Georgia.

Dear Sir:

In compliance with the request of Honorable
William D. Upshaw, I give you below a statement of the data
shown for the family of Young Greer at the Census of 1860,
as returned by Assistant Marshal D. W. Howell, of the 697
District of Troup County, Georgia:

Name	Age
Young Greer	38
Eliza "	32
James "	12
Alonso "	10
Emeline "	8
Proston "	7
Taylor "	6
Joseph "	2

Very truly yours,

[Signature]
Director.

033:ELJ

J. G. TRUITT
CHIEF CLERK AND CHIEF STENOGRAPHER
LAGRANGE, GEORGIA

LaGrange Ga Sept/22/1922

Dear Joe;

I am enclosing herewith another affidavit, which

I hope will be of service to you.

Your Old Comrade

J. G. TRUITT
By *[Signature]*

J. G. TRUITT
CHIEF CLERK AND CHIEF STENOGRAPHER
LAGRANGE, GEORGIA

LaGrange Ga Sept/22/1922

Dear Joe;

I am enclosing the Affidavit asked for.
I hope you will be able to use it to advantage. The Gov. is paying out
thousands of money that is not half as deserving as this.

I would love to see you. I will try to call you up
the next time I am in Atlanta, and we will talk about some of the
things that happened in the early Sixties.

JGT/L

Your Old Comrade.

[Signature]

State of Georgia
Troup County.

Sept/22/1922

TO WHOM IT MAY CONCERN:

Personally appeared before me *[Signature]*
who testifies in this affidavit that Mr. Joseph A. Greer entered
the State Militia Service under the call of the State Governor, Joseph
Brown, in the year 1864 and did serve in that war for a period be-
tween the months of December 1864 and April 1865. That he was in
Captain Lem Hardy's Company which surrendered at West Point Ga. in
April 1865, and is entitled, we believe, under the State law to a
Pension.

Signed

[Signature]

In witness whereof

Sept/22/1922

Witnessed by

[Signature] Deputy Clerk
[Signature] Troup Sup. Court.



Dear Joe; I am enclosing herewith another affidavit, which

I hope will be of service to you.

Your Old Comrade

By J. G. Truitt

By J. G. Truitt

Witnessed by
C. M. Ruston, Notary Public
Franklin County, Ga.



SEP 10 1900
FRANKLIN COUNTY
GEORGIA

My father-in-law Mr. Joseph A. Greer is applying for the Confederate pension in Georgia. It is desired that the exact date of his birth be proven, and I know of no source of this proof except the Census records, and I would be greatly obliged if you would obtain for me some certification of this date of birth and send it to me at once.

Mr. Greer was living at 216 Jackson St., Fourth Ward, Atlanta, Ga., and after the Atlanta fire was, for a few years, living at Decatur, DeKalb County, Ga.

September 10, 1900.

Troup County,
State of Georgia.

To Whom It May Concern:-

Personally appeared before me J. G. Truitt who testifies in this affidavit that Mr. Joseph A. Greer entered the State Militia service under the call of the State Governor, Joseph Brown, in the year 1864 and did serve in that war for a period between the months of December 1864 and April 1865. That he was in Captain Sam Henry's company which encamped at West Point in April 1865 and is entitled, we believe, under the state law to a Pension.

Signed J. G. Truitt

Attest: My Commission Expires
H. H. Woodard
Ordinary

September 1900.

Dr. W. A. Davis, Statistician
State Board of Health
State Capital

CLASS OF SERVICE	SYMBOL
Telegram	
Day Letter	Blue
Night Message	White
Night Letter	N. L.

If none of these symbols appear after the check number of words) due to a telegram. (Note: No symbol is indicated by the symbol appearing after the check.

WESTERN UNION TELEGRAM

NEWCOMB CARLTON, PRESIDENT GEORGE W. E. ATKINS, FIRST VICE-PRESIDENT

CLASS OF SERVICE	SYMBOL
Telegram	
Day Letter	Blue
Night Message	White
Night Letter	N. L.

If none of these symbols appear after the check number of words) due to a telegram. (Note: No symbol is indicated by the symbol appearing after the check.

RECEIVED AT

922 SEP 30 AM 10 28

W0161 59.1 EXTRA GOVT

B WASHINGTON DC 30 1120A

H K CHAPMAN

384

SEP 30 AM 10 42

50 MARIETTA ST ATLANTA GA

CENSUS BUREAU FINDS NAME OF JOSEPH GREER FROM TROUP COUNTY TWO YEARS OLD IN 1850 HIS FATHERS NAME IS YOUNG MOTHER ELIZA AND BROTHERS JAMES ALONZO PRESTON AND TAYLOR ONE SISTER EMILINE WIRE ME GOVERNMENT COLLECT IF THIS IS CORRECT FAMILY AND I WILL SECURE LETTER WITH DIRECTORS SIGNATURE ALSO GIVE ME GREERS PRESENT ADDRESS MARION UPSHAW SECY.



Green, R.E. 1915
Fulton
County *Wilkes-Barre*

No. _____

Widow's Pension

UNDER ACT 1910.

County *Fulton*

Name *Miss S. Green*

Widow of *R. S. Green*

G. Cobb Leg. of Penn.

J. W. LINDSEY,
Comptroller of Finance.

Gen. S. State Printer

11/31/14

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

STATE OF GEORGIA,

Spalding County.

Personally before me, Mrs. S. E. Green 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. S. E. Green 100 S. Main St. Atlanta
2. How long and since when have you been a continuing resident of the State of Georgia? So far during my life
3. When, where and to whom were you married? Through the Court, in the Jan. 22 - 1862. H. S. Green
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.) 1862 Atlanta, Ga. Co. C. 1st Regt. of Cavalry
5. When and where did the Commands of your husband surrender or discharge from the Army? In April 1865 at Johnson A. C.
6. Was your husband personally present at the time of the surrender or discharge of this Command? Yes
7. If he was not present state clearly where he was? _____
8. Where was his command when he left? _____
- a. For what cause did he leave his Command? _____
- b. By whose authority did he leave his Command? _____
- c. For how long was he granted leave of absence? _____
- e. What was his physical condition when he left his Command? _____
- f. What effort did he make to return to his Command? _____
- g. In what way was he prevented from going back to Command? _____
- h. Was he captured by the enemy at any time? _____
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? _____

- j. When and where did your husband die? June 3 - 1860 Atlanta, Ga
- k. Were you residing together when he died? Yes
1. If not, how long had you resided apart? _____
2. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908? (State same by items.) None

10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None

11. What property of any description of any value have you now? None
Give list and cash value.

12. What are your annual earnings or income from any source and their value? None

13. Have you or your husband heretofore been paid a pension by the State? No
If so, when and for what cause were you or your husband placed on the Roll?

Sworn to and subscribed before me this the 30 day of Oct 1914 Mrs. S. E. Green
John P. Lindsey Ordinary.
of Spalding County.

Widow's Pension

UNDER ACT 1910.

County Spalding

Name Harold S. Green

Widow of R. S. Green

By Attable day of 1914

J. W. LINDSEY

Commissioner of Pensions

State of Georgia

10/31/14

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

Fulton County.

Personally before me comes C. F. A. Dalrymple who after being duly sworn true answers to make, to the following questions, answers as follows: 33 years

1. What is your name and where do you reside? C. F. A. Dalrymple, President of the

2. How long and since when have you known Mrs. S. E. Greer applicant? Don't know

3. How long and since when has she continuously resided in this State? (Give date.) Don't know

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

5. How long and since when did you know R. S. Greer her husband? Since 1861

6. When and where did R. S. Greer the husband of Applicant die? Atlanta Ga June 3-1910

7. Were the applicant and her husband living together as husband and wife at the date of his death? Don't know

8. If not, how long did they live apart before his death? Don't know

Were they divorced? Don't know

9. When, where and in what Company and Regiment did R. S. Greer enlist? Co. G, Colles Ga Regt of Cavalry

entered in 1861 at Atlanta Ga

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

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? 6 months in 1861

12. When and where did his Command surrender, and was discharged? In April 1865 at Kennesaw Ga

13. Were you personally present when it was surrendered? Yes If not where were you _____ and how came you there? _____

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

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? did not leave

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? was there did not leave

Sworn to and subscribed before me this the 18 day of Oct 1914 C. F. A. Dalrymple Ordinary.

of Fulton County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Fulton County.

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

Personal property None \$ _____

Notes and accounts due None \$ _____

Total None \$ _____

Schedule (B).

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

Personal property None \$ _____

Money, Notes and Accounts None \$ _____

Schedule (C).

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

Acres of land worth None \$ _____

Horses and Mules None \$ _____

Cows and Hogs None \$ _____

Other Property None \$ _____

Income and Earnings None \$ _____

Total Value of all property and effects None \$ _____

Sworn and subscribed before me this the 30 day of Oct 1914 J. H. Greer Ordinary.

of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

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

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

That the Tax Returns None Returned for Tax is for 1908 \$ None for 1910 \$ None for 1911 \$ None for 1912 \$ None for 1913 \$ None

Sworn under my hand and official seal of office this 30 day of Oct 1914 J. H. Greer Ordinary.

(SEAL.) Fulton County.

(SEAL.)

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

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

3. All affidavits must be made before the Ordinary.

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

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

his Command? *was no*
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? *was there did not leave*

Swear to and subscribed before me this the *28* day of *Oct* 191*4*
John H. Wilkinson Ordinary.
of *Fulton* County.

Oct 191*4* *John H. Wilkinson* Ordinary.
(SEAL.) *Fulton* County.

(SEAL.)

NOTES 1. Before any questions are answered the Ordinary shall swear applicants and the 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 shall give will be the truth. So help you God?"
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to the January 1870, are entitled.
5. Attach certified copies of marriage licenses if obtainable. If not, prove marriage, by some person, or by general reputation.

JOHN H. WILKINSON
ORDINARY
AND
JUDGE COURT OF ORDINARY
FULTON COUNTY

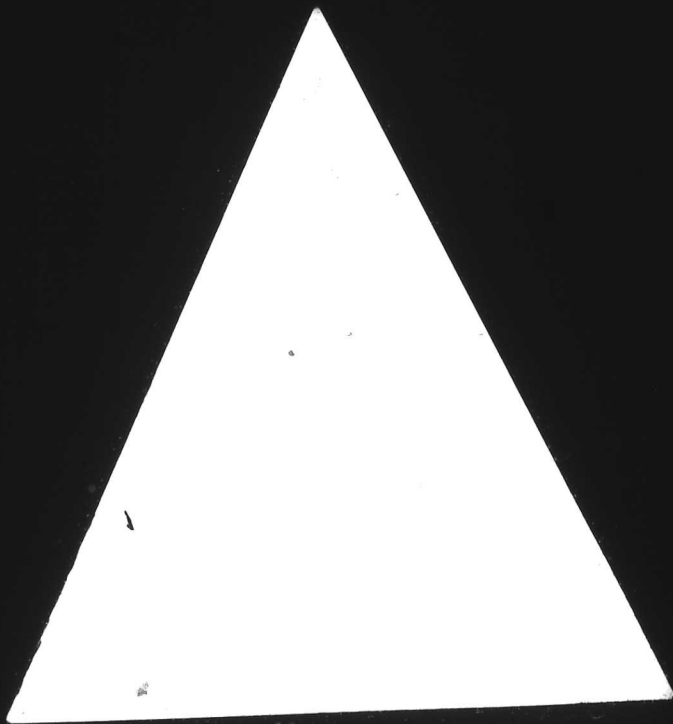
Atlanta, Ga., 1st 30 1914

Georgia Fulton County
Personally appeared before
me R. F. Marden who under
Oath says that he knows of
his own personal knowledge that
Mr. D. E. Green and R. D. Green
lived together as man and wife
forty (40) years continuously
to the time of his death June
30-1910- and further swears
that said Mrs. D. E. Green has
not re-married

R. F. Marden
Sworn to and subscribed before
me this 30 day of Oct, 1914

Arthur R. Marden
C. C. Ordinary

Sworn to and subscribed before
me this 30 day of Oct, 1917
Arthur R. H. about
C. C. Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA.

County, }

I,

of

heretby authorize

to receive and receipt for the pension allowed and unpaid that he shall cause to

by

Witness my hand and seal, this

day of

1866.

State of Georgia

[L. S.]

Recorded in the presence of

(FOR THOSE ALREADY ENROLLED)

No. 436

INDIGENT SOLDIER'S PENSION 1906.

Name, *W. H. Gagg*

County, *Fulton*

Co.,

Regiment

WARRANT ISSUED

1/2 1906

JOHN W. LINDBSEY,

Commissioner of Pensions

WARRANT HANDED TO

The Pensioner's Name and Residence See Sec. 10, Chapter 1000

FOR THE STATE OF GEORGIA, SOLDIER'S PENSIONERS.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County,

Personally appears W. J. Gieggs of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1896; that he is 59 years old and by occupation a carpenter; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company of 1st Regiment of Payton's Battery, 1st Div.; that his physical condition is as follows: Infirmary and poverty

that his property consists of the following items:

of the value of 0 Dollars. I am now earning by my labor, 0 Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 16th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of Fulton County, been allowed a pension for the year 1905.

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

W. J. Gieggs
Ordinary.

State of Georgia,

Fulton County,

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

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

CLERK OF GEORGIA

J. R. Richardson
Ordinary, Fulton County.

Not a blank space must be filled. Note - Affidavits should not be accepted before January 1st, 1906.

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____, hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1907.

[L. S.]

Executed in presence of _____

Ernest M. G.
Fulton Co.

GEORGIA BUREAU 1864.
(FOR THOSE ALREADY ENROLLED)

No. *287*

INDIGENT
SOLDIER'S PENSION
1907.

Name *John W. Eugene*
County *Fulton.*

Rank *Regiment*
WARRANT ISSUED

1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. LINDSEY, COMMISSIONER, ATLANTA.

W. A. G.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County,

Personally appears M. G. Gregg of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1888; that he is 60 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 2 yrs in Company B of the 24th Regiment of Infantry; that his physical condition is as follows: infirmitie & poverty

that his property consists of the following items: _____

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

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

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

John R. Wilkinson Ordinary.

State of Georgia,

Fulton County,

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

Given under my official signature and seal this _____ day of JAN 2 1907.

John R. Wilkinson Fulton County.



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

Fulton County.)

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

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

John R. Williamson,
Ordinary, Fulton County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

Notary Public

I, _____, do hereby certify for the purpose allowed, and require that my seal and the

Witness my hand and seal, this _____ day of _____, 1908.

Executed in presence of _____

Gregory, John L.
Hulton

C.N. No. 1209

INDIGENT PENSION

1908

Name *John L. Gregory*

County *Fulton*

Co. *No 25*

Approved _____ 1908

JOHN W. LINDSEY.

Commissioner of Pensions

WARRANT HANDED TO

Ordinary will verify name of Pensioner and Regiment as here indicated above.

Geo. W. Harrison, Deputy Comm. Albany Ga.

7/27/08

INDIGENT PENSION

1902

John W. Jones
of 25 W. 4th St.

JOHN W. JONES

WATKINS HALL

100

Pension Office 11/19/02 Read above and state clearly date of his death to hospital, from what cause, when admitted to hospital, date of discharge, also state his condition at date of discharge.

[L. R.]

1902

By

to receive and accept for his pension allowed and request that he send same to

being satisfied

(CUREY)

STATE OF GEORGIA

POWER OF ATTORNEY

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

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

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

Executed in presence of

STATE OF GEORGIA

Duluth a COUNTY

_____ of said State and County, desiring to avail himself of the Postponement Act (Section 1264, Code), hereby submits his proof, and after being duly sworn true answers to make to the following questions, deposes and swears as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.)

What is your name and where do you reside? (Give State, County and Postoffice.)

2. How long and since when have you been a resident of this State? Forty (40) years

3. When and where were you born? August 3 1878 Madras (Cann)

4. When and where and in what company and regiment did you enlist or serve? Feb 1862 Tallahassee Fla. "Howell's" 1st Ind. Cav.

6. How long did you remain in such company and regiment?

about 9 months

8. When and where was your company and regiment surrendered and discharged? September 1945

7. Were you present with your company and regiment when it was surrendered? No

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and for how long. *Carried on the Baskinwood River 5 miles below*

Respectfully, Va. 4th Cong. Dist. 1st Dist. at Richmond 10/9

9. How much can you earn (gross) per annum by your own efforts or labor? \$1000

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty" age and poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support.

port. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third state whether you are totally blind and when and where you lost your sight. about 20 years

I now have a cataract forming on my left eye

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

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what

disposition, if any, by sale or gift, have you made of same? none as yet

1. Name of the person or organization: _____

16. In what County did you reside during those years, and what property and you then return for taxation?
I resided in Fulton County, had no property to return for taxation.

16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? *By my father and mother*

17. How much did your supports cost for each of those years, and what portion did you contribute thereto by you?

18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive?

19. Have you a family? If so, who composes such family? Give their means of support. Have they a house?

stand, or other property? Their ages and how employed? Yes, wife 45 - 40

70. 1 0 0 0 1 2 3

20. Are you receiving any pension? If so, what amount and for what disability? None

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

29. How many applications have you ever made and dates with one: _____

14th June 1988

John W. ... Ordinary

of _____ County,

100

Every Question Must Be Answered.

Florida QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Jefferson COUNTY.

R. B. Perchick of said State and County, having been presented as a witness in support of the application of John R. Huggins for pension under section 1284, Code, and after being duly sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside?
Monticello, Georgia
2. Are you acquainted with John R. Huggins the applicant? If so, how long have you known him?
Since about 1868
3. Where does he reside, and how long and since when has he been a resident of this State?
Jefferson Co. Since some time
4. When, where and in what company and regiment did he enlist, and how do you know?
He enlisted in Capt. W. Parham's Co., 12th Regt. Col. 1st Ga. Inf., 1862
5. Were you a member of the same company and regiment?
Yes, 1st Ga. Inf., 12th Regt. Col. 1st Ga. Inf.
6. How long did he perform regular military duty?
Until captured through
7. When and where was his command surrendered?
At Appomattox, Va. 1865

8. Were you present when it surrendered?
No, I was not present.
 9. Was applicant present?
No, he was not present.
 10. If he was not present, where was he?
He was in the hospital at Appomattox, Va.
- When did he leave his command?
At Appomattox, Va. 1865
- By what authority he left?
By the order of the commanding officer.
- How do you know all of this?
As thus and so at the time.

11. What property, effects or income has the applicant? (Give your means of knowledge.)
None.
 12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
None.
- and what disposition, if any, did he make of same?

13. Has he conveyed away any of his property in the last four years? If so, what was it, and to whom?
None.
14. What is the applicant's occupation and physical condition?
He is a farmer and is in good health.
15. Is the applicant unable to support himself by labor of any sort? If so, why?
He is not.
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
As before.

17. What portion of his support for these four years was derived from his own labor or income?
None.
18. Give a full and complete statement of the applicant's physical condition that entitled him to a pension under Section 1284, Code.

19. Who compose family? What property have they? Children's ages and their earning capacity?

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

Sworn to and subscribed before me, this 1st day of Oct 1908.

R. B. Perchick Notary Public.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Jefferson COUNTY.

Personally came before me John R. Huggins and W. B. Perchick both known to me as reputable physicians

of said County, who being severally sworn, say on oath that they have examined carefully

John R. Huggins applicant for pension under Section 1284, Code, and after

each personal examination say that his present physical condition is as follows:

Gravel, right leg, cystitis, arterio-sclerosis, degenerative changes incident to his age, which renders him unable to engage in any other work.

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

Sworn to and subscribed before me, this 1st day of Oct 1908.

John R. Huggins Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Jefferson COUNTY.

I, John R. Huggins Ordinary, in and for said County, hereby certify

that the applicant John R. Huggins resides in said County, and has

been a bona fide resident of this State since the 1st day of Oct 1868.

and that the witness, viz: W. B. Perchick, M.D. and J. R. Huggins, M.D.

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

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

I further certify that the tax of 5 Dollars of

returned for taxation in his name in 1901

Dollars of property; in 1902

Dollars of property; in 1903

Dollars of property; in 1904

Dollars of property; in 1905

Dollars of property; in 1906

Dollars of property; in 1907

Dollars of property.

In my opinion the foregoing claim is not made in good faith.

Witness my hand and seal of office, this 1st day of Oct 1908.

John R. Huggins Ordinary.

Jefferson County.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall first swear under oath to give the true and correct answer to the questions you shall give to me, and you shall not be sworn to give any other answer."

2. Additional questions may be asked if black spots are conspicuous.

3. In every case the Ordinary shall certify to the character of the witness, and as to the execution of the deed at above set out.

20. What interest have you in the recovery of a pension by this applicant?

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

July 1908

at

Jefferson Co. Ga.

W. H. Harrison

Notary

County Clerk

Jefferson Co. Ga.

27 C C 28

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

2. Additional questions may be asked if black points are considered.

3. In every case the Ordinary shall certify to the substance of the witness, and as to the recovery of the grant in above act.

OFFICE OF

Comptroller General,

TAX DEPARTMENT

BALTIMORE

Atlanta, Ga.

1908

Georgia } Personally appears before
 Fulton County } me W. H. Harrison well
 known to me as a Citizen of Fulton County
 who on oath swears he is personally well
 acquainted with J. R. Gregory applicant for pension
 I know he is very poor man, has no property
 nor income, and is physically unable to
 earn a support for himself for many
 years he has been a member of Atlanta
 Camp No. 153, M. C. A. and came to us as
 a Confederate with most honorable record
 He is thoroughly reliable, truthful & trustworthy
 I have seen the testimony of his officers
 and from most reliable evidence I know
 that he was a soldier in the 2nd Florida
 Vol. The Gregory is extremely poor and deserves
 a pension.
 Given & subscribed before me July 2, 1908
 W. H. Harrison
 County Clerk

W. H. Harrison

C. E. 3/4

Atty. General

have seen any evidence of him
and from most reliable evidence I know
that he was a soldier in the 2nd Florida
Vol. The person is extremely poor and deserves
a pension
Secord's statement of facts
me. Feb 2, 1869
Wm. A. M. G. H.
Camp 4000

W. A. Harrison

C. G. 31/2

Aty. 1/11/1869

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 you say, God."

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

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

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

1. What is your name and where do you reside? (Give County and Post-office) *J. W. Gregory E. Ga. Ga.*
2. How long and since when have you been a continuous resident citizen of this State? *Life time*
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? *Enlisted in Confederate State 1861 to 1863*
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) *January 24, 1862, Co. Camilla ga. 861 of 1st Ga. Cavalry, General B. B. Bowens*
5. How long did you remain in the actual military service with said Company or Regiment? (Give date of discharge) *April 22, 1863*
6. When and where was your Company and Regiment surrendered or discharged from the Service? *Charlottesville D. C.*
7. Where 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. *Co. Camilla ga. Co. Mitchell*
9. Where was your command when you left it? *Charlottesville D. C.*
10. When did you leave the command? *Sept 23 1863*
11. For what cause did you leave? *Bad health*
12. By whose authority did you leave? *General B. B. Bowens*
13. For how long was your leave granted? In what way? *in Dunakinsia of the war on Bad health*
14. Why did you not return to your command after leave expired? *Bad health*
15. In what way were you prevented? *as Bad health*
16. What effort did you make to return? *None*
17. Were you captured during the war? *no*
18. If so, when, and where? In what prison were you held and when were you released? *N*
19. Are you drawing a pension of any amount from this State or the United States? *no*
20. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *no*

Sworn to and subscribed before me, this the

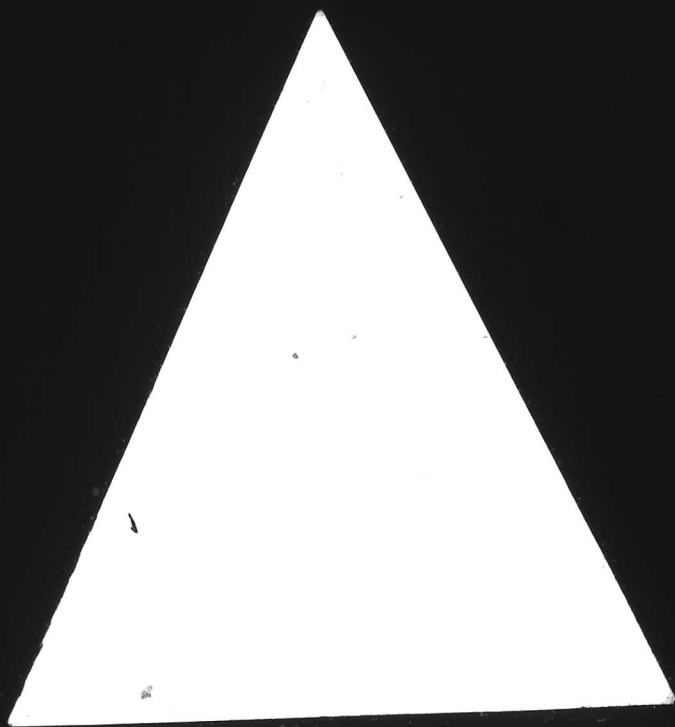
13 day of May 1921 }
 Alameda Marine }
 Ordinary }
 of Eureka County }
 (SEAL)

Sworn to and subscribed before me, this the 13 day of May, 1921 } J. W. S. S. S.
Leah M. S. S. Ordinary } mass
of Frederick County. }
(SEAL)

Sworn to and subscribed before me
this May 13, 1921.

William R. L. L. L.
COORDINARY FULTON COUNTY, GA.

his
J. W. Gregory
man,



1-10-1917
Wm. D. Deady
Cousin of R.

It seems that applicant enlisted again at [redacted] and served and states when he enlisted, and in [redacted] how he got out of the service accountings [redacted] the war. Then prove all such amendments, [redacted] own knowledge knows.

UNDER ACT 1910.

J. W. LINDSEY,
Commissioner of Prisons

CHAS. P. BYRD, State Printer, Atlanta

10/13-1916
1/5-1917

It seems that applicant enlisted again after discharge from World War I and now he got out of the service accounting for himself honorably to the end of the war. Then prove all such amendments to be true by someone who of their own knowledge knows. J. W. Landry, Council President

I again asked the large "Bum-bum" Negro
 to go to the "Bum-bum" and in "Bum-bum"
 accounting for his time. He replied to the
 "Bum-bum" to be true. Some one who of their
 J. W. Sanders. Com. of Extensions.

UNDER ACT 1910

Confederate

7. *M. l. l.*

John A. Greenbaum

.....

Baroness Peel

Read Study

J. W. LINDSEY

Contributors of Pension

CHAS. F. BYRD, State Printer, Atlanta

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

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

- prohibited, and
1. What is your name and where do you reside? (Give County and Post-office). Atlanta &c
John N. Freshman, Fullow
2. How long and since when have you been a continuous resident citizen of this State?
7 1/2 yrs & 4 months
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1867?
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service). Carter's Regt. 6 Mo. Sh. Troops
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge). from the 16th Oct 1861 - 12 Nov 14 1864
6. When and where was your Company and Regiment surrendered or discharged from the Service?
at Savannah
7. Were you actually present with your Command when it was surrendered or discharged? yes
8. If you were not actually present, state specifically and clearly where you were.
present
- a. Where was your Command when you left it? Richmond Va
- b. When did you leave the Command?
because was ordered to transfer to Company 18th Regt. 1st Div. 1st Corps
- c. For what cause did you leave? 6 months had expired
- d. By whose authority did you leave?
term was out
- e. For how long was your leave granted? In what way?
- f. Why did you not return to your Command after leave expired? because discharged
- g. In what way were you prevented?
- h. What effort did you make to return? no longer in Service
- i. Were you captured during the war? no
- j. If so, when, and where? In what prison were you held and when were you released?
no
9. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1901? (Make list by items and value, and where situated)
in national house & lot
on Fairburn Co. Val \$1,900
one thousand & 90
10. What property of any kind have you disposed of and for what purpose since 4 Nov. 1901. To whom and for what price? Had Cooper about 40 property
October 1910
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and its cash value? (Make itemized list). none
12. What annual or monthly income or earnings of yourself and the source derived have you?
Salary Gen. Insurance Co \$100.00 pay Hermit
13. Are you drawing a pension of any amount from this State or the United States? no
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
no

Sworn to and subscribed before me, this the

27 day of Sept 1914

Patrick W. Batham ^{Ord} Ordinary

of Franklin County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

Breene County.

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

1. What is your name and where do you reside? John D. Andrews and wife reside near Greensboro, Greene Co Ga
2. How long and since when have you known John H. Graham the applicant? I have known him since 1861
3. Where does he now reside, and since when has he been a bona fide, contiguous resident in this State and how do you know? He resides in Atlanta Ga and has been a bona fide resident of Brene Co Ga because I have known him since during war from 1861 to 1865? (Give date and place) Ennis 6 months State Troop
4. When, where and in what Company and Regiment did Company Reynolds enlist during war from 1861 to 1865? (Give date and place) Ennis 6 months State Troop
5. How did you obtain your information of this Service? because I was in the same company with him
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Six (6) months
7. When and where was his Command surrendered or discharged (give date and place) At the end of 6 mos month at Darremah Ga
8. Were you personally present at the Surrender? yes
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender? yes
11. If not where was he and how came him there?
12. When did he leave his Command? after Surrender Where was his Command when he left it? for what cause did he leave because of the Surrender
By whose authority did he leave the time was not and how long was he granted leave? I do not know How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) from my personal knowledge
13. In what way was he prevented from returning to his Command? the war discharge How do you know? at the end of 6 months
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner? no If so, when and where? no
In what prison was he held? no and when released?

Sworn to and subscribed before me, this the

25th day of September 1911

Geo. B. Morritt Ordinary,

of Breene County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Fulton County.

Personally before me comes J. H. Lewis who on oath says that they are freeholders residing in said County and we know John H. Graham the applicant for pension and we know the property that is now in the use, possession and control of himself and of its cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant since Nov. 4, 1905? (State it fully by items.) No interest in house owned by me in Atlanta

2. When and to whom was it sold or given to? the house Oct 1910
3. What was the price paid or stated to be paid? 1500
4. What relation is the party to applicant? No relation
5. What disposition was made of the proceeds of the sale? used it to pay for
6. Was the disposition of this property made in good faith and full value? yes or was it made to obtain a pension? not to obtain a pension

Sworn to and subscribed before me, this the 24th day of Sept 1911.

John H. Lewis Ordinary, Geo. B. Morritt of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton County.

I, Thos H. Jeffries Ordinary of said County, certify that I know the applicant J. H. Graham for Pension is the person he represents himself to be and resides in said County. That I also know J. H. Lewis the witness swearing to the service and J. H. Lewis who are freeholders, that they are all residents of said County and were duly sworn by me before signing the affidavits and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of Fulton shows that
value for tax is in 1908 \$ 50 for 1909 \$ 60 for 1910 \$ 60
for 1911 \$ 70 for 1912 \$ 70 for 1913 \$ 70 for 1914 \$ 70 for 1915 \$ 70

Sworn under my hand and official seal of office this 7th day of Oct 1911.

Thos H. Jeffries Ordinary, Fulton County.

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

[illegible]

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

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

1. What is your name and where do you reside? (Give County and Post-office) John H. Garrison Fulton Co Atlanta Ga
2. How long and since when have you been a continuous resident citizen of this State? all of my life 28 years
3. Did you enlist in the Army of the Confederate States or of 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) October 1861 Atlanta Ga 6th Regt the Big State Troop
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) April 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? Augusta Ga
7. Were you actually present with your Command when it was surrendered or discharged? Yes
8. If you were not actually present, state specifically and clearly where you were. I was present
- a. Where was your Command when you left it? Prison left it
- b. When did you leave the Command? William Lee surrendered
- c. For what cause did you leave? the war was over
- d. By whose authority did you leave? None
- e. For how long was your leave granted? In what way? None
- f. Why did you not return to your Command after leave expired? the war was over
- g. In what way were you prevented? None
- h. What effort did you make to return? None
- 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? None
9. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1908? (Make list by items and value.) 40 cents in cash
10. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and its cash value? (Make itemised list).
12. What annual or monthly income or earnings of yourself and the source derived have you?
13. Are you drawing a pension of any amount from this State or the United States?
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?

Sworn to and subscribed before me, this the

day of

191

Ordinary

of County.

Confederate

Soldier's Application.

UNDER ACT 1910.

No.

John H. Garrison
Fulton County

County

Name

Company

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. F. STEIN, State Printer, Atlanta.

1916

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Morgan County.

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

1. What is your name and where do you reside? A. H. Winters
Milledgeville, Ga.
2. How long and since when have you known John H. Graham the applicant? About 55 years
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? He now resides in Atlanta, assistant of the State all of his life, because I know him intimately
4. When, where and in what Company and Regiment did John H. Graham enlist during war from 1861 to 1865? (Give date and place) He joined him in Atlanta he already being in service I joined him in July 1864
5. How did you obtain your information of this Service? By being with him in said service from July 1864 to the surrender in April 1865
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) I know from July 1864 to April 1865
7. When and where was his Command surrendered or discharged (give date and place) April 1865 at Augusta, Ga.
8. Were you personally present at the Surrender? Yes
9. If not, where were you and how came you there? I was right there
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came him there? He was present
12. When did he leave his Command? March left it Where was his Command when he left it? Milledgeville for what cause did he leave? Surrendered By whose authority did he leave? War was over and how long was he granted leave? None How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) of my own knowledge I saw him together
13. In what way was he prevented from returning to his Command? As Command How do you know? See said quit bags
14. What effort did he make to return to his Command and how do you know? None
15. Was applicant captured as a prisoner? No If so, when and where? No In what prison was he held? None and when released?

Sworn to and subscribed before me, this the

30 day of Sept 1916

A. H. Winters

Ordinary,

of Morgan County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County.

Personally before me comes _____ who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and of its cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant since Nov. 4, 1908? (State it fully by items.)
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the

_____ day of _____ 1916

Ordinary,

of _____ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, _____ Ordinary of said County, certify that I know the applicant _____ for Pension is the person he represents himself to be and resides in said County. That I also know _____ the witness swearing to the service and _____ who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavits and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of _____ shows that:

value for tax is in 1908 \$ _____ for 1909 \$ _____ for 1910 \$ _____ for 1911 \$ _____ for 1912 \$ _____ for 1913 \$ _____ for 1914 \$ _____ for 1915 \$ _____

Sworn under my hand and official seal of office this _____ day of _____ 1916

Ordinary,

of _____ County.

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

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

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

Sworn under my hand and official seal of office this 15 day of Oct 1919

T. H. Jeffers 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 if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by each Ordinary.

Soldier's Application

Under Act 1910-As Amended by Act of 1919.

County Fulton
Name J. H. Grasham
Company 2nd
Regiment 1st Ga. State Rifles
Agent

J. W. LINDSEY,

Commissioner of Pensions.

Special Printing Co., State Printing, Atlanta.

10-23-1919

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

Questions For Applicants to Answer

STATE OF GEORGIA,

Fulton COUNTY.

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

1. What is your name and where do you reside? (Give County and Post-office) J. H. Grasham, 320 Myrtle St., Atlanta, Ga.
2. How long and since when have you been a continuous resident citizen of this State? All my life
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) July 15, 1864, Macon, Ga., 2nd, 1st Ga. State Rifles
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) From enlistment to surrender
6. When and where was your Company and Regiment surrendered or discharged from the Service? April 1, 1865, Augusta, Ga.
7. Were you actually present with your command when it was surrendered or discharged? Yes
8. If you were not actually present, state specifically and clearly where you were. Never left command until after surrender
9. Where was your command when you left it?

10. When did you leave the command?
11. For what cause did you leave?
12. By whose authority did you leave?
13. For how long was your leave granted? In what way?
14. Why did you not return to your command after leave expired?
15. In what way were you prevented?
16. What effort did you make to return?
17. Were you captured during the war? No
18. If so, when, and where? In what prison were you held and when were you released?
19. Are you drawing a pension of any amount from this State or the United States? No
20. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Refused on account of property about two years ago

Sworn to and subscribed before me, this the

7 day of October 1919

J. H. Grasham Ordinary

of Fulton County.

(SEAL)

Questions for Witness as to Service

STATE OF GEORGIA,

Fulton

COUNTY,

A. H. Winter of said State and County of Madison Ga. hereby presented as a witness in support of the application of J. H. Graham for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? A. H. Winter, Madison Ga.
2. How long and since when have you known J. H. Graham the applicant? Over sixty years.
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? Atlanta Ga., and lived in Ga. ever since I have known him.
4. When, where and in what Company and Regiment did J. H. Graham enlist during war from 1861 to 1865? (Give date and place). July 15, 1864 Macon Ga., Co. "E", 1st Ga. State Line
5. How did you obtain your information of this service? I was member of same company.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date). From enlistment to surrender.
7. When and where was his command surrendered or discharged (give date and place). August Ga., April 1865.
8. Were you personally present at the surrender? Yes.
9. If not, where were you and how came you there? _____
10. Was the applicant personally present with his command at surrender? Yes.
11. If not where was he and how came him there? Never left command until after surrender.
12. When did he leave his command? _____ Where was his command when he left it? _____ For what cause did he leave? _____
13. By whose authority did he leave? _____ How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically. I was member of same company and saw him constantly in service until after surrender.
14. In what way was he prevented from returning to his command? _____ How do you know? _____
15. What effort did he make to return to his command and how do you know? _____
16. Was applicant captured as a prisoner? No. If so, when and where? _____ and when released _____
17. Sworn to and subscribed before me, this day of October 1919, A. H. Winter Ordinary of Fulton County, (REAL)

RECAPITULATED

NAME Oreshan, John H. YEAR 1917 COUNTY Fulton.

WHEN AND WHERE BORN? Resident of Georgia 71 years, 4 months.

ENLISTED WHEN AND WHERE? Oct. 19th, 1901. Does not state where.
 2nd enlistment----- October 1903, Atlanta, Georgia.

RANK:

COMPANY AND REGIMENT? Cowart's Regt. State Troops. (6 months.)
 2nd enlistment --- Company C, 1st Georgia State Troops.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

Discharged March 18th, 1908
 WHEN AND WHERE SURRENDERED? Cowart's Regt., at Savannah, Ga.
Company C, 1st Co. April 1908, Augusta, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: John B. Anderson,- Cowart's Regt.
A. H. Winter,- Same company, No data.
H. P. Williams,- In service with applicant.

NAME Oreshan, John H. YEAR 1908 COUNTY Fulton.

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

ENLISTED WHEN AND WHERE? July 15, 1884 at Macon, Ga.

RANK:

COMPANY AND REGIMENT? Co. E, 1st Georgia State Troops

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? April 1908 at Augusta, Ga.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: A. H. Winter-----Same Command-----No data.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES:

John D. Andrews,-
A. H. Winter,-
H. P. Williams,-

Cowart's Regt.
Same company,- No data.
Is service with applicant.
Is service with applicant.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: A.H.Winter-----Same Command-----no data.

Wm. Carson H.
175713
Wm. Carson H.
No. *313* *Fulton Co.*

APPLICATION FOR

Leg

FOR CONFEDERATE SOLDIER.

Wm. Carson H.

County *Fulton*

Indb. *Leg. below knee*

Amount *175*

Date of Warrant *for 19th 1879*

Page

C. C. Cottons Lynn
gr. Inf

E-1752

STATE OF GEORGIA.

Fulton County.)

Personally appeared before me, Samuel G. Grier of the county of Fulton, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a Private in Company C, 10th Georgia Legion, Volunteers that while engaged in such military service, to-wit: at the battle or engagement of Chancellorsville in the State of Virginia on the Third day of May, 1862, he was wounded in the Leg, and that the same was amputated below the knee so that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has supplied himself with an artificial limb done so, he prefers to supply himself with an artificial

Sworn to and subscribed before me this 19th day of December, 1879.
Notary Public for D.C. Samuel G. Grier
Note.—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA.

Fulton County.)

Personally came before me, Luther J. Glenn of the county of Fulton, State of Georgia, who, being duly sworn, deposes and says that he was Private in Company C, 10th Georgia Legion and that A. G. Grier, the above deponent, was a Private in said Company, and that this deponent knows that said A. G. Grier lost a Leg in the military service as said in the above affidavit.

Sworn to and subscribed before me this 19th day of December, 1879.
Luther J. Glenn
Note.—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens must be furnished.

APPLICATION FOR

For Commissioned Service.

Samuel G. Grier

County Fulton

Rank 1st Sgt. Federal Reserve

Age 47

Date of Written Application 19th Decr. 1879

Page 1

A. G. Grier

Sam. G. Grier

1879

AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877.

SECTION I. Be it enacted by the General Assembly of the State of Georgia, That any person now a *bona fide* resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars, for an arm not extending above the elbow, forty dollars; Provided, the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

SEC. II. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the benefits of this Act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not; if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

SEC. III. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this Act oftener than once in five years.

SEC. IV. Be it further enacted by the authority aforesaid, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY R. GOETCHUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 10th, 1879.

A. O. BACON,
Speaker House Representatives.
RUFUS E. LESTER,
President Senate.

ALFRED H. COLQUITT, Governor.

STATE OF GEORGIA,

County.

Personally came.....

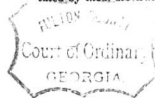
who, being duly sworn, depose and say they are acquainted with.....
.....and know that he lost a in the military service during the late war;
that said..... was amputated.....; that he is a bona fide
citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.
Sworn to and subscribed before me this..... }
.....day of..... 18..... }

STATE OF GEORGIA,

County,

I, *Harriet P. Patten*, Ordinary of *Fulton*

county, do certify that I am well acquainted with..... *Harriet P. Patten*.....
the applicant for a..... *leg*....., and am well satisfied that the facts stated by him in the foregoing
affidavit are true, and that I am well acquainted with..... *Luther J. Glenn*.....
Capt. Captain Company Co. 1st Georgia Legion
the citizen who make this affidavit, that they are respectable citizens of this county, and that the facts
stated by them are true.



Given under my hand and official seal, this..... *19th*.....
day of..... *November*..... 1879.

Harriet P. Patten
Ordinary, &c.

applicant,

SECRETARY: EXECUTIVE DEPARTMENT.

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

STATE OF GEORGIA,

Fulton County.

I, W. B. Leachman Ordinary of said county, do certify that I am well acquainted with C. S. Green the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: _____

are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this 13 day of March 1889

W. B. Leachman
Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County

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

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

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

(L. S.)

Executed in the presence of us: _____

DIRECTION:

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

NOTES.

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

County, Georgia.

Audited *Henry Cox* 1889

225/1m.4p

Voucher No. 1325

Volume 100

Paid to A. H. Greer

For Sac. of Legh.
leg.

Met. 13 1889.

Included in Warrant No.

issued to Treasurer.

1880

WARRANT CLERK

W. J. Campbell, State Prison Constitution Job Office

Applicant

No. 1325

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Mch 13 1889

Mr.

A. G. Grier
Fulton

of the County

having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 21, 1888, and the same having been allowed for

Loss of left leg
He is entitled to receive the sum of One Hundred and 00/100 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 RECEIVED in this voucher, and return same to
Executive Department for warrant.

GOVERNOR

By the Governor

W. A. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred and 00/100

Dollars.

per above voucher, this 13 of March 1889.

A. G. Grier

RECEIVED OF STATE TREASURER, R. C. HARDMAN,
One Hundred and 00/100 Dollars.
per above voucher, this 13 of March 1889.
A. G. Quinn



NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payment of the same, the following suggestions are submitted for the consideration of the Board of Commissioners. If an applicant has been awarded the allowance of the wound should be carefully read, fully as forth by applicant and physicians, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proof to the service, and showing that the disease was contracted for an arm or a leg, unless the arm or leg has been rendered *absolutely 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 be *absolutely and essentially useless*. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

4. If the application is for a wounded arm, the words above quoted, to say that unless the arm is such as to require the constant use of crutch or stick, that the arm is not "substantially and essentially useless."

5. The allowance of a leg must show that the amputation was done *absolutely and essentially useless*.

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

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

Kniffin, Early B.
Sublime A.

No. 1882

APPLICATION FOR ALLOWANCE

for

James of Ohio Kniffin
Applicant *E. F. Kniffin*
County *Shelton*
Amount *5*

Date of Warrant *Apr 8*

Entered on Record *Apr 8*

M. H. H.
RECEIVED BY THE SECRETARY OF THE BOARD

Applicant



NOTES.

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

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

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

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

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

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

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

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears Early A. Griffin of Fulton county, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the 5 day of

May 1888; 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 10th Regiment of La. Cavalry Volunteers Whitely's Brigade; that whilst engaged in such military service, at the battle of Adamsville (Corry's engagement) in the State of Georgia, on the 15 day of May 1864, he was

wounded as follows: In the 3rd finger of left hand, and finger was amputated at second joint, rendering it entirely useless. In July 1863 I had hand mangled when I was killed in the battle of Gettysburg. I was then sent to the hospital and was again sent to the hospital. The missile killed in my left side, formed a cake, which after the war formed an abscess, and it is now a bleeding ulcer on inside, and I am now almost disabled from it. Having to hold up my left side with my hand all the time in walking, and I am unable from it to do any manual labor.

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

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

M. D. Ballman
County

NOTE:—State fully nature of the injury or disease which causes the disability, and explain particularly the extent of the disability.

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

Both County.

PERSONALLY came before me Washington McMillan of the county of Both State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company D, of 10th Regiment of La. Cavalry Volunteers, and that deponent knows Early A. Griffin, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said Early A. Griffin as stated by him in said affidavit. Deponent further states that said Early A. Griffin is a bona fide citizen of this State and resides in Fulton county.

Wm. H. Hone Early A. Griffin W. McMillan

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

STATE OF GEORGIA,

County.

PERSONALLY came

citizens of county, in said State,

who, being duly sworn, say that they are acquainted with

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

Sworn to and subscribed before me, this
day of 188

Note: Above affidavit must be made to three citizens of the county of applicant's residence.

STATE OF GEORGIA,

County.

PERSONALLY comes before me

W. B. Loomis Ordinary of said county,
J. B. Hammond and J. K. Hays both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Early A. Griffin and after such

examination say that the applicant has been injured as follows: That the said Early A. Griffin has sustained the loss of third finger of left hand. We find now that the applicant has, and is suffering from Erysipelas, or Plural Abscess, a result, on the right side, of a disease contracted in the Confederate Army. He said left hand and arm are injured to such an extent that said hand is useless for any kind of labor. At the same time, the result of disease contracted in the Army, Erysipelas, on the right side of the Plural. He said left side is, thereby, rendered substantially and

Sworn to and subscribed before me, this
6th day of April 1889
J. B. Hammond M.D.
J. K. Hays M.D.
W. B. Loomis Ordinary

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

STATE OF GEORGIA,

County.

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

I further certify that 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 6th day of April 1889
W. B. Loomis
Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

In witness whereof I have hereunto set my hand and seal, this 28th day of April 1889

Early A. Griffin (L.S.)
Wm. Gray
Charles E. Parker
Notary Public Fulton County Ga.

STATE OF GEORGIA,

Fulton County.

I, W. L. Latham Ordinary of said county, do certify that I am well acquainted with Early D. Griffin 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 17 day of February, 1890

W. L. Latham
Ordinary Fulton County.

STATE OF GEORGIA,

Fulton County.

I, W. L. Latham Ordinary of said County, do certify that I am well acquainted with Early D. Griffin 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 10 day of Feb, 1891.

W. L. Latham
Ordinary Fulton County.

STATE OF GEORGIA

POWER OF ATTORNEY

Griffin, E. D.
1890.
No. 1456
THE YEAR BEING ENTERED IN THE
OFFICE OF THE
James D. Griffin
Applicant, Early D. Griffin
County, Fulton
Residence, W. L. Latham
Date of Warrant, Feb 19
Entered on record Feb 19
W. L. Latham
No. 1456
THE YEAR BEING ENTERED IN THE
OFFICE OF THE
WARRANT BLANKED TO
W. L. Latham

Griffin, E. D.
1891
No. 1456
THE YEAR BEING ENTERED IN THE
OFFICE OF THE
James D. Griffin
Applicant, Early D. Griffin
County, Fulton
Residence, W. L. Latham
Date of Warrant, Feb 12
Entered on record Feb 12
W. L. Latham
No. 1456
THE YEAR BEING ENTERED IN THE
OFFICE OF THE
WARRANT BLANKED TO
W. L. Latham

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Hull County.
PERSONALLY appears Samuel A. Griffin of Hull 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 1st day of 1877; that he enlisted in the military service of the Confederate States (as of the State of Georgia) during the war between the States, and served as a Private in Company D, of 1st Regiment Volunteers Whitcomb's Brigade; that whilst engaged in such military service, at the battle of Adamsville in the State of Georgia on the 11th day of May 1864, he was wounded as follows: gun shot wound resulting in the loss of the middle finger of the left hand

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

Sworn to and subscribed before me, this the

17th day of Feb 1890

W. L. Callahan
Notary Public for Georgia, 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 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 herunto set my hand and seal, this day of Feb 1890.

Subscribed in the presence of us:

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Hull County.
PERSONALLY appears Samuel A. Griffin of Hull County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 1st day of 18; that he enlisted in the military service of the Confederate States (as of the State of Georgia) during the war between the States, and served as a Private in Company D, of 1st Regiment Volunteers Whitcomb's Brigade; that whilst engaged in such military service at the battle of Adamsville in the State of Georgia on the 11th day of May 1864, he was wounded as follows: gun shot wound at left hand causing the amputation of the middle finger

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 dollars, for 1890.

Sworn to and subscribed before me, this, the

10th day of Feb 1891.

W. L. Callahan
Notary Public for Georgia, which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

of me County, State of Georgia, do hereby appoint

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 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 herunto set my hand and seal, this day of Feb 1891.

Executed in the presence of us:

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA.

Hall County.

I, *W. L. Leath* Ordinary of said county,

do certify that I am well acquainted with *E. A. Griffin* 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 *2nd* day of *March* 1892

W. L. Leath

Ordinary. *Fuller* County.

No. 243
SOLDIER'S PENSION.
1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name, *E. A. Griffin*
County, *Fuller*
Rank, *1st Lt*
Amount \$ *5.*
Entered on record *March 2* 1892.

W. H. HARRISON,
Secretary of Georgia Department.
W. H. Harrison
AGENT.
Chas Griffin
Chas. W. Harrison, State Printer, Albany, Ga.

STATE OF GEORGIA.

For Applicants Heretofore Allowed Pensions.

POWER OF ATTORNEY.
STATE OF GEORGIA.

Cherokee County.

Know all Men by these Presents, That I, *Cherokee* County, State of Georgia, do hereby appoint

of *Cherokee* County, State of Georgia, do hereby appoint my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury sustained 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 *2nd* day of *March* 1892.

Witness my hand and seal, this *2nd* day of *March* 1892, at *Cherokee* County, State of Georgia.

Ordinary of said County.

Send money to me as follows, by *Cherokee* County, Georgia.

TO THE ORDER OF *Cherokee* County, Georgia.

P. O.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

Cherokee County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

PERSONALLY appears Hutton County, }
 of Hutton 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 3rd day of May 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 B
 of 1st Regiment of Geo. Gen. Volunteers Whelan's
 Brigade; that whilst engaged in such military service at the battle of Shoosville
 in the State of Georgia on the 15th day of

May 1864, he was wounded as follows: Gun shot wound in the left hand causing the amputation of three fingers thereof

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 1891
 Sworn to and subscribed before me this 2nd day of March 1892. } E. A. Griffin
W. L. C. Galloway 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.

Know all Men by these Presents, That I,

County, in said State, do hereby appoint _____ of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 _____ to _____ P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

PERSONALLY appears Hutton County, }
 of Hutton 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 _____ 1858; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company A, of 1st Regiment of Geo. Gen. Volunteers Whelan's Brigade; that whilst engaged in such military service at the battle of Shoosville in the State of Georgia on the 15th day of May 1864, he was wounded as follows: gun shot wound in the left hand causing the amputation of three fingers thereof

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 1892
 Sworn to and subscribed before me, this, 15th day of March 1893. } E. A. Griffin
W. L. C. Galloway 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.

Know all Men by these Presents, That I, _____ 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 _____ to _____ P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

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

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

day of 1894.

[L. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

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.

Soldier's Pension.

1894.

Name W. H. Harrison

County Fulton

Disability Loss of 1 Finger

Amount, \$ 5.

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

Applicant

W. H. Harrison, State Prison, Georgia.

No data

Griffin, E.A.

(For Those Already Enrolled.)

No. 51

SOLDIER'S PENSION.

1895.

Name E. A. Griffin

County Fulton

Disability Loss of 1 Finger

Amount, \$ 5.00

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

Applicant

W. H. Harrison, State Prison, Georgia.

No data

Applicants heretofore allowed Pensions

Applicants heretofore allowed Pensions

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County, }

PERSONALLY appears E.A. Griffin 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 3rd day of May 1838; 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 1stth Regiment of Georgia Cav., Volunteers Wheeler's Brigade; that whilst engaged in such military service at the battle of Adairsville in the State of Georgia, on the 15th day of May 1864, he was wounded as follows: gun shot wound in left hand causing the amputation of third finger thereof

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

Five dollars, for the year 1893

Sworn to and subscribed before me, this, the 17th day of March 1894, E.A. Griffin

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, W.L. Calhoun Ordinary of said County, do certify that I am well acquainted with E.A. Griffin 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.



M.L. Calhoun
Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County, }

PERSONALLY appears E.A. Griffin 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 3rd day of May 1838; 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 1stth Regiment of Georgia Cav., Volunteers Wheeler's Brigade; that whilst engaged in such military service at the battle of Adairsville in the State of Georgia, on the 15th day of May 1864, he was wounded as follows: gun shot wound in left hand causing the amputation of third finger thereof

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

of Five dollars, for the year 1894

Sworn to and subscribed before me, this, the 13th day of March 1895, E.A. Griffin

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

Given under my official signature and seal, this 12th day of March 1895.



M.L. Calhoun
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 _____ 1896.

[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 _____ 1897.

[L. S.]

Executed in presence of _____

Griffin, E.A.
Gulston Co.
(For These Already Enrolled.)

No. 953

SOLDIER'S PENSION.

1896.

Name *R. Algriffin*

County *Fulton*

Disability loss of 1 finger

Amount, \$ *3/6* 5.00

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO *OK*

Wm. W. Harrison, State Printer, Atlanta.

Mo data

Griffin, E.A.
Gulston Co.
(For These Already Enrolled.)

No. 675

INVALID
SOLDIER'S PENSION.

1897.

Name *E.A. Griffin*

County *Fulton*

Disability *loss of 1 finger*

Amount *3/6* 5.00

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO *OK*

Wm. W. Harrison, State Printer, Atlanta.

Mo data

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears E.A. Griffin 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 3rd day of May 1838; 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 1st Regiment of Georgia Cav. Volunteers, Wheeler's Brigade; that whilst engaged in such military service in the State of Georgia, on the 15th day of May 1864, he was wounded, injured or diseased as follows: gun shot wound in left hand causing the amputation of third finger thereof

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 29th, 1890. I have heretofore as a resident of Fulton county been allowed a pension of Five dollars, for the year 1895.

Sworn to and subscribed before me, this, 26 day of Feb 1890.

M.L. Calhoun Only
Notar—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, N.L. Calhoun Ordinary of said County, do certify that I am well acquainted with E.A. Griffin 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 1890.



M.L. Calhoun
Ordinary Fulton County.

DOMEX OE VLLORKEA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears E.A. Griffin 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 3rd day of May 1838; 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 1st Regiment of Georgia Cav. Volunteers, Wheeler's Brigade; that whilst engaged in such military service in the State of Georgia, on the 15th day of May 1864, he was wounded, injured or diseased as follows:

Gun shot wound in left hand causing the amputation of third finger thereof

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 29th, 1897. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of Five Dollars, for the year 1896.

Sworn to and subscribed before me, this, 26 day of March 1897. POST OFFICE

M.L. Calhoun Only
Notar—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, N.L. Calhoun Ordinary of said County, do certify that I am well acquainted with E.A. Griffin 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 March 1897.



M.L. Calhoun
Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

Witness my hand and seal this _____ day of _____ 1897.

Executed in presence of _____

Questions for Applicant.

STATE OF GEORGIA,

County.

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

- What is your name and where do you reside? (give State, County and post office) Edw. A. Griffin
Dutton Co. Ga. Atlanta Ga.
- Where did you reside on January 1st, 1894, and how long have you been a resident of this State? Atlanta Ga. 54 years
- When and where were you born? May 21, 1839, in Elbert Co. Ga.
- When and where and in what company and regiment did you enlist or serve? February 1862 at Dallas Ga. in Co. D. 1st Reg. U.S. Inf. of 1st Div. Cavalry
- How long did you remain in such company and regiment? Until the 1st of April 1865 when I was honorably discharged
- For how long a period did you discharge regular military duty? Three years & 2 months on the 1st of April 1865
- When, where and under what circumstances were you discharged from service? 26th April 1865 when I was honorably discharged at the close of the war
- What is your present occupation? None as my health is not sufficient
- How much can you earn (gross) per annum by your own exertions or labor? Nothing
- What has been your occupation since 1865? William Ke. till 1898
- Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? Infirmary & poverty
- If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? For years, none as my health has been failing for the last 15 years failed to feel where they unable to work & support I have never accumulated anything while a living
- What property, effects or income do you possess and its gross value? None
- What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? I did not possess any
- In what County did you reside during those years and what property did you then return for taxation? Dutton County Ga. None
- How were you supported during the years 1895 and 1896? By the help of my children
- How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Eight per month None
- What was your employment during 1895 and 1896? What pay did you receive in each year? Nothing None
- Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? My wife & 7 children by their own work They have no homestead
- Are you receiving any pension, if so what amount and for what disability? \$5.00 a year for the loss of my finger

Every Question MUST be answered.

Sworn to and subscribed before me this the _____ day of _____ 1897.

_____ of _____ County, Applicant.

Griffin, E. A.
No 2277 Dutton

INDIGENT PENSION
1897.

Edw. A. Griffin
Dutton Co. Ga.

7/10

WARRANT RETURNED TO

appt.

8/12/1897

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton County. }
S. R. McGregor, of said State and County, having been presented as a witness in support of the application of Early A. Griffin for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? S. R. McGregor
Fulton County go in the city of Atlanta
2. Are you acquainted with Early A. Griffin, the applicant, is of how long have you known him? I have known him thirty six years
3. Where does he reside, and how long has he been a resident of this State? Fulton County he has lived in the State of Georgia his life
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I know he served in the Confederate army I served with him in the same company
5. When, where and in what company and regiment did he enlist? he enlisted February 1862 in Company (D) first Regiment of Georgia Cavalry
6. Were you a member of the same company and regiment? yes first Regiment of Georgia Cavalry
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? he served three years and two months he was a good soldier and always ready to die his duty was discharged from the army at the close of the war at the surrender at Appomattox V.C
8. What property, effects or income has the applicant? (Give your means of knowledge.) he has none I have all opportunities to remove as I know all about his & C. R. circumstances
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? he had none

10. What is the applicant's occupation and physical condition? he resided for the city of Atlanta as a foreman up to 1890 since that time his health has not been sufficient to do manual labor
11. Is the applicant unable to support himself by labor of any sort, if so, why? he is not able from the fact he has gone through a great many hardships in the war and time that time also troubled and old age
12. How was he supported during the years 1895 and 1896? by the help of his children
13. What portion of his support for these two years was derived from his own labor or income? none
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? I know his physical condition is not sufficient for him to perform any labor as I have stated he is completely failed health and strength
15. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this 11 day of May, 1897. } S. R. McGregor
Notary Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Fulton County. }
 Personally came before me E. Griffin and G. H. Wright, both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have examined carefully Early A. Griffin, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:
He is afflicted with left ring finger a very bad arthritis. that incapacitates him, also suffering from an abscess in left side - also has a cold
the action of left side

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

Sworn to and subscribed before me, this 11 day of May, 1897. } E. Griffin M.D.
G. H. Wright M.D.
W. H. Bailey Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton County. }
 I, W. H. Bailey, Ordinary in and for said County, hereby certify that the applicant Early A. Griffin resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz S. R. McGregor and Griffin are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1895, none dollars of property, and in 1896, none dollars of property.

In my opinion the foregoing claim is made in good faith.
 Witness my hand and seal of office, this 12 day of May, 1897.
W. H. Bailey Ordinary
 of Fulton County.

NOTE.
 Before any questions are answered, the Ordinary shall serve applicant and the witnesses in the following order: "You shall each swear under oath to tell the truth, 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.

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

(For These Already Enrolled.)

No. 353

INDIGENT

SOLDIER'S PENSION,
1898.

Name *E. A. Griffin*

County *Fulton*

WARRANT ISSUED

1/12 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Alfred
GEO. W. HARRISON, STATE PRINTER, ATLANTA

My data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of

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

at

by

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of

(L. S.)

(For These Already Enrolled.)

No. 460

INDIGENT

SOLDIER'S PENSION,
1899.

Name *E. A. Griffin*

County *FULTON*

WARRANT ISSUED

1/18 1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Alfred
GEO. W. HARRISON, STATE PRINTER, ATLANTA

1/18

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears E. A. Griffin of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1837; that he is 60 years old and by occupation a ; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 18 months in Company B, of 154th Regiment of Ca. Cavalry; that his physical condition is as follows: General debility

that his property consists of the following items

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

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

county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, 12th day of Jan 1898.

M. H. Hulsey Ordinary.

State of Georgia,

Fulton County.

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

Given under my official signature and seal, this 12th day of Jan 1898.



M. H. Hulsey Ordinary Fulton County.

Note.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON County.

Personally appears E. A. Griffin of FULTON County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1837; that he is 61 years old and by occupation a ; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of 18 months in Company D, of 154th Regiment of Ca. Cavalry; that his physical condition is as follows: General Debility

that his property consists of the following items

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

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

county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, 18 day of Jan 1898.

M. H. Hulsey Ordinary.

State of Georgia,

FULTON County.

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

Given under my official signature and seal, this 18 day of Jan 1898.



M. H. Hulsey Ordinary FULTON County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1898.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

Griffin, G. A. 10
St. John County

COPIES ISSUED FOR
(For Those Already Enrolled.)

No. *441*

INDIGENT

SOLDIER'S PENSION.

1901.

Name *G. A. Griffin*
County *Fulton*

WARRANT ISSUED
Jan'y '8 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
446

Geo. W. Lindsey, State Printer, Atlanta.

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears E A Griffin of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1877; that he is 62 years old and by occupation a _____ that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of _____ in Company D, of 14th Regiment of Ga Cavalry; that his physical condition is as follows: _____

General Disability

that his property consists of the following items _____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of Fulton county been allowed a pension for the year 1877

Sworn to and subscribed before me, this the

3 day of January 1901.

John Williamson Ordinary.

E A Griffin

STATE OF GEORGIA,

Fulton County.

John Williamson Ordinary of said County, do certify that I am well acquainted with E A Griffin 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 3rd

day of January 1901.

John Williamson Ordinary Fulton County.



Notes—The blank spaces must be filled.
Notes—Affidavit should not be attested before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____, 1900.

[L. S.]

Executed in presence of _____

CODE REC., 1884.

(For Those Already Enrolled.)

NO. 290

INDIGENT

SOLDIER'S PENSION,
1900.

Name *Ed. Lindsey*

County FULTON

WARRANT ISSUED

1900.

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

ONE W. LINDSEY, State Prison, ALABAMA.

W. L. Lindsey

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON

County.

Personally appears E. A. Griffin of FULTON

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1837; that he is 62 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served for the term of _____ in Company D, of 14th Regiment of 4th Cavalry; that his physical condition is as follows: General Debility

that his property consists of the following items _____

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

Deponent desires to participate in the benefits of the Act, approved December 16th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Fulton county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, the 15 day of Jan 1900. E. A. Griffin
M. H. Hulsey Ordinary.

State of Georgia,

FULTON

County.

I, W. H. HULSEY

Ordinary of said County,

do certify that I am well acquainted with E. A. Griffin the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

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



Ordinary FULTON County.

Note.—The blank spaces must be filled.

Note.—Affidavits should not be attested before January 1st, 1900.

To date
 Sir H. Application. E. A. Griffin
 Application for Pension allowed on
 for disability "in 1860"
 The disability of applicant is not
 doubted, but the manner & extent
 of service ^{that} disability now
 existing is doubtful. Service induced
 him to set to work against the
 Union. The service was interrupted
 by a military appointment in 1862. He
 continued in service was in the
 North at Richmond the last year of the
 war. He was ⁱⁿ service in 1864.
 The applicant wishes to be disabled
 by an abuse in any part of left
line war develop since the war
 but which he claims to have been
 caused by misuse March in 1862
 Several years having elapsed after
 the service & before the above facts
 are within is do the proof
 clearly show that the service
 induced in abuse. That they
 will be shown except by the
 words of any man ed a
 the applicant for the Union
 are testify positively that
 the abuse is direct result of
disability in any year 1862

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
COUNTY.

Personally came before me _____ and

_____, both known to me as reputable physicians
of said County, who, being severally sworn, say on oath that they have examined carefully _____
_____, applicant for pension under Section 1264, Code, and after
such personal examination say that his precise physical condition is as follows: 5 8 5-0

[illegible]

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

Sworn to and subscribed before me; this the

... day of _____ 1901.

—Ordinary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
COUNTY.

I, _____ Ordinary in and for said County, hereby certify
that the applicant _____ resides in said County, and has
been a bona fide resident of this State since the _____ day of _____ 189_____
and that the witnesses, viz: _____

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

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

I further certify that the tax digests of _____ County show that applicant
returned for taxation in his name in 1899 _____ Dollars
of property, and in 1900 _____ Dollars of property.

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

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

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

_____ Ordinary,
of _____ County

NOTE.

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

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

B. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

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

3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the process above set out.

For years after the war the
 Applicant was Daniel Martin
 or Kurland. I was actively en-
 gaged in business later until
 only a short while ago about
 2 years ago perhaps longer

Atlanta 4/18/93
 My dear Sir,
 Please pay the debt due
 to my son Charlie
 E. A. Griffin
 181 Brunetta St

This is to certify that Thomas
 Rodgers was living at
 Cass Station at the time
 of the surrender and all
 during the time that Dr.
 Griffin was living at
 Cass Station and I
 know of his present illness.
 Dr. Lealand was his
 physician first and
 after he had given up
 the case Dr. Leat attended
 him, Dr. Lealand has
 since died.

I have been a subscriber
 before me a Notary
 Public for the county of
 Bartow Georgia

This April 11 1889

J. W. Rogers

W. M. Gulliam N.Y.

Atlanta Ga 3/2/92
 Capt. Harrison
 Please pay this claim
 to my son Charlie Griffin
 + Oblig. your self
 E. A. Griffin

(Thirty years after the war the
Applicant was Orestes Martin
or Richmond & was actively en-
gaged in Mammoth Lake until
only a short while ago, about
2 years ago, perhaps longer

Atlanta 4/18/93
Mr Harrison
Please pay the amt due
to my son Charlie
E A Griffin
181 Marietta St

Rodgers was living at
Case Station at the time
of the surrender and all
during the time that O A
Griffin was living at
Case Station and ~~and~~
know of his present illness
Dr Lealand was his
physician first and
after he had given up
the case Dr Leath attended
him, Dr Lealand has
since died.

Sworn to and subscribed
before me a Notary
Public for the county of
Barlow, Georgia
This 11th April 1889
J W Rogers
C M Quillian NP

Atlanta Ga 3/2/92
Capt Harrison
Please pay this claim
to my son Charlie Griffin
+ Orling Griffin
E A Griffin

Capt. Harrison
 Please pay this claim
 to my son Charles Griffin
 + oblig yours
 E. A. Griffin

LIGHT PRINT N.D. OR BAD COPY

E. A. Griffin.

The applicants through their
 atty, appeals from ruling
 by Judge Nelson & Mr. Hamlin
 of the Executive Department
 of the Governor. As to
 that the question be referred
 to the Hon. Clifton McDaniel as
 City Council.

Aug 13/89

W. A. Harrison

Cliff

While the case of E. A. Griffin
 would, in my opinion, appeal
 to the discretion of the
 court, I do not think the
 proper course is to refer the case
 to the discretion of the
 court.

State of Georgia,
 Executive Department.

George is a {
 Fulton County } of whom come before me E. A. Griffin
 and being sworn says that Dr. Leland
 of the same County could go near to confirm my opinion
 and stated dependent from 1845 to the time he got there
 from the West. But the year 1843 ~~when dependent~~
~~independent~~ from that in 1844 Dr. Wm. Leach of
 Westmont Ga. was called and treated dependent
 for the same that in 1845 dependent removed
 to A. Smith and employed Dr. Warren R.
 D. Thompson and ~~Dr. J. J. Smith~~ also.
 Drs. Leach, Jackson and J. J. Smith of Atlanta
 of the same Physicians Drs. Leland & Colwell
 and Dr. R. D. Thompson of Atlanta are now
 dead and it is impossible to get their
 certificates as affidavits.

Sworn to at Columbus

Before me this 8th day of 1888

J. M. White Notary Public
 Fulton Co. Ga.

E. A. Griffin

Georgia {
 Fulton Co. } I, namely, same Mattie Griffin, wife
 of E. A. Griffin who on oath says
 that she was married to said Griffin in the year
 1861 that his physical condition since that
 time is well known to her and he has at no time
 been incapacitated to do manual labor.

Dependent further avers that she has since &
 again heard Dr. Leland now dead assert that
 her said husband's condition was the same

Atlanta Ga. of Mrs. Jackson & family certify
 that I treated E. A. Griffin in the year
 1887 when he was suffering from the result
 of an abscess in the left side brought on
 from some injury ^{or disease} previously received that
 brought about the abscess of course I cannot tell
 as it was from the symptoms of old
 standing said Griffin was also suffering from
 hemorrhages from the lungs at the same time
 this April 8th 1888

M. J. Tucker M.D.

In 1887 I treated Mr. E. A.
 Griffin for severe hemorrhages
 of the lungs. He died nearly
 to death on several occasions.
 The hemorrhage were not more of a consumption
 L. S. Ford M.D.

death and death result of ~~efforts~~ contracted
during his service in the Confederate army.

From 6 Subscribed

before me this 11th April 1889

Richd H. Clark

Walter Griffin

Ind 50 & 6 Pine St

LEON HANLEY & CO.,

General Merchandise.

Greenville S.C., Mar 30th, 1889

This is to certify that I attended E. H. Griffin
as Physician in August Sept & Oct 1874, his
ailment according to my recollection was an
abscess in his left side, produced by some war
accident as he said. I again prescribed for him
in December of the same year his condition at
the time was precarious

W. M. Leake M.D.

Personally came before me Dr W. M. Leake
and certifies that the above statement is true to
the best of his knowledge & belief

Geo D Collins M.D.
Columbia

Cross Station Ga April 11th 1889

This is to certify that I Thomas Boston
was living at Cross Station at the residence
of all during the time E. H. Griffin was living
at Cross Station and know of his serious
illness. Dr Leake was his Physician after
he gave him up Dr Leake attended him
some 6 and subscribed before me

a voting ticket for the County of Bartow Georgia
this April 11th 1889
Geo D Collins M.D. T Boston

was living at Coos Station at the surrender
 & all during the time E. A. Griffin was living
 at Coos Station and known of his severe
 illness. Dr. Lealmond was his physician after
 he got him up. Dr. Leal attended him.
 I saw & and subscribed before me
 a nely Public for the county of Benton Georgia
 this April 11th 1889
 C. M. Quillins N.P. J. Barker

Audited

1889.

COMPTROLLER GENERAL

Benton
 Maimed Soldiers.

Voucher No. 1892

Amount, \$ 5

Paid to E. A. Griffin
 For Loss of one
 finger
 Apr 8 1889.

Included in Warrant No.
 issued to Treasurer.

1889.

WARRANT CLERK

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

Applicant

Audited

18

COMPTROLLER GENERAL

Maimed Soldiers.

Voucher No. 1456

Amount \$ 5-00

Paid to E. A. Griffin
 For Loss of one
 finger
 Dec 19 1890

Included in warrant No.
 issued to Treasurer.

18

WARRANT CLERK

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

Mrs. E. A. Griffin

No. 1832

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Apl. 8 1889.

Mr. E. A. Griffin of the County
of Fulton having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1888, and the same having been allowed for

Loss of one finger
He is entitled to receive the sum of _____ Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

J. B. Gordon
GOVERNOR.

By the Governor.

W. H. Hammon
CLERK EXECUTIVE DEPARTMENT.

5.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Five Dollars,
per above voucher, this 8 of March 1889.
E. A. Griffin

No. 1456

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., Feb. 19 1890

Mr. E. A. Griffin 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

Loss of one finger
He is entitled to receive the sum of Five Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

J. B. Gordon
GOVERNOR.

By the Governor.

W. H. Hammon
CLERK EXECUTIVE DEPARTMENT.

5.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Five Dollars,
per above voucher, this 19 of Feb. 1890.
E. A. Griffin
Mollie Griffin

NAME, Griffin, E. A.

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

COMPANY AND REGIMENT? Private, Co. B, 1st Regiment Ga. Cavalry Vols.
Wheeler's Brigade.

NAME OF CAPTAIN AND COLONEL? Washington McMillan, Comm. Off.

WOUNDED? At Adairsville Ga., May 15, 1864 shot in finger on left hand.
Aug. 1863 contracted measles, relapsed, settled in right side.

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, Washington McMillan, R. M. Clayton, Andrew P. Stewart, T. J.
Rogers, T. Becker. No data.

P.O. 1899

COUNTY.

Fulton

Audited

COMPTROLLER GENERAL

Griffin, E. A.
Fulton

1891.

Maimed Soldiers.

Voucher No. 708

Amount \$ 500

Paid to E. A. Griffin

For Loss of one

Finger
July 12 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Mrs. Griffin

NAME **Griffin, E.A.** YEAR **1887** COUNTY **Fulton**

WHEN AND WHERE BORN? **May 2nd. 1838 Elbert Co. Ga.**

ENLISTED WHEN AND WHERE? **February 1862 Dallas, Ga.**

RANK.

COMPANY AND REGIMENT? **Co. D, 1st. Regt. Ga. Cavalry.**

NAME OF CAPTAIN AND COLONEL? **S.R. McGregory, 1st. Lieutenant.**

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? **Goldsboro, N. C. / April 1865 when Johnson surrendered.**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. **S.R. McGregor, 1st. Lieutenant of same company - No date.**

1891.
No. **708**
STATE OF GEORGIA. }
EXECUTIVE DEPARTMENT. } *Atlanta, Ga. July 12 1891.*

Mr. *E. A. Griffin* 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
Loss of one finger
He is entitled to receive the sum of *Four hundred* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.
The Treasurer will pay the same and hold his receipt on the voucher and return same to
Executive Department for warrant.

By the Governor,

M. H. Harmsen
Sec'y EXECUTIVE DEPARTMENT.

\$ *300*

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

Three hundred Dollars,
per above voucher, this *12* of *July* 1891.

Wm. E. A. Griffin
By Claude Griffin

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. S.R. Mc Gregor, 1st. Lieutenant of same company - No date.

\$ 5.00

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

Five 0001 Dollars,
per above voucher, this 12 of July 1891.

Mrs. E. A. Griffin
By Claude Griffin

Widow's Application
on Roll
Oct 100 1917

+

No. _____

Widow's Application

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

✓ *Fulton*
County _____

Name *Emily W. Griffin*

Widow of *S. P. Griffin*

Company *S.*

Approved *J. W. Lindsey*

J. W. LINDSEY,
Commissioner of Prisons

CHAS. P. BYRD, State Printer, Atlanta.

7/21/1918

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Fulton County.

Personally before me comes Mrs Emily W. Griffin of said County, who, after being duly sworn, on oath says, that she is the widow of S. A. Griffin to whom in the County of Clusck State of Georgia she was married on the 9 day of Jan 1866 and that she remained his wife, and resided with him to the date of his death May 10 1866 and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in Atlanta said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$60.00 in Fulton County for 1913 per annum, on account of being a soldier in Company C. G. 19th Ga Regiment. (Volunteers of State Militia.)

At the death of S. A. Griffin he was in the use and possession of the following property

of the cash value of \$ Nothing
What property of any kind and of any value have you in your use, control and possession now, and the cash value. (State fully.)

Acres land	<u>None</u>	\$
Horses and Mules	<u>None</u>	\$
Hogs, Cows, etc	<u>None</u>	\$
Total Cash value of all property		\$

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since 10 day of July 1913

Sworn to and subscribed before me, this the 23 day of July 1913 Emily W. Griffin
John R. Williams Ordinary,
of Fulton County.

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

STATE OF GEORGIA,
Florida
Alachua County.

Personally before me come Nancy Loom known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs Emily W. Griffin who made the foregoing affidavit, is the lawful widow of S. A. Griffin who died in Fulton County in said State of Georgia on 10th day of May 1913 and that she has not since remarried. That she became the wife of S. A. Griffin on the 9th day of Jan 1866 and that she and he had resided together as man and wife continuously since 9th day of Jan 1866 and that the now S. A. Griffin was the same man who was on the pension roll of said State from Fulton County when he died.

Sworn to and subscribed before me, this the 23rd day of July 1913 Nancy Loom
J. B. Caldwell Ordinary,
Alachua County.
My Commission Expires Sept 14th 1915.

Widow's Application

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

County Fulton

Name Emily W. Griffin

Widow of S. A. Griffin

Company C

Approved 23-7-13

Emily W. Griffin
in Fulton Co
July 23 1913

9/24/1913

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Fulton County.

Personally before me comes B. H. Boring who after being sworn on oath says, that they are freeholders of said County and that they know Emily W. Griffin of said County and know her said husband B. A. Griffin at his death on the 10 day of May 1913 that she and he were in the use, possession and control of the following property at his death to wit: Nothing

of the value of \$ none That she is now in the use, possession and control of the following property to wit: None

of the value of \$ None

Sworn to and subscribed before me, this the 22 day of May 1913

John R. Wilkinson Ordinary,
of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I, John R. Wilkinson Ordinary of said County, do certify, that, I know Mrs. Emily W. Griffin the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 191

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

That the tax Books of Fulton County shows that Emily W. Griffin returned property to the amount of None for 1908 \$ None for 1909 \$ None for 1910 \$ None

Sworn under my hand and official seal of office this 26th day of Sept 1913
(SEAL) John R. Wilkinson Ordinary,
Fulton County.

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

Griffin, Emily (Mrs.)

For Fulton County

1925

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Thos. H. Jeffries Ordinary

For Mrs. Emily Griffin

Date of Death Jan. 8th 1925

Amount \$

Approved and ordered paid
MAY 18

N. E. Harris
N. E. HARRIS,
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.

E. F. BOND, Pres.

E. F. GREENBERG, Sec. & Treas.

GREENBERG & BOND CO.

AMBULANCE FUNERAL DIRECTORS CHAPEL

135 IVY STREET

TELEPHONE (JUN 724)

For ATLANTA, GA. Jan 8, 1925
TO Mrs. Emily W. Griffin

1925	Gloves for pallbearers	\$ 3.00
Jan 8	Concrete Vault	50.00
	Hearse	15.00
	Services-getting permits, etc.	20.00
	Car for flowers	6.00
	Opening grave at Oakland	10.00
	Hearse to meet remains	10.00
	Music	5.00
	Funeral Notices-Newspapers	9.48
	1-7 pass. Auto	9.00
	Total	\$ 137.48

I certify that the above account amounting to One hundred and thirty-seven & 48/100 (\$137.48) is correct, just and unpaid.

Greenberg & Bond Co.
By: *R. B. Bond* (cashier)

Georgia
Fulton Co.

Sworn and subscribed to before me this 26th day of April 1925

S. R. Greenberg

32

Application for Pension Due to a Deceased Pensioner

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

(Under Act Approved August 15, 1904)

GEORGIA, Fulton County.

P. J. Bloomfield

Personally before me, the Ordinary of said County, comes of Greenberg & Bond Co. of said County, who, after being sworn, on oath says that he knew Mrs. Emily Griffin of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Chatham Co. County, in this State, on the 1st day of Jan. 1925, and that a Pension of One Hundred (\$ 100.00) Dollars was due pensioner and unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 137.45 per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

this 27th day of April 1925

Ordinary

Fulton County

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thomas H. Jeffries, Ordinary of said County, do certify that I personally know P. J. Bloomfield, 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 Mrs. Emily Griffin 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 and Twenty Five (\$ 125.00) Dollars in said County for 1924, and I now believe said pensioner to be dead; and that the instructions on 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 27th day of April, 1925

(Seal or Ordinary)

Thomas H. Jeffries, Ordinary
Fulton County

INSTRUCTIONS:

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

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

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

4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "Paid, true, due, no paid," etc.)

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

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

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

7th. The Ordinary shall pay roll, as Ordinary, for the pension roll and then deliver the money himself and take receipt, except in cases where the pensioner is a child or widow, in which case the money may be paid to the pensioner or child or widow, as the case may be.

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

9th. Refer this application, and attached bill, with your final endorsement, to the Pension Department.

E. F. BOND, Pres.

E. F. GREENBERG, Sec. & Treas.

GREENBERG & BOND CO.

AMBULANCE FUNERAL DIRECTORS

135 IVY STREET

CHAPEL

TELEPHONE (CIV 174)

(CIV 745)

For Mrs. Emily W. Griffin ATLANTA, GA. Jan 8, 1925

1925
Jan 8

Gloves for pallbearers	\$ 3.00
Concrete Vault	50.00
Hearse	15.00
Services—getting permits, etc.	20.00
Car for flowers	6.00
Opening grave at Oakland	10.00
Hearse to meet remains	10.00
Music	5.00
Funeral Notices—Newspapers	9.45
1-7 pass. Auto	9.00
Total	\$ 137.45

I certify that the above account amounting to One hundred and thirty-seven & 45/100 (\$137.45) is correct, just and unpaid.

Greenberg & Bond Co.
By: E. F. Bond (Cashier)

Georgia
Fulton Co.

Sworn and subscribed to before me this 26th day of April 1925

E. F. Greenberg

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 27th day of APR 11, 1925.

(Seal or Ordinary)

Paul H. Sullivan, Ordinary

Sullivan County

INSTRUCTIONS:

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

2nd. Receive these dating expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the number of it, and each date.

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

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

"The above and foregoing accounts 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 properly legitimate in every respect, and properly sworn to, and all attached ready to this blank, after this blank has been properly completed as indicated.

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

7th. The Ordinary shall pay out, to Ordinary, for the pension and that disposes the money himself and takes receipt.

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

9th. Refuse to file applications, and attached bills, with poor final settlements, to the Pension Department.

10th. A clerical should see that the back of this blank, when filled in, is filled out.

Griffin, Hettie P. Mrs.
Fulton Co.



Widow's Application

¹⁹⁵³
Under Act of 1910—As Amended by Act of
1919, and Constitutional Amendments
of 1920 and 1937, and *HR 2*

County FULTON

Name HETTIE P. GRIFFIN

Widow of JOHN JACKSON GRIFFIN

Date of Marriage JULY 9TH 1930

Date of Husband's Death SEPT. 2ND 1933

Company _____

Regiment _____

Approved _____

1953

Director.

~~CONFIDENTIAL - SECURITY INFORMATION~~
~~State Department and Public Works~~

Confederate Pension
and Record Dept.
404 State Capitol
Milledgeville 342

6-1954



Widow's Application

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

County FULTON
 Name HETTIE P. GRIFFIN
 Widow of JOHN JACKSON GRIFFIN
 Date of Marriage JULY 9TH 1930
 Date of Husband's Death SEPT. 9TH 1933
 Company _____
 Regiment _____
 Approved _____
 Director _____

*Confederate Army
 with Record Dept.
 + 44-100-10000
 + 44-100-10000*

16-1917

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 appeared before me Hettie P. Griffin 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 follows, to-wit:

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County) Hettie P. Griffin, Route #14, Box 87, Lawrence Rd. New Atlanta, Ga.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? 1899-1930; 1930-1933 off & on; 1933-36; 1938- to now
 Give date, or year, of your birth 4-13-1884 Age 65 years
3. (1) When, (2) where and (3) to whom were you married? John Jackson Griffin
7-9-1930 married in Pineapple, Alabama
 - a. Have you married since the death of first and soldier husband? No
 - b. When and where did your soldier husband die? 9-14-1933 in Pineapple, Ala
 - c. Were you residing together when he died? Yes
 - d. If not, how long had you resided apart?
 - e. Are you now a widow? Yes
 - f. Have you or your husband heretofore been paid a pension by the State? No, not this State
 - g. If so, in what county was first pension drawn and what year were you or your husband placed on rolls? Husband received a pension in the State of Georgia

SECTION II.

1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
7-13-1864, Alabama, served in General James
Canton's Cavalry Brigade with Lee's 1st
Company
2. When and where was the Command of your husband surrendered? In Florida and Florida
3. Was your husband personally present with his Command when it was surrendered? Company
Disbanded just prior to the Blakeney Campaign
4. If he was not present, state specifically and clearly where he was?
5. When did he leave the Command? Spring 1865
 - a. For what cause did he leave? He Company Disbanded
 - b. By whose authority did he leave? His Co. commanding officer
 - c. For how long was his leave of absence granted?
 - d. In what way?
- e. What was his physical condition when he left his Command? O.K.
- f. What effort did he make to return to his Command? None
- g. In what way was he prevented from going back to his Command? No effort made to rejoin
- h. Was he captured by the enemy at any time? No
- i. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

14th day of July, 1937
Eugene B. Smith Ordinary
 of Fulton County.
 (SEAL OF ORDINARY)

Hettie P. Griffin

Applicant.

Questions for Witness as to Marriage

STATE OF GEORGIA,

Fulton COUNTY.

Mrs. Kathleen Benning of said State and County is hereby presented as a witness in support of the application of Mrs. Hettie P. Griffin for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1927, 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)
2. How long and since when have you known Mrs. Hettie P. Griffin applicant
Fifty Six years
3. Where does she now reside, and since when has she been, continuously, a bona fide resident citizen of this State? 1260 Sizemore Rd. N.W. Resident since 1938
4. When and to whom was she married? John J. Griffin how do you know? Brother-in-law
5. How long and since when did you know John J. Griffin, her husband? since 1927
6. When and where did John J. Griffin, the husband of applicant, die? Sept. 19, 1933, Wilcox Co. Ala.
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death?

Were they divorced?

Sworn to and subscribed before me, this the

24 day of July, 1934
Eugene Gunkley, Ordinary
of Fulton County.
(SEAL OF ORDINARY)

} Mrs. Kathleen Benning
(Witness)

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, EUGENE GUNKLEY, Ordinary of said County, do certify that I know HETTIE P. GRIFFIN the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know MRS. KATHLEEN BENNING 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 truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 14th day of JULY, 1934.
(SEAL OF ORDINARY) Eugene Gunkley, Ordinary
of Fulton County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are eligible.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.
6. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
7. Do not take an application from any widow who is already receiving a pension.

B66362

Questions for Witness as to Marriage

STATE OF GEORGIA,

Fulton COUNTY.

Mrs. Kathleen Benning of said State and County is hereby presented as a witness in support of the application of Mrs. Hettie P. Griffin for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1927, 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)
Mrs. Kathleen Benning, 2877 Stewart Ave. S.W., Hapeville, Ga. (Fulton Co.)
2. How long and since when have you known Mrs. Hettie P. Griffin applicant
Fifty Six years
3. Where does she now reside, and since when has she been, continuously, a bona fide resident citizen of this State? 1260 Sizemore Rd. N.W. Resident since 1938
4. When and to whom was she married? John J. Griffin How do you know? Brother-in-law
5. How long and since when did you know John J. Griffin, her husband?
since 1927
6. When and where did John J. Griffin, the husband of applicant, die? Sept. 19, 1933, Wilcox Co. Ala.
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death?

Were they divorced?

Sworn to and subscribed before me, this the

24 day of July, 1934

Eugene Benning, Ordinary

of Fulton County.

(SEAL OF ORDINARY)

Mrs. Kathleen Benning
(Witness)

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, EUGENE BENNING, Ordinary of said County, do certify that I know HETTIE P. GRIFFIN the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know MRS. KATHLEEN BENNING 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 truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 14th day of JULY, 1934.
(SEAL OF ORDINARY) Eugene Benning, Ordinary
of Fulton County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are eligible.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.
6. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
7. Do not take an application from any widow who is already receiving a pension.

B6361

****LIGHT PRINT AND. OR BAD COPY ****

SOLDIER'S OR SAILOR'S APPLICATION FOR CONFEDERATE
PENSION

THE STATE OF ALABAMA.

COUNTY

FILE NO.

I, the undersigned, being a resident of the State of Alabama, do hereby certify that the following is a true and correct copy of the original of my

application for a pension, as provided for by the Act of the Legislature of Alabama, approved March 10, 1878.

Witness my hand and seal of office, this _____ day of _____, 18__.

Notary Public for the State of Alabama.

My commission expires the _____ day of _____, 18__.

Subscribed and sworn to before me this _____ day of _____, 18__.

Notary Public for the State of Alabama.

My commission expires the _____ day of _____, 18__.

Subscribed and sworn to before me this _____ day of _____, 18__.

Notary Public for the State of Alabama.

My commission expires the _____ day of _____, 18__.

Subscribed and sworn to before me this _____ day of _____, 18__.

Notary Public for the State of Alabama.

My commission expires the _____ day of _____, 18__.

Subscribed and sworn to before me this _____ day of _____, 18__.

Notary Public for the State of Alabama.

My commission expires the _____ day of _____, 18__.

Subscribed and sworn to before me this _____ day of _____, 18__.

Notary Public for the State of Alabama.

Order Number

Date

SOLDIER'S OR SAILOR'S ORIGINAL
APPLICATION

COUNTY

APPLICATION

SOLDIER'S OR SAILOR'S APPLICATION FOR CONFEDERATE PENSION

THE STATE OF ALABAMA,

COUNTY

I, *[Name]*, of the County of *[County]*, State of *[State]*, do hereby certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

I further certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

I further certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

I further certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

I further certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

I further certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

I further certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

I further certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

I further certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

I further certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

I further certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

I further certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

I further certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

I further certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

I further certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

I further certify that *[Name]* was a member of the Confederate States Army, and was honorably discharged from the service of the Confederate States Army on the *[Date]* day of *[Month]*, 1865.

****LIGHT PRINT AND, OR BAD COPY ****

(APC-Blank No. D)

Order Number

Date

SOLDIER'S OR SAILOR'S ORIGINAL APPLICATION

COUNTY

APPLICATION OF

John William Smith

Residence of _____ day of _____ 19____

Index of _____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

Residence of _____ day of _____ 19____

(APC-Blank No. D)

SOLDIER'S OR SAILOR'S APPLICATION FOR CONFEDERATE PENSION

THE STATE OF ALABAMA,

COUNTY,

TO THE STATE BOARD OF CONFEDERATE PENSION EXAMINERS

The following answers to the queries propounded are respectfully submitted in support of my application for a Confederate pension under Act of the Legislature of Alabama, approved Sept. 14, 1925.

(1) Q. What is your full name? A. _____

(2) Q. What is your present post office address? A. _____

(3) Q. What is your exact age? A. _____ Years _____ Months _____ Days

(4) Q. How long have you lived in this state? A. _____

(5) Q. Did you ever serve as a soldier or sailor? A. _____

(6) Q. Where and for how long in the service of the Confederate States? A. _____

(7) Q. Where did you enlist? A. _____

(8) Q. What branch of the service were you in? A. _____

(9) Q. What was your rank? A. _____

(10) Q. Company? A. _____

(11) Q. What was your service? A. _____

(12) Q. In present service? A. _____

(13) Q. Where was your service? A. _____

(14) Q. How long did you serve actual service? A. _____

(15) Q. Were you ever wounded? A. _____

(16) Q. In what battle or battles? A. _____

(17) Q. How long did you serve? A. _____

(18) Q. How long did you serve? A. _____

(19) Q. How long did you serve? A. _____

(20) Q. How long did you serve? A. _____

(21) Q. How long did you serve? A. _____

(22) Q. How long did you serve? A. _____

(23) Q. How long did you serve? A. _____

(24) Q. How long did you serve? A. _____

(25) Q. How long did you serve? A. _____

(26) Q. How long did you serve? A. _____

(27) Q. How long did you serve? A. _____

(28) Q. How long did you serve? A. _____

(29) Q. How long did you serve? A. _____

(30) Q. How long did you serve? A. _____

(31) Q. How long did you serve? A. _____

(32) Q. How long did you serve? A. _____

(33) Q. How long did you serve? A. _____

(34) Q. How long did you serve? A. _____

(35) Q. How long did you serve? A. _____

(APC-Blank No. 1)

Order Number

Date

SOLDIER'S OR SAILOR'S ORIGINAL APPLICATION

COUNTY

APPLICATION OF

[Signature]

day of

19

Index of Post

Alabama Pension Commission

Alabama Pension Commission

Alabama Pension Commission

Alabama Pension Commission

Alabama Pension Commission

Alabama Pension Commission

Alabama Pension Commission

Alabama Pension Commission

Alabama Pension Commission

Alabama Pension Commission

SOLDIER'S OR SAILOR'S APPLICATION FOR CONFEDERATE PENSION

(APC-Blank No. 1)

THE STATE OF ALABAMA,

COUNTY.

TO THE STATE BOARD OF CONFEDERATE PENSION EXAMINERS

The following answers to the queries propounded are respectfully submitted in support of my application for a Confederate pension under Act of the Legislature of Alabama, approved Sept. 14, 1921

- (1) Q. What is your full name? A. *[Signature]*
- (2) Q. What is your present post-office address? A. *[Address]*
- (3) Q. What is your age? A. *41* Years *2* Months *24* Days
- (4) Q. How long have you lived in this state? A. *[Answer]*
- (5) Q. Did you actually serve as a soldier or sailor? A. *[Answer]*
- (6) Q. What branch of the service were you in the service of the Confederate States? A. *1. 13th*
- (7) Q. Where did you enlist? A. *[Answer]*
- (8) Q. What branch of the service were you in? A. *[Answer]*
- (9) Q. What was your rank? A. *[Answer]*
- (10) Q. Company? A. *[Answer]*
- (11) Q. Regiment? A. *[Answer]*
- (12) Q. Division? A. *[Answer]*
- (13) Q. Corps? A. *[Answer]*
- (14) Q. Army? A. *[Answer]*
- (15) Q. Were you ever wounded? A. *[Answer]*
- (16) Q. In what respect? A. *[Answer]*
- (17) Q. How long did you serve? A. *[Answer]*
- (18) Q. How long did you serve actual service? A. *[Answer]*
- (19) Q. Were you ever wounded? A. *[Answer]*
- (20) Q. In what respect? A. *[Answer]*
- (21) Q. How long did you serve? A. *[Answer]*
- (22) Q. How long did you serve actual service? A. *[Answer]*
- (23) Q. Were you ever wounded? A. *[Answer]*
- (24) Q. In what respect? A. *[Answer]*
- (25) Q. How long did you serve? A. *[Answer]*
- (26) Q. How long did you serve actual service? A. *[Answer]*
- (27) Q. Were you ever wounded? A. *[Answer]*
- (28) Q. In what respect? A. *[Answer]*
- (29) Q. How long did you serve? A. *[Answer]*
- (30) Q. How long did you serve actual service? A. *[Answer]*
- (31) Q. Were you ever wounded? A. *[Answer]*
- (32) Q. In what respect? A. *[Answer]*
- (33) Q. How long did you serve? A. *[Answer]*
- (34) Q. How long did you serve actual service? A. *[Answer]*
- (35) Q. Were you ever wounded? A. *[Answer]*
- (36) Q. In what respect? A. *[Answer]*
- (37) Q. How long did you serve? A. *[Answer]*
- (38) Q. How long did you serve actual service? A. *[Answer]*
- (39) Q. Were you ever wounded? A. *[Answer]*
- (40) Q. In what respect? A. *[Answer]*
- (41) Q. How long did you serve? A. *[Answer]*
- (42) Q. How long did you serve actual service? A. *[Answer]*
- (43) Q. Were you ever wounded? A. *[Answer]*
- (44) Q. In what respect? A. *[Answer]*
- (45) Q. How long did you serve? A. *[Answer]*
- (46) Q. How long did you serve actual service? A. *[Answer]*
- (47) Q. Were you ever wounded? A. *[Answer]*
- (48) Q. In what respect? A. *[Answer]*
- (49) Q. How long did you serve? A. *[Answer]*
- (50) Q. How long did you serve actual service? A. *[Answer]*
- (51) Q. Were you ever wounded? A. *[Answer]*
- (52) Q. In what respect? A. *[Answer]*
- (53) Q. How long did you serve? A. *[Answer]*
- (54) Q. How long did you serve actual service? A. *[Answer]*
- (55) Q. Were you ever wounded? A. *[Answer]*
- (56) Q. In what respect? A. *[Answer]*
- (57) Q. How long did you serve? A. *[Answer]*
- (58) Q. How long did you serve actual service? A. *[Answer]*
- (59) Q. Were you ever wounded? A. *[Answer]*
- (60) Q. In what respect? A. *[Answer]*
- (61) Q. How long did you serve? A. *[Answer]*
- (62) Q. How long did you serve actual service? A. *[Answer]*
- (63) Q. Were you ever wounded? A. *[Answer]*
- (64) Q. In what respect? A. *[Answer]*
- (65) Q. How long did you serve? A. *[Answer]*
- (66) Q. How long did you serve actual service? A. *[Answer]*
- (67) Q. Were you ever wounded? A. *[Answer]*
- (68) Q. In what respect? A. *[Answer]*
- (69) Q. How long did you serve? A. *[Answer]*
- (70) Q. How long did you serve actual service? A. *[Answer]*
- (71) Q. Were you ever wounded? A. *[Answer]*
- (72) Q. In what respect? A. *[Answer]*
- (73) Q. How long did you serve? A. *[Answer]*
- (74) Q. How long did you serve actual service? A. *[Answer]*
- (75) Q. Were you ever wounded? A. *[Answer]*
- (76) Q. In what respect? A. *[Answer]*
- (77) Q. How long did you serve? A. *[Answer]*
- (78) Q. How long did you serve actual service? A. *[Answer]*
- (79) Q. Were you ever wounded? A. *[Answer]*
- (80) Q. In what respect? A. *[Answer]*
- (81) Q. How long did you serve? A. *[Answer]*
- (82) Q. How long did you serve actual service? A. *[Answer]*
- (83) Q. Were you ever wounded? A. *[Answer]*
- (84) Q. In what respect? A. *[Answer]*
- (85) Q. How long did you serve? A. *[Answer]*
- (86) Q. How long did you serve actual service? A. *[Answer]*
- (87) Q. Were you ever wounded? A. *[Answer]*
- (88) Q. In what respect? A. *[Answer]*
- (89) Q. How long did you serve? A. *[Answer]*
- (90) Q. How long did you serve actual service? A. *[Answer]*
- (91) Q. Were you ever wounded? A. *[Answer]*
- (92) Q. In what respect? A. *[Answer]*
- (93) Q. How long did you serve? A. *[Answer]*
- (94) Q. How long did you serve actual service? A. *[Answer]*
- (95) Q. Were you ever wounded? A. *[Answer]*
- (96) Q. In what respect? A. *[Answer]*
- (97) Q. How long did you serve? A. *[Answer]*
- (98) Q. How long did you serve actual service? A. *[Answer]*
- (99) Q. Were you ever wounded? A. *[Answer]*
- (100) Q. In what respect? A. *[Answer]*

*** LIGHT PRINT AND, OR BAD COPY ***

(APC-Blank No. D)

Order Number

Date

SOLDIER'S OR SAILOR'S ORIGINAL
APPLICATION

COUNTY

APPLICATION OF

to be placed in Alabama Pension Roll and Act
approved September 14, 1921

Filed in my office this _____ day of _____, 19__.

Signature of Pensioner

Witness

Date

Alabama Pension Department

NOTE: If the within application is being filed for a pension, the pensioner must be a Confederate soldier or sailor, and must be shown below.

Registered Application No.

SUBJECT: _____

(APC-Blank No. 1)

SOLDIER'S OR SAILOR'S APPLICATION FOR CONFEDERATE
PENSION

THE STATE OF ALABAMA,

COUNTY.

TO THE STATE BOARD OF CONFEDERATE PENSION EXAMINERS:

The following answers to the queries propounded are respectfully submitted in support of my application for a Confederate pension under Act of the Legislature of Alabama, approved Sept. 14, 1921.

- (1) Q. What is your full name? A. John H. Coffey
- (2) Q. What is your present post-office address? A. 1012 1/2 N. 2nd St.
- (3) Q. What is your exact age? A. 21 Years 4 Months 26 Days
- (4) Q. How long have you lived in this state? A. 10 Years
- (5) Q. Did you actually serve as a soldier or sailor? A. Yes
- (6) Q. What state did you enlist in the service of the Confederate States? A. 1862 Where did you enlist? Alabama
- (7) Q. What branch of the service were you in? A. Infantry
- (8) Q. What was your rank? A. Private
- (9) Q. Company? A. 1st
- (10) Q. Who was captain? A. John H. Coffey
- (11) Q. Regiment? A. 1st
- (12) Q. Who was colonel? A. John H. Coffey
- (13) Q. How long did you see actual service? A. 1862
- (14) Q. Were you ever wounded? A. No
- (15) Q. In what engagements? A. None
- (16) Q. When? A. None
- (17) Q. In what way? A. None
- (18) Q. Were you ever taken prisoner? A. No
- (19) Q. If so, under what circumstances? A. None
- (20) Q. Where were you captured? A. None
- (21) Q. Where were you confined as a prisoner? A. None
- (22) Q. Under what circumstances were you released? A. None
- (23) Q. Were you paroled? A. No
- (24) Q. When? A. None
- (25) Q. Where? A. None
- (26) Q. Why? A. None
- (27) Q. If not attached hereto, where is your parole? A. None
- (28) Q. If you were not paroled, when and where, and under what circumstances did you leave the service of the Confederacy? A. None
- (29) Q. Did you take the oath of allegiance to any other government than the Confederate States between April 9th, 1865? A. None

(APC-Blank No. D)

Order Number

Date

SOLDIER'S OR SAILOR'S ORIGINAL APPLICATION

COUNTY

APPLICATION OF

to be placed in Alabama Pension Roll under act approved September 14, 1925

Filed in my office this day of

County of

See also members of the Alabama Pension Commission at Alabama, under that title in the application

File No.

Date

Alabama Pension Commission

NOTE: If the soldier applicant is deceased, the number of months and days must be shown below

Registered Application No.

ALABAMA

(APC-Blank No. D)

SOLDIER'S OR SAILOR'S APPLICATION FOR CONFEDERATE PENSION

THE STATE OF ALABAMA,

COUNTY.

TO THE STATE BOARD OF CONFEDERATE PENSION EXAMINERS

The following answers to the queries propounded are respectfully submitted in support of my application for a Confederate pension under act of the Legislature of Alabama, approved Sept. 14, 1925

- (1) Q. What is your full name? A. John H. Owen
- (2) Q. What is your present post-office address? A. 1111 1/2 Ave. N. N. Montgomery, Ala.
- (3) Q. What is your exact age? A. 81 Years 4 Months 26 Days
- (4) Q. How long have you lived in this state? A. 22 Years 4 Months 26 Days
- (5) Q. Did you actually serve as a soldier or sailor? A. Yes
- (6) Q. What date did you enter in the service of the Confederate States? A. 1/13/62
- (7) Q. Where did you enlist? A. Montgomery, Ala.
- (8) Q. What branch of the service were you in? A. Infantry
- (9) Q. What was your rank? A. Private
- (10) Q. Company? A. Company B, 1st Alabama Infantry
- (11) Q. Who was captain? A. John H. Owen
- (12) Q. Regiment? A. 1st Alabama Infantry
- (13) Q. Who was colonel? A. John H. Owen
- (14) Q. How long did you see actual service? A. 22 Years 4 Months 26 Days
- (15) Q. Were you ever wounded? A. Yes
- (16) Q. In what engagements? A. At the Battle of Fort Fisher, 1865
- (17) Q. When? A. January 1865
- (18) Q. In what way? A. By the explosion of a shell
- (19) Q. Were you ever taken prisoner? A. No
- (20) Q. If so, under what circumstances? A. No
- (21) Q. When were you captured? A. No
- (22) Q. Were you ever confined in a prison? A. No
- (23) Q. Under what circumstances were you released? A. No
- (24) Q. Were you paroled? A. No
- (25) Q. When? A. No
- (26) Q. Where? A. No
- (27) Q. What? A. No
- (28) Q. If not attached hereto, where is your parole? A. No
- (29) Q. If not, were you not paroled, when and where, and under what circumstances did you leave the service of the Confederate States? A. No
- (30) Q. Did you take the oath of allegiance to any other government than the Confederate States before April 9th, 1865? A. No

Order Number

Date

SOLDIER'S OR SAILOR'S ORIGINAL APPLICATION

COUNTY

APPLICATION OF

placed by Alabama Pension Commission approved September 14, 1921

Filed in my office this _____ day of _____

State of Alabama

We, the members of the Alabama Pension Commission of Alabama, order that this soldier's application be _____

Date

Alabama Pension Commission

NOTE: If the within application is rejected, the number of errors and the place must be shown below

Revised Application No. _____

14, 1921

- (1) Q. What is your full name? A. John P. Tacey
- (2) Q. What is your present post-office address? A. 113 1/2
- (3) Q. What is your exact age? A. 31 Years 11 Months 26 Days
- (4) Q. How long have you lived in this state? A. 13 1/2
- (5) Q. Did you actually serve as a soldier or sailor? A. Yes
- (6) Q. What date did you enlist in the service of the Confederate States? A. 1 13 1861
- (7) Q. Where did you enlist? A. 113 1/2
- (8) Q. What branch of the service were you in? A. 113 1/2
- (9) Q. What was your rank? A. 113 1/2
- (10) Q. Company? A. 113 1/2
- (11) Q. Regiment? A. 113 1/2
- (12) Q. Who was colonel? A. 113 1/2
- (13) Q. How long did you see actual service? A. 113 1/2
- (14) Q. Were you ever wounded? A. 113 1/2
- (15) Q. In what engagements? A. 113 1/2
- (16) Q. When? A. 113 1/2
- (17) Q. In what way? A. 113 1/2
- (18) Q. Were you ever taken prisoner? A. 113 1/2
- (19) Q. If so, under what circumstances? A. 113 1/2
- (20) Q. When were you captured? A. 113 1/2
- (21) Q. When were you confined as a prisoner? A. 113 1/2
- (22) Q. Under what circumstances were you released? A. 113 1/2
- (23) Q. Were you paroled? A. 113 1/2
- (24) Q. When? A. 113 1/2
- (25) Q. Where? A. 113 1/2
- (26) Q. What? A. 113 1/2
- (27) Q. If not attached hereto, where is your parole? A. 113 1/2
- (28) Q. If you were not paroled, when and where and under what circumstances did you leave the service of the Confederacy? A. 113 1/2
- (29) Q. Did you take the oath of allegiance to any other government than the Confederate States before April 9th, 1865? A. 113 1/2

- (30) Q. Were you transferred from the company in which you first enlisted? A. Yes
- (31) Q. Give Company, Regiment, to which transferred, when and where? A. 113 1/2
- (32) Q. Have you resided in any other State than Alabama? A. Yes Q. If so, give in detail the State and the counties and the years of residence? A. 113 1/2
- (33) Q. What was your postoffice address in the county and State where you last lived before coming to Alabama? A. 113 1/2
- (34) Q. With whom did you live in such State? A. 113 1/2
- (35) Q. What was the exact year and month you came to Alabama? A. 113 1/2

CERTIFICATE AS TO SERVICE BY A CONFEDERATE VETERAN

- (53) Q. Do you know of your own personal knowledge that the above applicant performed actual service as a soldier or sailor of the State or Alabama or Confederate States, and that his command was not an organization only of Home Guards or State Militia? A. Yes
- (54) Q. Do you know positively that the above applicant concluded his service as stated? A. Yes
- (55) Q. Who was his captain? A. John P. Tacey
- (56) Q. Who was his colonel? A. John P. Tacey

- (30) Q. Were you transferred from the company in which you first enlisted? A. No.
- (31) Q. Give Company, Regiment, to which transferred, when and where? A. -----
- (32) Q. Have you resided in any other State than Alabama? A. No. Q. If so, give in detail the State and the counties and the years of residence? -----

(33) Q. What was your postoffice address in the county and State where you last lived before coming to Alabama? A. -----

(34) Q. With whom did you live in such State? A. -----

(35) Q. What was the exact year and month you came to Alabama? A. -----

(36) Q. Are you married? A. No. (Wife dead)

(37) Q. When were you married? A. Sept. 21st. 1867.

(38) Q. What is the age of your present wife? A. -----

(39) Q. If you have any living children, what are their ages, names, and what is each doing? A. -----

Name John S. Guffey; Age 66; Occupation Farmer

Name John W. H. Moore; Age 57; Occupation -----

Name J. F. Guffey; Age 45; Occupation -----

Name -----; Age -----; Occupation -----

(40) Q. Was your name taken as a Confederate soldier in the last census made by the State? A. No.

(41) Q. If not, why? A. Never lived in Alabama.

(42) Q. Do you belong to a Camp of United Confederate Veterans? A. No.

(43) Q. If so, which? A. -----

(44) Q. Have you ever made application for a pension before, in this State, and been rejected? A. yes.

(45) Q. When? A. Sept. 1928.

(46) Q. Why, and by whom? A. -----

(47) Q. Have you ever made an application for a pension in any other state and been rejected? A. No.

(48) Q. If so, give name of state, and reason assigned for rejection? A. -----

(49) Were you ever on the pension roll of any other state than this? A. No. If so, give county ----- and state -----?

(50) Q. Where are you registered as a voter? A. -----

(51) Q. With whom are you living at the present time? A. -----

(52) Q. Have you ever been on the pension roll of this State before? A. No. Q. If so, give years when you drew pension, when dropped, and reason for being stricken from roll? A. -----

I hereby solemnly swear that I have answered the foregoing questions truthfully and fully to the best of my knowledge and recollection.

Sworn to and subscribed before me this 30 day of Sept. 1928.

J. J. Brinkley (Applicant sign here)

Notary Public in and for said State and County.

CERTIFICATE AS TO SERVICE BY A CONFEDERATE VETERAN

(53) Q. Do you know of your own personal knowledge that the above applicant performed actual service as a soldier or sailor of the State of Alabama or Confederate States, and that his command was not an organization only of Home Guards or State Militia? A. Yes.

(54) Q. Do you know positively that the above applicant concluded his service as stated? A. Yes.

(55) Q. Who was his captain? A. Tacey

(56) Q. Who was his colonel? A. -----

(57) Q. What branch of service was he in? A. Infantry

(58) Q. What was your Company and Regiment? A. Company D, 1st Ala. Inf.

(59) Q. Who was your Captain? A. Tacey

Colonel? A. -----

(60) Q. Do you draw a pension from this State? A. No. Q. Do you draw a pension from any other state? A. No.

(61) Q. Do you belong to a Camp of Confederate Veterans? A. No.

(62) Q. If so, give name and location? A. -----

(63) Q. What is your post office address? A. -----

(64) State in detail what you know of the service, capture or parole of this applicant. He was captured 2000 paroled but not

discharged like a soldier

Sworn to and subscribed before me this 30 day of Sept. 1928.

Notary Public in and for State of Alabama, County of -----.

AFFIDAVIT OF TWO CITIZENS OF THE PRECINCT WHERE APPLICANT RESIDES

We, A. C. Bolen and W. F. Cove our post office addresses being Butler Springs Ala., and Butler Springs Ala., respectively, do solemnly swear that we have known

J. S. Guffey whose name is signed to the foregoing application, 35 years and 35 years respectively, that we consider him to be a

trustful and reliable person and do not believe that he would make a false statement for the purpose of securing a pension.

A. C. Bolen W. F. Cove (Two Citizens sign here.)

Sworn to and subscribed before me this 30 day of Sept. 1928.

Notary Public in and for said State and County.

- (30) Q. Were you transferred from the company in which you first enlisted? A. No
- (31) Q. Give Company, Regiment, to which transferred, when and where? A. _____
- (32) Q. Have you resided in any other State than Alabama? A. No Q. If so, give in detail the State and the counties and the years of residence? _____
- (33) Q. What was your postoffice address in the county and State where you last lived before coming to Alabama? A. _____
- (34) Q. With whom did you live in such State? A. _____
- (35) Q. What was the exact year and month you came to Alabama? A. _____
- (36) Q. Are you married? A. No (White man)
- (37) Q. When were you married? A. Sept. 21st. 1869
- (38) Q. What is the age of your present wife? A. _____
- (39) Q. If you have any living children, what are their ages, names, and what is each doing? A. _____
- Name J. L. Griffin; Age 66; Occupation Farmer
- Name W. M. Moore; Age 57; Occupation Farmer
- Name J. L. Griffin; Age 48; Occupation Farmer
- Name _____; Age _____; Occupation _____
- (40) Q. Was your name taken as a Confederate soldier in the last census made by the State? A. No
- (41) Q. If not, why? A. Never in army or navy
- (42) Q. Do you belong to a Camp of United Confederate Veterans? A. No
- (43) Q. If so, which? A. _____
- (44) Q. Have you ever made application for a pension before, in this State, and been rejected? A. Yes
- (45) Q. When? A. Oct. 1928
- (46) Q. Why, and by whom? A. _____
- (47) Q. Have you ever made an application for a pension in any other state and been rejected? A. No
- (48) Q. If so, give name of state, and reason assigned for rejection? A. _____
- (49) Were you ever on the pension roll of any other state than this? A. _____ If so, give county _____ and state _____?
- (50) Q. Where are you registered as a voter? A. _____
- (51) Q. With whom are you living at the present time? A. _____
- (52) Q. Have you ever been on the pension roll of this State before? A. _____ Q. If so, give years when you drew pension, when dropped, and reason for being dropped from roll? A. _____

I hereby solemnly swear that I have answered the foregoing questions truthfully and fully to the best of my knowledge and recollection.

Sworn to and subscribed before me this 21 day of Sept, 1930

A Notary Public in and for said State and County.

CERTIFICATE AS TO SERVICE BY A CONFEDERATE VETERAN

- (53) Q. Do you know of your own personal knowledge that the above applicant performed actual service as a soldier or sailor of the State of Alabama or Confederate States, and that his command was not an organization only of Home Guards or State Militia? A. Yes
- (54) Q. Do you know positively that the above applicant concluded his service as stated? A. Yes
- (55) Q. Who was his captain? A. W. L. Lacy
- (56) Q. Who was his colonel? A. _____
- (57) Q. What branch of service was he in? A. Infantry
- (58) Q. What was your Company and Regiment? A. Company 1st Alabama Infantry
- (59) Q. Who was your Captain? A. W. L. Lacy
- Colonel? A. _____
- (60) Q. Do you draw a pension from this State? A. No Q. Do you draw a pension from any other state? A. No
- (61) Q. Do you belong to a Camp of Confederate Veterans? A. No
- (62) Q. If so, give name and location? A. _____
- (63) Q. What is your post office address? A. Montgomery, Ala. 111
- (64) State in detail what you know of the service, capture or parole of this applicant. A. He captured 2000 paroled but just before he was captured

Sworn to and subscribed before me this 21 day of Sept, 1930

A Notary Public in and for State of Alabama, County of Stewart

AFFIDAVIT OF TWO CITIZENS OF THE PRECINCT WHERE APPLICANT RESIDES

We, A. C. Borden and W. B. Cone, our post office addresses being Bottle Springs, Ala., and Bottle Springs, Ala., respectively, do solemnly swear that we have known J. L. Griffin, whose name is signed to the foregoing application, 35 years and 25 years respectively, that we consider him to be a truthful and reliable person and do not believe that he would make a false statement for the purpose of securing a pension.

Sworn to and subscribed before me this 21 day of Sept, 1930

A Notary Public in and for said State and County.

- (30) Q. Were you transferred from the company in which you first enlisted? A. Yes
 (31) Q. Give Company, Regiment, to which transferred, when and where? A. 1st Ala. Inf. Regt. 1862
 (32) Q. Have you resided in any other State than Alabama? A. No Q. If so, give in detail the State and the counties and the years of residence?

(33) Q. What was your postoffice address in the county and State where you last lived before coming to Alabama? A. None

(34) Q. With whom did you live in such State? A. None

(35) Q. What was the exact year and month you came to Alabama? A. Sept. 1st 1862

(36) Q. Are you married? A. No

(37) Q. When were you married? A. Sept. 1st 1862

(38) Q. What is the age of your present wife? A. 21

(39) Q. If you have any living children, what are their ages, names, and what is each doing? A.

Name John P. Owen; Age 11; Occupation None

Name John P. Owen; Age 11; Occupation None

Name John P. Owen; Age 11; Occupation None

Name John P. Owen; Age 11; Occupation None

Name John P. Owen; Age 11; Occupation None

(40) Q. Was your name taken as a Confederate soldier in the 1st census made by the State?

A. Yes

(41) Q. If not, why? A. Not taken

(42) Q. Do you belong to a Camp of United Confederate Veterans? A. No

(43) Q. If so, which? A. No

(44) Q. Have you ever made application for a pension before, in this State, and been rejected?

A. No

(45) Q. When? A. Not

(46) Q. Why, and by whom? A. Not

(47) Q. Have you ever made an application for a pension in any other state, and been rejected?

A. No

(48) Q. If so, give name of State, and reason as to why you have not?

A. No

(49) Q. Were you ever in the possession of any other land than this? A. No

(50) Q. Where are you registered? A. None

(51) Q. With whom are you living at the present time? A. None

(52) Q. Have you ever been on the pension roll of any other State? A. No

(53) Q. Give name of State, and reason as to why you have not?

A. No

(54) Q. Give name of State, and reason as to why you have not?

A. No

(55) Q. Give name of State, and reason as to why you have not?

A. No

(56) Q. Give name of State, and reason as to why you have not?

A. No

(57) Q. Give name of State, and reason as to why you have not?

A. No

(58) Q. Give name of State, and reason as to why you have not?

A. No

(59) Q. Give name of State, and reason as to why you have not?

A. No

(60) Q. Give name of State, and reason as to why you have not?

A. No

(61) Q. Give name of State, and reason as to why you have not?

A. No

CERTIFICATE AS TO SERVICE BY A CONFEDERATE VETERAN

(51) Q. Do you know of your own personal knowledge that the above applicant performed actual service as a soldier or sailor of the State of Alabama or Confederate States, and that his

command was not an organization only of Home Guards or State Militia? A. Yes

(52) Q. Do you know positively that the above applicant concluded his service, as stated? A. Yes

(53) Q. Who was his captain? A. Lacey

(54) Q. Who was his colonel? A. Lacey

(55) Q. What branch of service was he in? A. Infantry

(56) Q. What was your Company and Regiment? A. 1st Ala. Inf. Regt.

(57) Q. Who was your Captain? A. Lacey

Colonel? A. Lacey

(58) Q. Do you draw a pension from this State? A. No Q. Do you draw a pension

from any other state? A. No

(59) Q. Do you belong to a Camp of Confederate Veterans? A. No

(60) Q. If so, give name and location? A. No

(61) Q. What is your post-office address? A. None

(62) Q. State in detail what you know of the service, capture or parole of this applicant.

A. I captured 2000 paroled at...

Subscribed before me this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Witness my hand and seal of office this 10th day of Sept, 1920

Notary Public in and for State of Alabama, County of Jefferson

Department of Confederate Pensions and Records

406 STATE CAPITOL
Atlanta, Georgia

LILLIAN HENDERSON
DIRECTOR

July 8, 1954.

Miss Payge O. Siskind
Public Welfare Worker
165 Central Avenue, S.W.
Atlanta, Georgia

Dear Miss Siskind:

77-23211-
This will acknowledge receipt of your letter of June 30, 1954, in which you enclosed a photostat copy of the pension application of J.J. Griffin filed in Alabama Feb. 8, 1930. We find nothing in this application to indicate that Mr. Griffin served in the regular Confederate Army. His service appears to have been in the State of Alabama and must have been in the Militia or Home Guards. The only information in the application is that he served in Captain Stacey's Company, Clanton's Brigade. The law requires an applicant for a Confederate pension to give the company and regiment in which her husband served, when and where he entered the service and when and where he surrendered or was discharged from service. Mr. Griffin's application states that he was "not paroled but just disbanded." It was not customary for a Confederate States organization to be disbanded. Unless the soldier was discharged he was supposed to have remained with his command until after General Johnston's surrender at Greensboro, North Carolina, April 26, 1865.

Mrs. Hettie Griffin has not filed an application for a Confederate widows pension in this office. It will be necessary for her to go to the office of the ordinary in the Court House in Atlanta, Georgia, and fill out an application in full before same can be considered.

Mrs. Griffin does not state how long she lived in Alabama, how long she lived in Georgia before moving to Alabama and when she returned to this State for residence.

Department of Confederate Pensions and Records

406 STATE CAPITOL
Atlanta, Georgia

LILLIAN HENDERSON
DIRECTOR

July 8, 1954

Miss Payge O. Siskind

page 2

We have been considering the papers brought to this office by Mrs. Griffin in 1953, but we find no evidence that she is entitled to a Confederate widows pension in the State of Georgia. It is possible that Mrs. Griffin might secure data sufficient to complete her application by requesting her Senator or Representative in Washington to furnish her with a service record of J.J. Griffin, who was said to have served in Captain Stacey's Company, Clanton's Brigade. Georgia has no records of Alabama organizations in the War Between the States.

When Mrs. Griffin's application reaches this office we will again review her file, but at the present time it is incomplete, because the Georgia law requires every widow to furnish proper proof of her husband's service during the War Between the States.

We will be glad to assist you and Mrs. Griffin when her application has been completed and filed in this office.

Sincerely yours,

Lillian Henderson
Director

LB
mb

Department of Confederate Pensions and Records

406 STATE CAPITOL
Atlanta, Georgia

LILLIAN HENDERSON
DIRECTOR

July 19, 1954

Judge Eugene Gunby
Ordinary Fulton County
Atlanta, Georgia

Dear Judge Gunby:

On July 15, 1954, we received from your office an application for a Confederate Widow's pension for Mrs. Hettie P. Griffin.

For more than a year we have been trying to assist Mrs. Griffin in her efforts to establish her claim for a Confederate widow's pension. We cannot approve the application until it is amended with sufficient data to show that her husband, John J. Griffin, served in the Confederate Army. We have carefully read all papers submitted by Mrs. Griffin, including the photostat copy of her husband's application for a Confederate soldier's pension in Alabama. We have been unable to identify Captain Stacey's Company, Clanton's Brigade, as having been a part of the Confederate Army. The proof submitted indicated that Mr. Griffin served in the Home Guards or Militia or some local service in Alabama. Not having access to Alabama records we are unable to ascertain if this assumption is correct.

We suggested to Miss Fayge G. Siskind that she contact one of her Senators in Washington, D.C., and endeavor to ascertain from this source if Captain Stacey's Company, Clanton's Brigade, actually formed a part of the Confederate Army.

We will be glad to consider any additional data sent to this office and hope we may be able to approve Mrs. Griffin's application.

Sincerely yours,

Lillian Henderson
Director

LH
mb

cc: Miss Fayge G. Siskind

th. ma 3215

10.11.1954
Chas. M. Siskind
10.20.1954
Miss Siskind and
longer at Tel-
and 1650
and

COPY

GENERAL SERVICES ADMINISTRATION
NATIONAL ARCHIVES AND RECORDS SERVICE

Washington 25, D. C.

July 29, 1954

Honorable James C. Davis
House of Representatives
Washington, D.C.

Dear Mr. Davis:

Your letter of the 23rd, requested information about the Confederate soldier, John Jackson Griffin, in behalf of Fayge Siskind.

A search of the abstracts of Confederate military service records has failed to reveal information relating to the John Jackson Griffin who served in the Tom Stacy Company of General James Clayton's Cavalry Brigade. The Confederate Military service records in the National Archives, however, are incomplete.

Sincerely yours,

Wayne C. Grover
Archivist of the United States.

Department of Confederate Pensions and Records

408 STATE CAPITOL
Atlanta, Georgia

LILLIAN HENDERSON
DIRECTOR

November 2, 1954

Mrs. Margaret S. Clark
Public Welfare Worker
165 Central Avenue, S.W.,
Atlanta, Georgia

Dear Mrs. Clark:

Thank you for a copy of the letter written to Honorable James C. Davis, Washington, D.C., by the General Services Administration, Washington.

We regret that the letter from Representative Davis gives us no information relative to John Jackson Griffin, husband of Mrs. Nettie P. Griffin. We regret that we cannot, with the data on file in this office, approve Mrs. Griffin's application for a Confederate widow's pension.

Sincerely yours,

Lillian Henderson
Director

LH
mb

June 30, 1954

Mrs. Lillian Henderson,
Confederate Pension Department,
408 State Capitol,
Atlanta, Georgia.

RE: GRIFFIN, John J. - Nettie (Petty)
60-9882

Dear Mrs. Henderson:

Enclosed is all the information which we got from Alabama concerning the above named case including a copy of a letter we received from them.

It is our hope that this information will enable you to help Mrs. Griffin. If there is any other information needed which we may help you secure, please do not hesitate to let us know.

We would appreciate it very much if you will inform us of your final decision on this case.

Thank you for your cooperation.

Yours very truly,

FULCON COUNTY DEPARTMENT OF PUBLIC WELFARE
William E. Ellis, Administrator

(Miss) Fayge C. Siskind, Public Welfare Worker

F084m



STATE OF ALABAMA
DEPARTMENT OF ARCHIVES AND HISTORY
FOUNDED BY THOMAS M. OWEN, LL. D., 1901
MONTGOMERY 5, ALABAMA

IN REPLY REFER TO FILE NO. A-911

14 April 1953

My dear Miss Henderson:

Referring further to the efforts of Mrs. Griffin to prove Confederate service for John Jackson Griffin, the pension papers in this man's case, dating from 1928 through 1930, show that at one time he claimed service in Captain Stacey's Company and at another time under Colonel S. G. Bolling, but these papers do not specifically set out proof of service for Mr. Griffin, though it would seem from the correspondence that the Chairman of the Pension Commission had some interviews and correspondence with men whom Mr. Griffin certified had served with him, and on the basis of statements made, that the Chairman of our Pension Commission did, in 1930, enter Mr. Griffin on the pension roll. These men certified that he served with Clanton's Brigade in West Florida. Many of the troops that served with Clanton's Brigade were Militia Reserves and State Troops, but they were called into service and they were actively engaged between Christmas 1864, and the final surrender of General Clanton's troops just before the battle of Blakeley in 1865.

We have no records here on the basis of which we could certify what evidence was produced to make the Pension Commission enroll this man, but there is a pension application for him and it is regularly numbered and it does indicate that Mr. Griffin drew a pension.

Very truly,

Marie B. Owen
Director

Miss Lillian Henderson, Director
Department of Confederate Pensions & Records
State Capitol
Atlanta 3, Georgia

B:P



FULTON COUNTY DEPARTMENT OF PUBLIC WELFARE
COUNTY ADMINISTRATION BLDG.

165 Central Ave., S. W.
ATLANTA 3, GA.

TELEPHONE MAIN 3215

October 26, 1954

BOARD MEMBERS

CHARLES C. MERRILL, Chairman
MISS BEN MERRITT, V. Chairman
WALTER E. THOMAS
PATRICK BOWMAN
TOM BLAIR

ADMINISTRATIVE OFFICES

WILLIAM E. BLAIR, Administrator
R. W. TOWERS, Deputy Administrator
M. W. MASON, Auditor
MISS ANNE JE JENNINGS
Director, Children's Division

Miss Lillian Henderson, Director
Department of Confederate Pensions and Records
406 State Capitol
Atlanta, Georgia.

RE: John Jackson Griffin
Hettie P. Griffin
65-78222

Dear Miss Henderson:

Enclosed you will find a copy of the letter we received from the office of Honorable James C. Davis.

We hope it will be of some value to you. We assure you of our continued interest in Mrs. Griffin's welfare.

Yours very truly,

FULTON COUNTY DEPARTMENT OF PUBLIC WELFARE

Margaret S. Clark
(Mrs.) Margaret S. Clark
Public Welfare Worker.

MSC1

Enc.



STATE OF ALABAMA
DEPARTMENT OF ARCHIVES AND HISTORY
FOUNDED BY THOMAS M. OWEN, LL. D. 1801
MONTGOMERY 5, ALABAMA

IN REPLY REFER TO FILE NO. A-911

5 March 1953

My dear Mrs. Griffin:

Referring to your request for a C.S.A. record for John J. Griffin, Mrs. Mary Jane Griffin, widow of J. J. Griffin, was a pensioner from Escambia County, this state, in 1904. She claimed service for her husband as a private in Company H and G, 1st Florida Regiment. She certified that he enlisted 1 May 1862, at Milton, Florida, and was honorably discharged in July 1864. She certified that he died on 23 March 1904, and was 66 years of age, living at Benton, Alabama.

We are not able to verify this record as you will note that Mr. Griffin was a member of a Florida outfit. You should write Miss Rounelle Bowen, Secretary of Florida Pension Commission, Tallahassee, and ask for Mr. Griffin's record.

Very truly,

Marie B. Owen

Director

Mrs. Hettie Griffin
1260 Sizemore Road N.W.
Atlanta, Georgia

Bhp

Handwritten note:
... in the ... at ...
... at ...



STATE OF ALABAMA
DEPARTMENT OF ARCHIVES AND HISTORY
FOUNDED BY THOMAS M. OWEN, LL. D. 1801
MONTGOMERY 5, ALABAMA

IN REPLY REFER TO FILE NO. A-911

6 April 1953

My dear Mrs. Griffin:

Referring to your letter of 31 March addressed to Senator Russell and by him referred to us for attention, John Jackson Griffin, then living at Pineapple in Wilcox County, and 81 years of age, made an application to the Pension Commission on 6 June 1930. He claimed in this application that he saw Confederate service from 13 September 1864, to the spring of 1865, and that he served as a private in Captain Stacey's Company, Clanton's Brigade. There is considerable correspondence filed here relative to Mr. Griffin's original application in 1928 and other correspondence relative to the 1930 application.

Under date of June 25, 1930, the Chairman of the Pension Commission wrote Mr. Griffin at Pineapple, that he was putting him on the Pension roll, certain evidence having been brought to show that he did actually serve. We have no complete records here of service for men who served in General Clanton's Brigade and saw service in West Florida, but the fact is historically established.

Trusting that the above will enable you to have your application in Georgia favorably considered,

Very truly,

Marie B. Owen
Director

Mrs. Hettie Griffin
1260 Sizemore Avenue N.W.
Atlanta, Georgia

B: P



FULTON COUNTY DEPARTMENT OF PUBLIC WELFARE

COUNTY ADMINISTRATION BLDG.

161 Central Ave., S. W.

ATLANTA 3, GA.

TELEPHONE MAIN 3211

June 30, 1954

Mrs. Lillian Henderson,
Confederate Pension Department,
404 State Capitol,
Atlanta, Georgia.

RE: GRIFFIN, John J. - Hettie (Petty)
60-98222

Dear Mrs. Henderson:

Enclosed is all the information which we got from Alabama concerning the above named case including a copy of a letter we received from them.

It is our hope that this information will enable you to help Mrs. Griffin. If there is any other information needed which we may help you secure, please do not hesitate to let us know.

We would appreciate it very much if you will inform us of your final decision on this case.

Thank you for your cooperation.

Yours very truly,

FULTON COUNTY DEPARTMENT OF PUBLIC WELFARE
Wellborn R. Ellis, Administrator

Payge G. Siskind

(Miss) Payge G. Siskind, Public Welfare Worker

FGS:rm



SARAH L. HARDEN
SECRETARY

ALABAMA PENSION COMMISSION

THE STATE CAPITOL
MONTGOMERY

March 3, 1953

Mrs. Hettie Griffin
1260 Sizemore Road N. W.
Atlanta, Georgia

Dear Mrs. Griffin:

This will acknowledge receipt of your letter in which you ask for information concerning the service record John J. Griffin.

All permanent records are kept in the Department of Archives and History, and your letter has been forwarded there to the attention of Mr. Peter Brannon.

Any time that this office can be of further service to you, please write us.

Very truly yours,

Sarah L. Harden

Sarah L. Harden
Secretary
ALABAMA PENSION COMMISSION

March 31, 1953

W. M. L. MAY, MEMBER:

we, the undersigned, do hereby certify that Mrs. Hettie Griffin,
has been living at 1260 Sizemore Road N. E., Atlanta, Georgia
for many years.

SIGNED

KNOWN SINCE

Mrs. H. M. Morgan 1951

Mrs. H. R. Rattner 1938

John J. Griffin 1938

W. H. Stuber 1921

Mrs. Mueller 1938

Department of Confederate Pensions and Records

400 STATE CAPITOL

Atlanta, Georgia

LILLIAN HENDERSON
DIRECTOR

April 9, 1953

Mrs. Marie B. Owen, Director
Department Archives and History
Montgomery 5, Alabama

Dear Mrs. Owen:

Mrs. Hettie Griffin of Atlanta, Georgia, brought your letter to her, dated April 6, 1953, to this office today. Mrs. Griffin wishes to apply for a Confederate widows pension in the State of Georgia, but she has no proof of her husband's service except that he served in Captain Stacey's Company. Can you inform us whether this was a local Alabama organization such as Militia, Reserves or State Troops or whether this organization served in the Confederate Army, instead of the State of Alabama only? Your letter further states "that certain evidence has been brought to show that he (John Jackson Griffin) did actually serve." This evidence is not contained in the papers Mrs. Griffin brought to this office.

John J. Griffin, husband of Mrs. Hettie Griffin, died September 19, 1933. Therefore the record of one J.J. Griffin quoted in your letter of March 5, 1953, is not the record of Mrs. Hettie Griffin's husband, as this man died March 23, 1904.

If you can give us additional data so that we may assist Mrs. Griffin in her efforts to establish a service record for her husband, John J. Griffin, we will greatly appreciate same.

Sincerely,

Lillian Henderson
Director

LH
mt

LYNDEN E. BARNETT, N. H. HENRIK S. ROSS, N. H.
 BYRON E. BARNETT, N. H. HENRIK S. ROSS, N. H.
 ALVIN E. FLEMING, N. H. HENRIK S. ROSS, N. H.
 HANLEY E. FLEMING, N. H. HENRIK S. ROSS, N. H.
 ROBERT E. FLEMING, N. H. HENRIK S. ROSS, N. H.
 FRANK E. FLEMING, N. H. HENRIK S. ROSS, N. H.
 JAMES E. FLEMING, N. H. HENRIK S. ROSS, N. H.
 JOHN E. FLEMING, N. H. HENRIK S. ROSS, N. H.

United States Senate
 COMMITTEE ON ARMED SERVICES

April 1, 1953

Mrs. Rattie Griffin,
 1260 Sizemore Avenue, N. W.,
 Atlanta, Georgia.

Dear Mrs. Griffin:

This will acknowledge and thank you for your letter of March 31 concerning the Civil War Record of your husband, Mr. John J. Griffin.

You may be sure that I would like to be helpful to you, but am afraid that there is very little, if anything, that I can do as these records are exclusively within the jurisdiction of the State. However, I am getting in touch with the Department of Archives and History in Montgomery and will advise you when I have reply.

With cordial best wishes, I am

Sincerely,

Marie B. Owen

COPY

STATE OF ALABAMA
 DEPARTMENT OF ARCHIVES AND HISTORY
 Founded by Thomas M. Owen, LL.D., 1901
 Montgomery 5, Alabama

In reply refer to File No. A-911

3 June 1954

My dear Miss Siskind:

Referring to your letter of 26 May, addressed to the Confederate Pension Department and handed to us for attention, the application papers of Mr. John Jackson Griffin, not John Jerry Griffin, are filed here.

There seems to have been some question as to Mr. Griffin's eligibility for a pension and the correspondence indicates that it extended over a period of nearly three years, but when certain depositions and other statements were brought to the attention of the Pension Commission, this man was placed on the roll. The pension application shows that his connection with Tom Stacey's Company of General James Clanton's Cavalry Brigade was accepted. His claim that he was in active service from 13 September 1864, until the Battle of Blakely in the spring of '65, was accepted. This man never claimed to have been captured or paroled. It is an historical fact that certain of these Cavalry Units who saw service in West Florida were not captured and as a consequence, never paroled as they disbanded about the time the Federal troops entered the Gulf area prior to the Blakely campaign.

If under the circumstances you wish to have a photostatic copy made of the four pages of Mr. Griffin's application for a pension, we can furnish you with that, though as stated above, it does not prove his service plainly. The Pension Commission was influenced in granting relief to this applicant by the depositions and statements of people who appeared before the board.

Very truly,

(Signed) Marie B. Owen
 Director

Miss Fayge G. Siskind, Public Welfare Worker
 Fulton County Department of Public Welfare,
 County Administration Building,
 165 Central Avenue, S.E.
 Atlanta, Georgia.

1260 Sizemore Avenue N. W.,
Atlanta, Georgia

March 21, 1933

Honorable Richard S. Russell, Jr.,
Senate Office Building
Washington 25, D. C.

Dear Senator Russell:

I am the widow of Mr. John J. Griffin, who deceased September 19, 1933
at the age of 86. Mr. Griffin was born in Butler County, Alabama,
September 19, 1850.

Mr. Griffin was a Confederate veteran, and received a pension several years
prior to his death. This pension was in the amount of \$150.00 Quarterly.
I have been trying to get his service record from the Department of Archives
and History, Montgomery, Alabama. This effort is in the interest of assisting
me in securing a pension as a widow of a Confederate veteran under the new
law passed in Georgia during February 1933.

In endeavoring to establish Mr. Griffin's service record at Montgomery,
Alabama, the Department of Archives and History advised me on March 2, 1933
their file A-511, regarding one John J. Griffin, who was a private in Company
H and O, 1st Florida Regiment, a pensioner from Escambia County, Alabama.
This Mr. John J. Griffin's widow was Mrs. Mary Jane Griffin. This Mr.
Griffin died at the age of 86 at Jackson, Alabama March 21, 1904. This,
of course, is not the record of my deceased husband.

Following are some facts regarding this matter:

1. I am Mr. Griffin's second wife. I was married to him July 9, 1890⁴
at Camden, Alabama.
2. His first wife was Mrs. Nancy McGroery Griffin.
3. Being unable to secure a death certificate from Wilcox County, Alabama,
I have obtained a sworn statement from three people attesting to the
fact that he deceased September 19, 1933 - this document being signed
by J. T. Griffin, one of his sons, and W. R. Sessions and W. C. Goss,
all of Pinnapple, Alabama. This paper is notarized by Mrs. Harvey F.
Langdon of Butler Springs, Alabama and dated March 21, 1933.

I respectfully request your assistance in getting data established through
the Department of Archives and History at Montgomery, Alabama of Mr. John J.
Griffin's service in the Confederate Army - his company, regiment, date of
enlistment and date of discharge. With this information I will be in
position to make proper application to the State of Georgia for the much
needed pension, as I have no income.

Thanking you for any assistance you may be able to give me in this matter,
I am

Sincerely yours,

Mrs. Bettie Phillips

B/

Marriage License and Certificate

State of Alabama,
WILCOX COUNTY.

TO ANY PERSON LAWFULLY AUTHORIZED TO SOLEMNIZE
MARRIAGE WITHIN THIS STATE—GREETINGS:

You are hereby authorized to celebrate the rite of matrimony between:

John J. Griffin and Bettie Phillips
and required to return Marriage License, and Certificate, duly certified under your hand, to the Probate Judge of the aforesaid County.

Witness my name as Judge of Probate, and the seal of said Court, at the Court House in Camden, this 21st

day of July, A. D. 1933.

Pat W. Dannelly
Judge of Probate.

I certify that the within named John J. Griffin (Name of Groom) and Bettie Phillips (Name of Bride)

were by me, the undersigned, joined in marriage, by the authority of the within License.

Done this 21 day of July, A. D. 1933 at Camden, Ala.
C. L. Bell
Minister

STATE OF ALABAMA, WILCOX COUNTY:

I hereby certify that the above is a true and correct copy of marriage of John J. Griffin
and Bettie Phillips, as found in Marriage Record 2, Page 262, in my office.

Given under my hand and seal this 27 day of September, 1933
J. M. McLeod
Judge of Probate.

I respectfully request your assistance in getting data established through the Department of Archives and History at Montgomery, Alabama of Mr. John J. Griffin's service in the Confederate Army - his company, regiment, date of enlistment and date of discharge. With this information I will be in position to make proper application to the State of Georgia for the much needed pension, as I have no income.

Thanking you for any assistance you may be able to give me in this matter, I am

Sincerely yours,

Mrs. Nettie Griffin

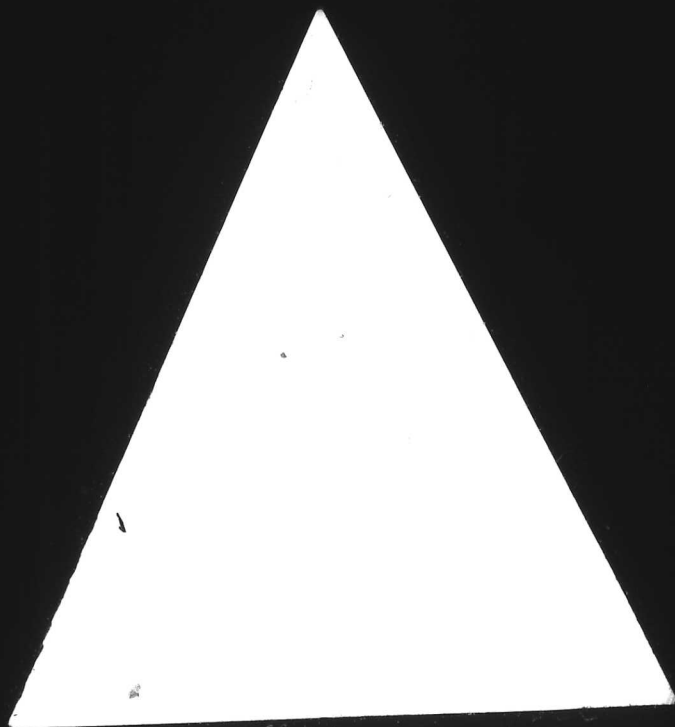
W/

and Arthur Phillips, as found in Marriage Record 262, Page 262, in my office.
Given under my hand and seal this 29 day of February, 1903.
J. M. McLeod
Judge of Probate.

Mrs. Nettie Griffin was
the John J. Griffin's
second wife.
His first wife was
Mrs. Nancy M. Gray Griffin.
Mr. Griffin was born
in Butler Co., Sept. 19, 1850.
By Mrs. Harold Hall,
St. 1, Pine Apple, Ala.
Mrs. J. T. Griffin
Pine Apple Ala. St. 1.
Signed
Mrs. Harvey F. Langhem
(Notary Public)

Butler Springs, Ala.
March 21, 1903.
To whom it may concern.
This is to certify that I knew
Mr. John J. Griffin and know
that he died on Sept. 19, 1903.
W. H. Cone.
W. H. Cone
(a notary)
Signed
Mrs. Harvey F. Langhem
(Notary Public)

Notary Public



Ordinary's Certificate

STATE OF GEORGIA,

COUNTY }

I, W. J. Lindsey, Ordinary of said County, do certify that I know Mrs. J. J. Griffin the applicant for pension. She

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908, that I also know Henry T. Cherry of the

the witness Henry T. Cherry that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavit and that they both are truthful, true, worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 21 day of Dec 1919
(SEAL) Ordinary, County

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness to 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 truth, the whole truth and nothing but the truth." 2. Additional affidavits may be attached if deemed necessary. 3. All affidavits must be sworn to before the Ordinary. 4. The evidence of the person to be sworn and certified by said Ordinary must be given in writing. 5. This Ordinary must give a copy of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

Griffin, J. J. (Mrs.)
No. 7 Fulton County

Widow's Pension

Under Act 1910--as Amended by Act of 1919.

County Dalton
Name Mrs. J. J. Griffin
Widow of J. J. Griffin
Company N. D. Cherry
Regiment _____
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byed Printing Co. State Printer, Atlanta.

10-31-1919

Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY }

I, T. H. Griffin Ordinary of said County, do certify that I know Mrs. J. J. Griffin the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know Henry F. Brankin the witness who ~~was on 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 31st day of Oct 1919

(SEAL) T. H. Griffin Ordinary, Fulton County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth, 'So help you God.'" 2. Additional affidavits may be attached if blank spaces are insufficient. 3. 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 Fulton
Name Mrs. J. J. Griffin
Widow of J. J. Griffin
Company K. Co. Georgia
Regiment 10th
Approved [Signature]

J. W. LINDSEY,
Commissioner of Pensions
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,

Fulton COUNTY }

Personally before me comes Mrs. J. J. Griffin 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. J. Griffin, 70 Poplar Street, Albany, Georgia
2. How long and since when have you been a continuing resident of the State of Georgia? A life long resident
3. When, where and to whom were you married? Dec. 22nd 1873, O'Connell, Ga., to J. J. Griffin
- a. Have you married since the death of first and soldier husband? No
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) 1864, 10th Georgia Infantry, Company E, commanded by Capt. T. E. Griffin
5. When and where did the commands of your husband surrender or discharge from the army? When he was killed
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? When he was killed
8. Where was his command when he left? When he was killed
- a. For what cause did he leave his command? When he was killed
- b. By whose authority did he leave his command? When he was killed
- c. For how long was he granted leave of absence? When he was killed
- d. What was his physical condition when he left his command? When he was killed
- e. What effort did he make to return to his command? When he was killed
- f. In what way was he prevented from going back to Command? No
- g. Was he captured by the enemy at any time? No
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? No
- j. When and where did your first husband die? July 11th 1877, O'Connell, Ga.
- k. Were you residing together when he died? Yes
- i. If not, how long had you resided apart? Yes
- m. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State? No
If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the

31 day of Oct 1919 Mrs. J. J. Griffin
T. H. Griffin Ordinary
of Fulton County.
(SEAL)

Proof of service will follow

1. If not, how long had you resided apart? yes
 m. Are you now a widow? yes
 9. Have you or your husband heretofore been paid a pension by the State?
 If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the

3rd day of Oct 1929

Wm. H. Griffin Ordinary

of Fulton County.

(SEAL)

Proof of service will follow

Griffin, J. J. Mrs.

Fulton

For Fulton County

1926

Application for Pension Due Deceased Pensioner

(UNDER ACT 1915)

(To pay expenses of last illness and funeral)

Wm. H. Griffin Ordinary

For Mrs. J. J. Griffin

Date of Death Nov 25 1925

Amount \$ 100.00

Approved and ordered paid

John W. Clark

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 payroll to be permanently filed with them. Do not keep this application in your office.

H. M. PATTERSON

FRED'K. W. PATTERSON

Established 1880

H. M. Patterson & Son

Funeral Directors

96 North Forsyth St.

Atlanta, Ga.

CHAPEL
FLOWERS

LINCOLN
AMBULANCES

Sold to Mrs. Louise Griffin
Funeral expenses of Mrs. Ella Picklen Griffin

Basket	225	
Steel Vault	100	
Transfer to office	5	
Embalming, Bathing, Dressing, Hair Dressing	15	
Three Constitution Notices	7	20
Two Georgian Notices	5	22
Two Journal Notices	5	04
Three Railway Tickets	4	44
Long Distance		60
Full-Bearers' Gloves	2	60
Motor Flower Car and Packing Flowers	5	
Motor Hearse	10	

GEORGIA, FULTON COUNTY.

Personally appeared R. Lee Miller who swear that the above bill is just and true and was for the funeral expenses of Mrs. J. J. Griffin, Deceased who died without sufficient funds to defray funeral expenses.

Sworn to and subscribed before me this 3rd day of March, 1926.

Arthur R. Mead
U.S.D.

385

82 ✓

STATE OF GEORGIA.
COUNTY OF FULTON.

Personally before the undersigned authority now comes
HENRY F. BRANHAM, who upon oath says:

That he was present at the marriage of J. J. Griffin
and Miss Ella F. Picklen, which occurred in Oxford, Ga., on December
22, 1873; that the said J. J. Griffin and the said Mrs. Ella F.
Griffin lived together continuously as man and wife from the date of
their marriage to the date of the death of said J. J. Griffin in the
year 1897; that the said Mrs. J. J. Griffin has not remarried since
the death of her husband and is now his lawful widow.

Sworn to and subscribed before me
this October 31, 1919.

Thos. H. Jeffries
ORDINARY FULTON CO., GA.

Henry F. Branham
"

Application for Pension Due to a Deceased Pensioner

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

(Under Act Approved August 15, 1904)

GEORGIA, *Fulton* County.
Personally before me, the Ordinary of said County, comes *R. Lee Miller of Hine*
Oaterson, Ga. of said County, who, after being sworn, on oath
says that he knew *Mrs. J. J. Griffin* of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in *Fulton*
County, in this State, on the *28* day of *Nov* 192*5*, and that
a Pension of *78* Dollars was due pensioner and
unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and
no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of *\$38.50*, per
sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

Adeline R. Markert Ordinary *Attest: Adeline R. Markert*
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 *R. Lee Miller*, who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit;
that I also knew *Mrs. J. J. Griffin* 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 *78* Dollars in said County for 192*5*, 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 *31* day of *Nov* 192*6*
(Seal of Ordinary) *Thos. H. Jeffries* Ordinary
Fulton County

INSTRUCTIONS:

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

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

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

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached needs to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bills—must be taken 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. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.

6th. Return this application, and attached bills, with your final settlement to the Pension Department.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

who died without owning sufficient property to pay this bill."

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

eth. 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.

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

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

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

THE GEORGIA FIRE UNDERWRITERS

AGENCY OF THE

**ROYAL INSURANCE COMPANY, LIMITED,
OF LIVERPOOL**

SOUTHERN DEPARTMENT

ATLANTA, GEORGIA.

BOYCE FICKLEN & SON
RESIDENT AGENTS
WASHINGTON, DC

Washington Ga Dec 18th 1919

Hon J. W. Lindsey, Commissioner of Pensions
Atlanta
Ga.

Dear Mr. Lindsey—

Referring to our conversation yesterday, about such, in re the application of my sister, Mrs. E. F. Griffin—

After leaving your office, I saw the applicant, and she gives me the following data— Says—" her application was as far as she knows, properly attested, by two witnesses. **IX** First, as to her husband's service in the army, by Judge Josiah Flurnoy of Columbus Ga. who was with Mr Griffin in the war— 2nd by Mr Henry Branham, who has known her and her husband, 35 or 40 yrs. and he testified to the marriage of Griffin and herself, some time in 1871 or 1872. "

She farther says, that she handed the application in person to Ordinary Jefferies, on 31st of October 1919 and after the ordinary had finished with it, she asked him for it saying she had to have it in your office that day, and that Mr Jefferies, replied to her, it would not be necessary for her to take it to you, as he had a number of application he had to take to you that evening, and would be pleased to take her's along with the others"

THE GEORGIA FIRE UNDERWRITERS

AGENCY OF THE

**ROYAL INSURANCE COMPANY, LIMITED,
OF LIVERPOOL**

SOUTHERN DEPARTMENT

ATLANTA, GEORGIA.

BOYCE FICKLEN & SON
RESIDENT AGENTS
WASHINGTON GA

J. W. L # 2.

Now, if Mr Jefferies took over her application to you as he said he would, together with the others he said he had to take to you, then it should be in your office, and if the application passed your inspection, then it seems that she should be on the pension list, or if not approved by you, then, it seems proper that the applicant should have been notified of any defects, or omissions? Men do not always do what they say they are going to do, and it is possible that Col Jefferies may have failed to deliver it to you.

At any rate, there appears to be a gap in the proceedings somewhere, and it is ~~THE~~ the gap I am hunting up.

Am writing 'Doctor' Henry Branham to day, to bet busy and assist me to find the trouble, as he, as stated above, has known Mr & Mrs. Griffin 30 or 40 years and perhaps longer.

very truly yours

Thos. Lindsey

he had to take to you that evening, and would be pleased to take her's along with the others"

MUSCOGEE CLUB
COLUMBUS GA

Page 1

Affidavit of Josiah
Flaunoy, Enlisted Private
in Nelson Rangers,
a regularly enlisted Co
in the Confederate States
Army, & Esent to Genl
E Kirby Smith & also to
Gen Stephen D Lee
Josiah Flaunoy also states
that for some nine months
during the years 1864 & 1865
he was a member of
a Company of Cavalry
Alabama State Troops
commanded by Capt ND
Querry, of Russell County
Alabama. That this Company
was stationed at Opelika
Alabama & Tallapoosa Alabama
in defense of the State
of Alabama. That J. J.

MUSCOGEE CLUB
COLUMBUS GA

Page 2

Griffin, known as "Ruff
Griffin" to this said Company
was an enlisted member
of this said Alabama Co.
That his record as a Soldier
was good.
When the Civil War ended
I was not with this Alabama
Co. but fighting with the
2nd Georgia State Line Troops.
& know nothing as to this
Alabama Company after
I left the Company, being
on detached duty.

Josiah Flaunoy

Subscribed and sworn to
before me this 21st day of April 1919
J. M. White, Clerk
Muskegeen

Querry. of Russell County
Alabama. That this Company
was stationed at Opelika
Alabama & Talladega Alabama
in defense of the State
of Alabama. That J. J.

John S. and Subscri
before me this 20th day of 1918
J. J. [Signature]
Musculogon

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I,

of

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

at

day of

by

Witness my hand and seal this

Executed in presence of

Verily authorize

1890

(L.S.)

Remitted 7/24/90
Applicant visited
Deer and from
where was, when
his business was
conducted, - then
came from there
when he was
lost with it -
and from this
fact by a witness
who knows all
the facts made
an of his own
statement to the
Attorney

Epithet, John W.
St. Paul, Ga.

INDIGENT PENSION
 1899.

Name *W. Griffiths*
 County *Fulton*
Co C 1 Ga

Approved _____ 1899.

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDED TO

1/6-1900 3/5-1901

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I, _____, hereby authorize _____ of _____ County, Georgia, to receive and receipt for the pension allowed, and request that he remit same to _____ at _____ by _____ 1899.

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of _____

(L. 8)

INDIGENT PENSION

1899.

Name

County

Approved

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

RECEIVED BY THE STATE ARCHIVE, ATLANTA.

1/10-19/10 3/15-1911

Questions for Applicant.

STATE OF GEORGIA.

County.

I, *Julius W. Griffin*, of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *Julius W. Griffin, Atlanta, Ga.*
2. How long and since when have you been a resident of this State? *Was 20 years in Ga. & released by Bureau of Pensions Co. Ga.*
3. When and where were you born? *Franklin Co. North Carolina*
4. When and where and in what company and regiment did you enlist or serve? *1862 at Atlanta Ga. Co. C. 1st Confederate Ga. Reg.*
5. How long did you remain in said company and regiment? *End of War*
6. For how long a period did you discharge regular military duty? *all the time*
7. When, where and under what circumstances were you discharged from service? *discharged by close of War*
8. What is your present occupation? *Labourer - Horseman*
9. How much can you earn (gross) per annum by your own exertions or labor? *Very little*
10. What has been your occupation since 1865? *Labourer*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? *1st & 2nd*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? *If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight.*
13. What property, effects or income do you possess, and its gross value? *None*
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897 and 1898, and what disposition, if any, did you make of same? *None*
15. In what County did you reside during those years, and what property did you then return for taxation? *Louisiana Ky, till 1878 then in Ga.*
16. How were you supported during the years 1897 and 1898? *Partly by my own efforts & chiefly by Charity of others*
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *Don't know*
18. What was your employment during 1897 and 1898? What pay did you receive in each year? *No regular pay, a few odd earnings & board*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *No*
20. Are you receiving any pension? If so, what amount, and for what disability? *No*

Sworn to and subscribed before me this the _____ day of _____ 1899.

Julius W. Griffin Applicant.
of *Franklin* County.

Every Question MUST be Answered

*Received from 7/10/10
Applicant's receipt
State and Pensions
When was, when
his Commission was
Surrendered - then
comes from there
to when he was
last with it -
and from this
sent by a witness
who knows all
the details, and
as by the same
remaining to be in
the hands of
the witness*

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton COUNTY,

Chas. V. Payne, of said State and County, having been presented as a witness in support of the application of J. W. Griffith for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? R. T. Payne Atlanta Ga
2. Are you acquainted with J. W. Griffith, the applicant; if so how long have you known him? 30 years
3. Where does he reside, and how long and since when has he been a resident of this State? he has no home since Jan 899
4. When, where and in what company and regiment did he enlist, and how do you know? of the 1st
in 1862 so he fell from regiment because I was a member
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Three years
he was wounded on his hip in front of Vicksburg
in 1864 when Hood made his memorial march to him
he was a good soldier
7. What property, effects or income has the applicant? (Give your means of knowledge.) he has no property or income because he has been to
only found and I have done what I could for him
8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same? he did not possess any
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? he has not
10. What is the applicant's occupation and physical condition? he is a gardener
but not physically able to earn his support
11. Is the applicant unable to support himself by labor of any sort, if so, why? because of
the wound in his hip
12. How was he supported during the years 1897 and 1898? by his fellow men
13. What portion of his support for these two years was derived from his own labor or income? none
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? he is an old man and very infirm
from an old wound in his hip
calling that he would make a living at
15. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this 8 day of May 1899, R. T. Payne Witness.

J. W. Griffith Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton COUNTY.

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

He has the scars of a gun shot
wound on his left thigh and hip.
The penetrating wound is seen being about
two inches above the knee. The wound in rear of
exit being on the back side of hip.

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

Sworn to and subscribed before me this 6 day of May 1899.

Arch. Arary M.D.
James C. Arary M.D. Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton COUNTY.

I, J. W. Griffith, Ordinary in and for said County, hereby certify that the applicant, J. W. Griffith, resides in said County, and has been a bona fide resident of this State since the 1st day of Jan 1899, and that the witnesses, viz: R. T. Payne and Arch Arary & James C. Arary are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1896 none Dollars of property, and in 1897 none Dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 8 day of May 1899.
J. W. Griffith Ordinary.
of Fulton County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____ of _____

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

at _____ by _____

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

[L. S.]

Executed in presence of _____

William J. W.
not witness

(FOR THOSE ALREADY ENROLLED.)

No. *184*
1903

INDIGENT

SOLDIER'S PENSION
1902.

Name *Ed. W. Layman*
County *Fulton*
Co. *1st*

WARRANT ISSUED

1902

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Wm. W. Harrison, State Printer, Atlanta.

Wm. W. Harrison

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears John R. Wilkinson of **Fulton**.

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of March, 18____; that he is _____ years old and by occupation a _____ that he enlisted in the military service of the Confederate States (or of the State of La), during the war between the States, and served for the term of 4 yrs in Company C, of 1st Regiment of Carles; that his physical condition is as follows:

Wounded in thigh

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of **Fulton** county been allowed a pension for the year 1900.

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

John R. Wilkinson Ordinary.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this JAN 31 1902

day of _____, 1902.

Ordinary **Fulton** County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____

hereby authorize

of

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

by

WITNESS my hand and seal, this _____ day of _____

1904.

[L. S.]

Executed in the presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____

hereby authorize

of

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

by

WITNESS my hand and seal, this _____ day of _____

1905.

[L. S.]

Executed in the presence of

Griffin & H. H. Griffin, Co

COPIES ALREADY ENROLLED
Griffin & H. H. Griffin, Co

COPIES ALREADY ENROLLED

No. 1824

INDIGENT

**SOLDIER'S PENSION
1904.**

Name *J. W. Griffin*
County *Fulton from Route*
Co. *C* Regiment *14*

WARRANT ISSUED
1/24 1904.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
Griffin

JOHN W. LINDSEY, STATE PRINTER, ATLANTA

500 date

Griffin & H. H. Griffin, Co
Fulton County

COPIES ALREADY ENROLLED
(FOR THOSE ALREADY ENROLLED.)

No. 35

INDIGENT

**SOLDIER'S PENSION
1905.**

Name *J. W. Griffin*
County *Fulton*
Co. *C* Regiment *14*

WARRANT ISSUED
4/8 1905.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
Griffin

JOHN W. LINDSEY, STATE PRINTER, ATLANTA

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears *J. W. Griffin* of *Fulton* *Butte* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *18th* day of *July*, 18*97*; that he is *34* years old and by occupation a *laborer*. That he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *3 yrs* in Company *C* of *14th* Regiment of *Ga* *the Confederate Ga*; that his physical condition is as follows: *Infirmary poverty and Age*

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the *20th* day of *Jan*, 1904.

Ordinary.

STATE OF GEORGIA,

Fulton County.

I, *John R. Wilkinson* Ordinary of said County, do certify that I am well acquainted with *J. W. Griffin* 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 *20th* day of *Jan*, 1904.

Ordinary.

County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears *J. W. Griffin* of *Fulton* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____, 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 yrs* in Company *C*, of *14th* Regiment of *Ga*; that his physical condition is as follows: *Infirmary poverty and Age*

that his property consists of the following items:

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

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

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

Ordinary.

STATE OF GEORGIA,

Fulton County.

I, _____ Ordinary of said County, do certify that I am well acquainted with *J. W. Griffin* 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 _____, 1905.

Ordinary.

County.

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

day of

1904.

John R. Wilkinson
Ordinary

County.

NOTE.—The blank spaces must be filled.

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

day of

1905.

Ordinary

County.

NOTE.—The blank spaces must be filled.

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



J. H. H. M. ORDINARY

BUTTS COUNTY.

JACKSON, GA.

Feb 10

1901

Hon. J. W. Lindsey
Com. of Pensioners
Atlanta, Ga.

Dear Sir: There is at hand

your the application of J. W. Griffin with
supplementary affidavit. I was in your
office to see you concerning this on the
5th inst. I wish to add that this man
is very ignorant. He can not read and it
may be that he has not filled out his application
just as a more intelligent or educated
person would have done but there is no
question of his loyal service and his right
to have his name enrolled on the roll of
pensioners. He is now living with me
on his board and clothes.

Yours very truly,
W. A. Payne, not. pub.

Georgia, Butts County:
Personally appeared before me
Robert J. Payne, of said State and
County, and John J. White, of said
State and County, who being duly
sworn depose and say that
John W. Griffin was a member
of Co. C. First Confederate Georgia
Regiment and was in service from
1862 to 1864; affiants were members
of the same company.

R. J. Payne
J. J. White

Subscribed and sworn to
before me this 10th day of
Feb. 1901. Edgar W. D. J. P.

Georgia
Butts Co

Personally came before
me, J. H. Ham Ordinary, J. W. Griffin
who on oath says that he was
captured on the 1st day of Nov. of 1865
at Kingston N.C. and that the
following is a correct statement of
the facts as he remembers them:

On the morning of the above
date I was detailed by Richard
Belcher acting Capt. & Lieut. on account
of all the other officers having been either
killed or wounded, to do picket duty.

I was the only man from my
company detailed for picket duty that day, indeed
there was only 5 men left in my company.

Shortly after 12 o'clock we were ordered
to charge and in that charge through a
thicket of woods I was with others from
different companies captured by the pickets
of the enemy. After my capture I was sent
to prison at Point Lookout, Md. and
was there confined till the 17th or 27th of June
1865, and was then sent to Washington D.C.
where I was discharged and given trans-
portation to Louisville Ky.

Sworn to and
subscribed
before me
J. W. Griffin
Ordinary

This record 7-1901

J. H. Ham
Ordinary

GEORGIA, Butts County.
I Certify, That J. W. Griffin
the holder of this Certificate was Indigent
and paid the sum of Sixty (60.00) Dollars
from this County, in 1903, and that he, or she, now resides in Fulton
County. So this day transferred to Fulton County,
Given under my hand and official signature, this 13th January, 1904

J. H. Ham
Ordinary, Butts Co.

of the enemy. After my capture I was sent
to prison at Point Lookout, Md. and
was there confined till the 19th or 27th of June
1865, and was then sent to Washington, D.C.,
where I was discharged and given trans-
portation to Louisville, Ky.

Sworn to and
subscribed
before me

J. W. X. Griffin
notary

This record 7-1901

J. H. Hoane
Ordinary

OBITUARY CERTIFICATE

STATE OF GEORGIA

Fulton COUNTY

I, W. B. Lindsey Ordinary of said County, do certify that I know Mrs. R. B. Guffin the applicant for Pension and that I know that she is the person that she represents herself to be, and that she is a bona fide continuing resident of said county and was on the 4th day of November, 1908.

That I also know Mrs. R. B. Guffin witnesses to the service of husband's marriage, and that both of said persons were duly sworn by me.

before signing their respective affidavits and that they are truthful and trustworthy persons and their statements are entitled to full faith and credit.

Given under my hand and official seal of office, this 16 day of Oct 1919
of Fulton County } Ordinary

(SEAL)

Widow's Application

Under Act 1910

Who Lost a Husband During War as a Soldier,
Remarried and is Now a Widow. . . .

County Fulton
Name Mrs. R. B. Guffin
Soldier-Husband's Name E. W. Wiggins
Company K
Regiment 38th Ga.
Name of Last Husband R. B. Guffin
Approved _____

J. W. LINDSEY,
Commissioner of Pensions

Printed by the State Printer, Atlanta.

10-23-1919

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Frederick COUNTY }

I, T. H. Guffey Ordinary of said County, do certify that I know
Mr. R. B. Guffey the applicant for Pension and that I know that she is the
 person that she represents herself to be, and that she is a bona fide continuing resident of said county, and
 was on the 4th day of November, 1908

That I also know Mrs. G. H. Guffey witness to the service of husband's marriage, and
 the death of husband, that both of said persons were duly sworn by me Clark
 before signing their respective affidavits and that they are truthful and trustworthy persons and their
 statements are entitled to full faith and credit.

Given under my hand and official seal of affix, this the 16 day of Oct 1919
T. H. Guffey Ordinary
 of Frederick County }

(SEAL)

Guffey R. B. Guffey
Frederick
Frederick

Widow's Application

Under Act 1910

Who Lost a Husband During War as a Soldier,
 Remarried and is Now a Widow.

County Frederick
 Name Mrs. R. B. Guffey
 Soldier-Husband's Name E. W. Wiggins
 Company 1st
 Regiment 35th Inf.
 Name of Last Husband R. B. Guffey
 Approved _____

J. W. LINDSEY,
 Commissioner of Pensions
 3rd Printing Co., State Printer, Atlanta.

10-23-1919

Widow's Affidavit who Lost Husband Killed During the War and Afterwards Married and Now a Widow

STATE OF GEORGIA,

Fulton COUNTY }

Personally before me comes Mrs. R. B. Guffin of said county who, after being sworn on oath, says that she became the lawful wife of E. W. Viggins on the 5 day of August 1862 and that he did on the 2 day of May 1862 enlist in Company K, 38th GA Regiment and was on the 17 day of Sept. 1862 killed or died as the result of an injury received while in line of duty on the 17 day of Sept. 1862 leaving this applicant his widow. That on the 23 day of Dec 1872 she was married to R. B. Guffin of DeKalb County, and that on the 20 day of July 1914 in the county of Fulton State of Georgia the said R. B. Guffin died and that this deponent is now a widow.

Sworn to and subscribed before me, this the 9 day of October 1919

Artem R. Marshall Ordinary

Fulton County

(SEAL)

Mrs R B Guffin
Cart Point, Ga

Affidavit of Witness to the Service and Death of Soldier-Husband and Her Marriage

STATE OF GEORGIA,

Fulton COUNTY }

Personally before me comes Mrs. E. J. Hammond who, after being duly sworn, says that he knew E. W. Viggins that he enlisted in Company K, 38th GA Regiment of Vol. Inf. on the 2 day of May 1862 and that on the 17 day of Sept. 1862 he was killed or died as a result of the injury received Sept. 17, 1862 while in line of duty as a soldier in the Confederate army, and that he knows Mrs. R. B. Guffin the applicant. She and her said soldier husband were married on the 5 day of August 1862 and that she was his widow at his death, that he knows that the said Mrs. E. W. Viggins married again on the 23 day of Dec. 1972 to one R. B. Guffin and that her said husband R. B. Guffin died on the 20 day of July 1914 and that the applicant is now a widow.

Sworn to and subscribed before me, this the 9 day of October 1919

Artem R. Marshall Ordinary

Fulton County

(SEAL)

Mrs E J Hammond

READ THIS NOTE:-

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the ordinary of the County of the residence of the person to be sworn, and certified to by such Ordinary.
 4. Only widows whose husbands died from wounds or injuries received in line of duty before 30 April, 1865 have since married and are now widows are entitled to this Pension.
- Attach copies of marriage license of both marriages to prove marriage, by some one who know it, or by general reputation.

Confederate army, and that he knows Mrs. B. B. Guffin the applicant. She and her said soldier husband were married on the 5 day of August 1857 and that she was his widow at his death, that he knows that the said Mrs. B. W. Wiggins married again on the 23 day of Dec 1972 to one R. B. Guffin and that her said husband B. B. Guffin died on the 20 day of July 1914 and that the applicant is now a widow.

Sworn to and subscribed before me, this the 9 day of October 1919

William R. Washburne Ordinary } Wm. S. J. Hammond
of Fulton County }

(SEAL)

READ THIS NOTE:-

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the ordinary of the County of the residence of the person to be sworn, and certified to by such Ordinary.
4. Only widows whose husbands died from wounds or injuries, received in line of duty before 30 April, 1865 have since married and are now widows are entitled to this Pension.
5. Attach copies of marriage license of both marriages or prove marriage, by some one who know it, or by general reputation.

Power of Attorney.

STATE OF GEORGIA.

County. }

herely authorize

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

by

Witness my hand and seal, this

day of

1900.

[L. S.]

Executed in presence of

INDIGENT PENSION,

1900.

1901

Name

S. A. Griffin

County

Fulton
Co. 4-29 1/2

Approved

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

4/30-1901

Power of Attorney.

STATE OF GEORGIA,

County, }

hereby authorize

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

Witness my hand and seal, this

day of

1960.

[L. S.]

Executed in presence of

INDIGENT PENSION,

1900.

1907

Name SA Griffin

County FULTON

Approved 29th

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. LINDSEY, State Printer, Atlanta.

4/30-1907

Questions for Applicant.

STATE OF GEORGIA,

County, }

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

1. What is your name and where do you reside? Give State, County and post office. *Simon A. Griffin, 101 So. Main St. Atlanta Ga. Fulton County*
2. How long and since when have you been a resident of this State? *Since 1841, almost 60 years*
3. When and where were you born? *Jan. 28, 1801 in Saunders County, Georgia, formerly part of the River Saunders County, now in Wisconsin; Co. 3.*
4. When and where and in what company and regiment did you enlist or serve? *Nov. 1846, 1st Regt. Georgia Infantry, 1st Div. 1st Corps, U.S. Army, at Fort Mifflin, Pa.*
5. How long did you remain in such company and regiment? *one year*
6. When and where was your company and regiment surrendered and discharged? *at Ft. Mifflin, Pa.*
7. Were you present with your company and regiment when it was surrendered? *Yes*
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? *Left for home, 1847, to look after my wife and children, and to see to the care of my property.*
9. How much can you earn (gross) per annum by your own exertions at labor? *nothing at present*
10. What has been your occupation since 1865? *nothing at present*
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? *I am blind and poor.*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? *I came out of war with chronic inflammation of the eyes, which has since become permanent blindness. I have since been unable to do any work, and have been in the hospital for several years. I have a wife and children, and am unable to support them.*
13. What property, real or personal, or income, do you possess, and its gross value? *None*
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? *None*
15. In what County did you reside during those years, and what property did you then return for taxation? *1894, 1895, 1896, 1897, 1898, 1899, in the County of Fulton, Georgia.*
16. How were you supported during the years 1898 and 1899? *by Son*
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *I do not know and cannot estimate anything.*
18. What was your employment during 1898 and 1899? What pay did you receive in each year? *None*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *I have a wife and 3 children, 2 sons and 1 daughter, all grown up. My wife is blind and unable to do any work. My children are in the army and navy. I have no means of support.*
20. Are you receiving any pension? If so, what amount and for what disability? *None*

Every Question MUST be Answered.

21. Have you ever made an application for pension before? *Yes*

22. How many applications have you ever made and under what class? *Under class*

Sworn to and subscribed before me this the 23 day of March 1900.

Simon A. Griffin Applicant

John W. Lindsey Commissioner of Pensions, Ordinary, of *Fulton* County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

County,

L. J. Knight of said State and County, having been presented as a witness in support of the application of W. L. Griffin for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? L. J. Knight Livingston County, Georgia
2. Are you acquainted with W. L. Griffin, the applicant; if so, how long have you known him? Ever since he was born
3. Where does he reside, and how long and since when has he been a resident of this State? Livingston County, Georgia, all of his life
4. When, where and in what company and regiment did he enlist, and how do you know? Enlisted in the 29th Ga. Regt. 1864 in the 1st Co.
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? Until captured in 1864
7. When and where was his command surrendered? North Carolina
8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? He was in prison on Johnson Island
- When did he leave his command? 21st July 1864 For what cause? Captured
11. How do you know all of this? I was in the command with him

11. What property, effects or income has the applicant? (Give your means of knowledge.) I do not know
 12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? General day
 13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? General day
 14. What is the applicant's occupation and physical condition? No fixed occupation - Poor
 15. Is the applicant unable to support himself by labor of any sort, if so, why? I am unable to day
 16. How was he supported during the years 1898 and 1899? By his children
 17. What portion of his support for these two years was derived from his own labor or income? I can not say
 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? I am unable to say
 19. What interest have you in the recovery of a pension by this applicant? None whatever
- Sworn to and subscribed before me, this 21st day of March 1906, L. J. Knight Witness.
- J. S. Meadows Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

County,

Personally came before me, Dr. H. A. Vinson and Dr. H. A. Young, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully W. L. Griffin, applicant for pension under Section 1254, Code, and after such personal examination say that his present physical condition is as follows:

He is old and feeble. He is not able to do any kind of physical labor. His mind is very weak it is impossible for him to do any mental work. He is badly crippled on the left side. He is not able to earn a living by any work.

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

Sworn to and subscribed before me, this 21st day of Feb 1906, J. A. Vinson M.D. H. A. Young M.D. John R. Wilkinson Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County,

I, John R. Wilkinson Ordinary in and for said County, hereby certify that the applicant W. L. Griffin resides in said County, and has been a bona fide resident of this State since the 29th day of Jan 1841 and that the witnesses, viz: Dr. H. A. Vinson and Dr. H. A. Young

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

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

I further certify that the tax digests of Pinckton County show that applicant returned for taxation in his name in 1898 _____ Dollars of property, and in 1899 _____ Dollars of property.

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

Witness my hand and seal of office, this 29th day of April 1906.

John R. Wilkinson Ordinary, of Pinckton County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Fulton

County.

I, *S. A. Griffin*

hereby authorize *E. G.*

of *Adams*

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

at

by

Witness my hand and seal, this *7* day of *March* 1902.

S. A. Griffin

[L. S.]

Executed in presence of

John W. Lindsey

John W. Lindsey

(FOR THOSE ALREADY ENROLLED.)

Case No.

No. *30*

INDIGENT

SOLDIER'S PENSION

1902.

Name *S. A. Griffin*

County *Fulton*

Co. *1st*

Regiment *7th*

WARRANT ISSUED

1902.

3/1

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

E. G.

JOHN W. LINDSEY, State Printer, Atlanta.

no date

Griffin S. A.

Fulton Co.

(FOR THOSE ALREADY ENROLLED)

Case No.

No. *462*

INDIGENT

SOLDIER'S PENSION

1907.

Name *S. A. Griffin*

County *Fulton*

Co. *1st*

Regiment *7th*

WARRANT ISSUED

1907.

4/6

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

E. G.

JOHN W. LINDSEY, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears J. A. Griffin of Fulton,

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 27 day of July 1847; that he is 60 years old and by occupation a none that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company 9, of 27th Regiment of Georgia; that his physical condition is as follows:

Liver trouble

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Fulton county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the March 26 day of 1902,
John R. Williford

J. A. Griffin
Ordinary.

STATE OF GEORGIA,
Fulton County.

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

Given under my official signature and seal, this 7 day of March 1902.

John R. Williford
Ordinary Fulton County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears J. A. Griffin of _____

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____ that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company _____ of 27th Regiment of Georgia; that his physical condition is as follows: Infirmity & Poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore, as a resident of _____ County, been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the _____ day of _____ 1902.
John R. Williford Ordinary.

State of Georgia,

Fulton County.

I, John R. Williford, Ordinary of said County, do certify that I am well acquainted with J. A. Griffin the applicant in the foregoing affidavit, and I 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 _____ 1902.

ALLA
TAMM
COAL
CO. CO.

Ordinary _____ County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

Griffin, S. A.
S. A. Griffin, Captain
100th REGIMENT, 1903.
(FOR THOSE ALREADY ENROLLED)

No. 317

INDIGENT

**SOLDIER'S PENSION
1903.**

Name *S. A. Griffin*

County _____

Co. *4* Regiment *29th*

Gen. Vol.

WARRANT ISSUED

100 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

JOHN W. LINDSEY, State Printer, ALBANY.

no data

Griffin, S. A.
Fulton Co.

YOUR SECTION 124.
(FOR THOSE ALREADY ENROLLED)

No. *313*

INDIGENT

**SOLDIER'S PENSION
1904.**

Name *S. A. Griffin*

County *Fulton*

Co. *4* Regiment *29th*

Gen. Vol.

WARRANT ISSUED

100 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

JOHN W. LINDSEY, State Printer, ALBANY.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____, 1904.

[L. S.]

Executed in the presence of _____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears S. A. Giffie of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 29th day of January, 1844; that he is 60 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 yrs in Company 4, of 29th Regiment of Geo Vols; that his physical condition is as follows: Discharged

that his property consists of the following items: _____

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

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

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

John P. Wilkinson Ordinary.
STATE OF GEORGIA,
County.

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

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

John P. Wilkinson Ordinary County.

NOTE.—The blank spaces must be filled.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.

Personally appears _____ of _____ County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 27 day of June, 1844; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 yrs in Company 4, of 29th Regiment of Geo Vols; that his physical condition is as follows: Discharged

that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this the _____ day of JAN 29, 1904.

John P. Wilkinson Ordinary.
STATE OF GEORGIA,
County.

I, John P. Wilkinson Ordinary of said County, do certify that I am well acquainted with S. A. Giffie 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 _____, 1904.

John P. Wilkinson Ordinary Fulton County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY. }

I, _____

hereby authorize

of _____

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

by _____

WITNESS my hand and seal, this _____ day of _____ 1905.

[L. S.]

Executed in the presence of _____

(FOR THOSE ALREADY ENROLLED.)

No. 410

INDIGENT SOLDIER'S PENSION 1905.

Name W. L. Griffin
County _____
Co. E. Regiment 24th Reg.

WARRANT ISSUED

4/18 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. L. Griffin

100 State

STATE OF GEORGIA.

COUNTY. }

I, _____

hereby authorize

of _____

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

by _____

WITNESS my hand and seal, this _____ day of _____ 1906.

1906.

[L. S.]

Executed in the presence of _____

(FOR THOSE ALREADY ENROLLED.)

No. 402

INDIGENT SOLDIER'S PENSION 1906.

Name W. L. Griffin
County _____
Co. E. Regiment 24th Reg.

WARRANT ISSUED

4/17 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. L. Griffin

no debt

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears J. A. Griffin of

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company C, of 29th Regiment of Geo. Inf; that his physical condition is as follows: Infirmary and poverty

that his property consists of the following items:

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

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

I Sworn to and subscribed before me, this _____ day of _____ 1905.

Ordinary.

STATE OF GEORGIA,

County.

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

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

Ordinary.

County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton. County.

Personally appears J. A. Griffin of Fulton.

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company C, of 29th Regiment of Geo. Inf; that his physical condition is as follows: Infirmary and poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of Fulton County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this _____ day of JAN 1, 1905-1906.
John Robertson Ordinary.

State of Georgia,

Fulton. County.

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

Given under my official signature and seal, this JAN 1 1906 day of _____ 1906.
John Robertson Ordinary.

Ordinary.

County.

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

do certify that I am well acquainted with S. A. Griffin
the applicant in the foregoing affidavit and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself,
to be, and that he resides in this County.

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

Ordinary.

County.

NOTE.—The blank spaces must be filled.

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

do certify that I am well acquainted with S. A. Griffin
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.

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

Ordinary.

County.

NOTE.—The blank spaces must be filled.

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

Griffin, S. A.
Fulton County

No. 1913

Application for Pension Due Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. Emily M. Griffin

Widow of S. A. Griffin

of Fulton County

Co. Regt. Vol.

Approved and paid

191

J. W. LINDSEY,

Commissioner of Pensions.

GEORGIA

County.

I hereby authorize and constitute

lawful attorney to collect and receipt for me in my name the Pension due me for 1913 through my

deceased husband,

who was on

Pension Roll and paid from

Witness my hand this

day of

for 1913

Attested before me

GEORGIA Fulton County.

I

that I personally know

Ordinary of said county, do certify

is the lawful widow of

the applicant, and that she

the

Pension Roll of said

and was on

a Pension from

county for 1913, and was paid

of his death on the

day of

1913, there was due to

him and unpaid his Pension of

Payable from the State

of Georgia, and I know

himself, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this

day of

1913

Ordinary,

County.

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA Baldwin County.

Personally before me comes Mrs Emily W. Griffin, of said county, after being duly sworn, on oath says that she is the widow of S. A. Griffin who was duly enrolled as a Indigent Pensioner from the county of Fulton and was paid a Pension of Eighty Dollars from Fulton county for 1912, and that the said S. A. Griffin died in Baldwin county on the 10 day of May, 1913, and at the time of his death a Pension of \$60.00 was due him from Fulton county and unpaid for 1913.

Applicant further swears that she married the said S. A. Griffin on the 9 day of January, 1886, in Clintch county and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 13 day of July, 1913.

John R. Wilkerson Ordinary. Emily W. Griffin (L. S.)
Fulton County.

AFFIDAVIT OF WITNESS.

State of Florida
GEORGIA, Hillabrough County.

Personally before me comes Nancy Saom, who on oath says that he knew S. A. Griffin while in life and that she knows his widow Mrs Emily W. Griffin the above applicant; that he knows that the said S. A. Griffin and Emily W. Griffin were in due form of law married in the county of Clintch in the State of Georgia on the nineteenth day of January, 1886, and that they resided together as husband and wife from date of marriage to the day of his death on the 10th day of May, 1913, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 26th day of July, 1913.

J. B. Casale Ordinary. Nancy Saom
My commission expires 1st Dec 1915

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

the above applicant; that he knows that the said L. J. Knight were in due form of law married in the county
and Emily W. Griffin in the State of Georgia on
of Chinich the ninth day of January 1886, and that they resided together
as husband and wife from date of marriage to the day of his death on the 10th day
of May 1918, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 26th day of July 1918.

J. B. Casale Ordinary.
Notary Public in and for the State of Georgia
My Commission Expires Sept 15, 1918 } Nancy, Ga.

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

Office of
S. S. Meadows,
Ordinary Brooks Co

Quitman, Ga., Week 4th 1901

J. S. Meadows - Ordinary of
Brooks Co Ga. do certify that
L. J. Knight is a resident citizen
of Brooks Co Ga and that he
is entitled to full faith and
credit for all his testifics in
the foregoing statement.
J. S. Meadows
Ordinary
Brooks Co Ga

NAME **Griffin, Simon A.** YEAR **1901** COUNTY **Fulton**

WHEN AND WHERE BORN? **January 28th. 1881 Lowndes County, Ga.**
almost sixty years old.

ENLISTED WHEN AND WHERE? **1881 Berrien Co. Ga.**

RANK.

COMPANY AND REGIMENT? **Co. G, 28th. Regt. Ga. Vols.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED? **Contracted pneumonia in service- chronic liver trouble and dyspepsia,**
ruptured on left side.

CAPTURED, WHEN AND WHERE?

REMARKS?

WAS EVER RE-ENLISTED?

IF CAPTURED AT SURRENDER, WHERE WERE YOU? **With Johnson above Atlanta, Ga.**
sent to hospital with pneumonia.

DISCHARGE WHEN AND WHERE?

EDUCED.

WITNESSES. **Knight.**
L.J. King, same command - No date.

IF YOU WOULD CONSENT TO SURRENDER, WHERE WERE YOU? With Johnson above Atlanta, Ga.
sent to hospital with pneumonia.

DEEDS AND WHERE?

BOYD.

Knight.

WITNESSES. L.J. ~~King~~ same command - No date.

JW

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

herely authorize

I, _____ of _____

at _____

Witness my hand and seal this _____ day of _____

_____ 1898.

Executed in presence of _____

[L.S.]

14 Whitehall St

No. 3014

Griffin, J. D.
Fulton Co
INDIGENT PENSION

1898.

on Roll

Name

J. D. Griffin

County

Fulton

Approved

5/10

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appd

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

2/18-98

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY.

I, _____ hereby authorize
of _____
to receive and receipt for the pension allowed and request that he remit same to.
at _____ by _____
Witness my hand and seal this _____ day of _____ 1898.
Executed in presence of _____ [L.S.]

Questions for Applicant.

STATE OF GEORGIA,

_____ County.

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

1. What is your name and where do you reside? (give State, County and post office.)
W. J. Griffin, Atlanta, Ga., May 1st 1898.
2. How long and since when have you been a resident of this State?
4th October 1894 Muscogee Co. Ga.
3. When and where were you born?
Dec 1st 1871 Alabama
4. When and where and in what company and regiment did you enlist or serve?
Dec 1st 1894 57th Alabama Regt 4th March 1895
5. How long did you remain in such company and regiment?
1st Class of the war
6. For how long a period did you discharge regular military duty?
5 years
7. When, where and under what circumstances were you discharged from service?
1st Class of the war
8. What is your present occupation?
I was a Carpenter
9. How much can you earn (gross) per annum by your own exertions or labor?
Nothing
10. What has been your occupation since 1865?
Carpenter
11. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"?
I have been suffering from Paresis for over 12 months and am unable to work at all
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
I have been suffering from Paresis for over 12 months and am unable to work at all
13. What property, effects or income do you possess and its gross value?
I possess nothing
14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897 and what disposition, if any, did you make of same?
My Carpenter tools were all I possessed
15. In what County did you reside during those years and what property did you then return for taxation?
I resided in Muscogee County, Alabama nothing
16. How were you supported during the years 1866 and 1897?
I was able to do some work in 1896 I was helped by family in 1897
17. How much did your support cost for each of those years and what portion did you contribute thereto by your own labor or income?
About 60 to 70 dollars I contributed nothing
18. What was your employment during 1896 and 1897? What pay did you receive in each year?
Carpenter not over 60 to 70 dollars in 1896
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
I have a wife & children but we do not live together they support themselves with me they own no homestead
20. Are you receiving any pension, if so, what amount and for what disability?
I receive no pension

I, W. J. Griffin Applicant.
do hereby certify that the foregoing is a true and correct copy of the answers given by the applicant to the questions for applicant.
of _____ County.

Every Question MUST be Answered

No. 3014
Griffin, W. J.
Atlanta, Ga.
INDIGENT PENSION

1898.

on Roll

Name: W. J. Griffin
County: Atlanta

Approved: 5/10 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

appt

W. W. ANDERSON, STATE PRINTER, ATLANTA.

2/18/98

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton County.

W. F. Slator, of said State and County, having been presented as a witness in support of the application of J. J. Griffin for pension under the Act approved December 16th, 1894, and after being duly sworn true answer to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? W. F. Slator, residing in Atlanta, Ga.
2. Are you acquainted with J. J. Griffin, the applicant, if so how long have you known him? Since 1862.
3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Atlanta, and been resident of State 10 yrs.
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted in Company D, 37th Ala. Reg. in Auburn, Ala. in 1862. I know because I was Major of Regt. in support of the rebels.
5. Were you a member of the same company and regiment? Yes, I was a member of the same company and regiment.
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? I know he performed regular military service until end of war. He was a brass battery, and Capt. of Company D. He was discharged from service when war was ended.
7. What property, effects or income has the applicant? (Give your means of knowledge.) I do not know.
8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? I do not know.

9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom? Not that I know of.
10. What is the applicant's occupation and physical condition? He was a carpenter when I knew him; he is not able to work now.
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable to support himself because of failure of health.
12. How was he supported during the years 1896 and 1897? I do not know.

13. What portion of his support for these two years was derived from his own labor or income? I do not know.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 16th, 1894? This physical condition is such as to render work impossible for him, and he has no income whatever.
15. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this 3 day of July, 1898, by W. F. Slator Witness: W. F. Slator Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Fulton County.

Personally came before me E. C. Cantelero and R. L. Linder Reed, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully Thomas J. Griffin, applicant for pension under the Act of 1894, and after each personal examination say that his precise physical condition is as follows:

He is suffering with tuberculosis and has almost lost power of locomotion, can walk short distance only, & cannot stand long.

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

Sworn to and subscribed before me this 9 day of July, 1898, by E. C. Cantelero M.D. and R. L. Linder Reed, M.D. Ordinary.

ORDINARYS' CERTIFICATE.

STATE OF GEORGIA.

Fulton County.

I, W. F. Slator Ordinary in and for said County, hereby certify that the applicant Thomas J. Griffin resides in said County, and has been a bona fide resident of this State since the 3 day of July, 1898, and that the witnesses, viz: E. C. Cantelero and R. L. Linder Reed are of true worthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of none County show that applicant returned for taxation in his name in 1896 none Dollars of property, and in 1897 none Dollars of property.

In my opinion the foregoing claim is not made in good faith. Witness my hand and seal of office, this 9 day of July, 1898, by W. F. Slator Ordinary of Fulton County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Houston County, }
 I, J. J. Griffin, hereby authorize
Dr. J. C. Gordon of Atlanta, Ga.
 to receive and receipt for the pension allowed, and request that he remit same to
J. J. Griffin at the above House
 by the 1st of April 1899
 Witness my hand and seal this 1st day of March 1899.
 Executed in presence of
R. S. H. P. } J. J. Griffin (L. S.)
Houston County

CODE SEC. 1284.
 (For Those Already Enrolled.)

No. 724

INDIGENT

SOLDIER'S PENSION,

1899.

Name J. J. Griffin
 County Houston

WARRANT ISSUED
3/24 1899

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDLED TO
J. J. Griffin
 Geo. W. Harrison, State Printer, Atlanta.

Griffin's Copy
1899

POWER OF ATTORNEY.

STATE OF GEORGIA,

Houston County, }
 I, J. J. Griffin, hereby authorize
Dr. J. C. Gordon of Houston County
 to receive and receipt for the pension allowed, and request that he remit same to
the above House at
 by
 Witness my hand and seal, this 1st day of March 1899.
 Executed in presence of
J. J. Griffin (L. S.)

Dr. J. C. Gordon - I certify that J. J. Griffin
 is a duly appointed P.P.T.
 of Houston County and his name
 is on the list of names of the
 soldiers of the Confederate Army
 who were in the service of the
 United States from 1861 to 1865
 This July 8-1899

CODE SEC. 1284.
 (For Those Already Enrolled.)

No. 1584

INDIGENT

SOLDIER'S PENSION,

1900.

Name J. J. Griffin
 County FULTON

WARRANT ISSUED
January 23 1900.

JOHN. W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDLED TO
J. J. Griffin
 Geo. W. Harrison, State Printer, Atlanta.

Griffin's Copy
1899

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON County.

Personally appears D. Griffin of FULTON

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 12 day of Aug 1888; that he is 65 years old and by occupation a General; that he enlisted in the military service of the Confederate States (or of the State of Ala.) during the war between the States, and served for the term of 3 Years in Company C, of 27th Regiment of Alabama; that his physical condition is as follows:

General Ability

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of FULTON county been allowed a pension for the year 1898 & D. Griffin

Sworn to and subscribed before me, this, the 24 day of March 1899, by A. H. Hulse Fulton County Ga Ordinary.

State of Georgia,
FULTON County.

I, W. H. HULSEY, Ordinary of said County, do certify that I am well acquainted with D. Griffin 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 March 1899.



W. H. Hulsey
Ordinary FULTON County.

Note.—The blank spaces must be filled.
Note.—A Affidavit should not be attested before January 1st, 1899.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON County.

Personally appears D. Griffin of FULTON

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 12 day of August 1888; that he is 65 years old and by occupation a General; that he enlisted in the military service of the Confederate States (or of the State of Ala.) during the war between the States, and served for the term of 3 Years in Company C, of 27th Regiment of Alabama; that his physical condition is as follows:

General Ability

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Fulton county been allowed a pension for the year 1899 & D. Griffin

Sworn to and subscribed before me, this, the 24 day of March 1900, by A. H. Hulse Fulton County Ga Ordinary.

State of Georgia,
FULTON County.

I, W. H. HULSEY, Ordinary of said County, do certify that I am well acquainted with D. Griffin 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 March 1900.



W. H. Hulsey
Ordinary FULTON County.

Note.—The blank spaces must be filled.
Note.—A Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

I, *J. P. Griffin*,
Geo C Ford,
 hereby authorize
 of *Button Co. Ga*
 to receive and receipt for the pension allowed and request that he remit same to
 me,
 at *Oak-Blade Ga*
 by *hand*.

Witness my hand and seal, this *14* day of *January*, 1901.

J. P. Griffin
 -[L. S.]

Executed in presence of

C. B. Langford Jr.

GRIFFIN, J. P. - Fulton Co.

Geo C Ford

button

COOK BROTHERS, LSA

(For Those Already Enrolled.)

No. *487*

INDIGENT

SOLDIER'S PENSION.

1901.

Name *J. P. Griffin*
 County *Fulton*

WARRANT ISSUED
July 14 1901.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDLED TO

J. P. Griffin
Geo C Ford
 Warrant not signed
 State Auditor

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Buttler County.

Personally appears *J. J. Griffin* of *Buttler* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1st* day of *August* 1888; that he is *65* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 years* in Company *D*, of *3rd* th Regiment of *Alabama*; that his physical condition is as follows:

general disability

that his property consists of the following items.

of the value of *500* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of *Buttler* county been allowed a pension for the year 1899

Sworn to and subscribed before me, this the

16 day of *January* 1901.

John R. Wilkinson Ordinary.

J. J. Griffin

STATE OF GEORGIA,

Buttler County.

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

Given under my official signature and seal, this *16th*

day of *January* 1901.

John R. Wilkinson
Ordinary *Buttler* County.



NOTE—The blank spaces must be filled.
NOTE—Affidavit should not be attested before January 1st, 1901.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Fulton County.

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

1. What is your name and where do you reside? (Give County and Post-office). Atlanta Ga
J. B. Griffin, Fulton County, State of Georgia
2. How long and since when have you been a continuous resident citizen of this State? 50 years
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? in the Army of the Confederate States
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service). at Dalton Ga March 5 1864 Artillery Company 8th Regt
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge). same Camp Chase in June 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service?
7. Were you actually present with your Command when it was surrendered or discharged? yes
8. If you were not actually present, state specifically and clearly where you were.

- a. Where was your Command when you left it? on battlefield of Gettysburg Pa
- b. When did you leave the Command?
- c. For what cause did you leave?
- d. By whose authority did you leave?
- e. For how long was your leave granted? In what way?
- f. Why did you not return to your Command after leave expired?
- g. In what way were you prevented? in prison camp Chase
- 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? Camp Chase Ohio June 1865
9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) none
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? none
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list.) none
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? I have none but my labor I have no wife
13. Are you drawing a pension of any amount from this State or the United States? no
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? I have not

Sworn to and subscribed before me, this day

28 day of Nov, 1912

John B. Griffin Ordinary,

of Fulton County.

Confederate

Soldier's Application.

UNDER ACT 1910.

County

Name

Company

Regiment

Approved

ENTERED POSTER OFFICE

J. W. LINSLEY.

Pension

THOMAS P. WHITE, STATE PRINTER, ATLANTA

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Wayne County.

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

1. What is your name and where do you reside?
M.O. Connor, Cape Spring Sta.
2. How long and since when have you known J. Griffin the applicant?
Since March 5, 1864
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know?
Atlanta, born and lived in Georgia all his life.
4. When, where and in what Company and Regiment did J. Griffin enlist during war from 1861 to 1865? (Give date and place).
March 5, 1864 Dalton Ga in
5. How did you obtain your information of this Service?
I was present as a member of the same company
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date)
March 5, 1864 to the close of war
7. When and where was his Command surrendered or discharged (give date and place).
Captures at Salisbury N.C. April 13, 1865
8. Were you personally present at the surrender?
Yes at the capture
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender?
Capture Yes,
11. If not where was he and how came him there?

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

13. In what way was he prevented from returning to his Command? In Prison Camp
How do you know? Was with him
14. What effort did he make to return to his Command and how do you know?

15. Was applicant captured as a prisoner? Yes If so, when and where? April 13 1865 Salisbury N.C. In what prison was he held? Camp Chase and when released? June 1865

Sworn to and subscribed before me, this 28 day of Nov 1910 } M.O. Connor

John C. David Ordinary,
of Wayne County. I do certify that M.O. Connor is a bona fide resident of Wayne County and is a resident of Wayne County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

Personally before me comes E. Daniels who on oath says that they are freeholders residing in said County and we know J. Griffin the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)
None

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1906? (State it fully by items.) None
2. When and to whom was it sold or given to? None
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full values?

or was it made to obtain a pension?
Sworn to and subscribed before me, this E. Daniels day of _____ 1910 }
Ordinary,
of _____ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, _____ Ordinary of said County, certify that I know the applicant _____ for Pension is the person he represents himself to be and resides in said County. That I also know _____ the witness swearing to the service and _____ who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of _____ shows that _____ and wife value for tax is in 1906 \$ _____ for 1907 \$ _____ for 1910 \$ _____ Sworn under my hand and official seal of office this _____ day of _____ 1910

Ordinary,
of _____ County.

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

that W. O. Cannon is of the same family as the
9 credible - 4227 2nd St. Anderson

NAME **Griffin, T. J.** YEAR **1898** COUNTY **Fulton**
WHEN AND WHERE BORN? **October 4, 1884 - Marietta County, Georgia**
ENLISTED WHEN AND WHERE? **March 1898 - Auburn, Alabama**
RANK. **Witness says applicant was Captain of Company I**
COMPANY AND REGIMENT? **Company I, 37th Alabama Regiment**
NAME OF CAPTAIN AND COLONEL? **Major W. F. Slaton (Major of same Regiment)**
WOUNDED?
CAPTURED, WHEN AND WHERE?
RELEASED?
WHEN AND WHERE SURRENDERED? **In service until close of war**
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?
DIED, WHEN AND WHERE?
BURIED.
WITNESSES.
1w

Southern Office
American Harco Company
Tuladega, Alabama

*Can't find Griffin on Roll
so don't know what Co*

April 9 1901

Dear Sir-

Would you kindly inform me
whether or not, T. J. Griffin, a confederate
veteran, of your State, had his last appor-
tionment collected before he died a few weeks
since? Also inform me if there is possibility
of his widow, who is still living and in
need of it having it transferred to her.
By so doing you will confer a

Southern Office
American Harco Company
Tuladega, Alabama

(7)

great favor upon a worthy lady.
If I have not addressed the right
party please hand this to the proper
person to investigate.

Yours very truly
T. J. Griffin

over

Party please hand this to the proper
person to investigate.

Yours very truly
W.L. Griffin

over

Atlanta

4/4-1901

Dear Sir

In making inquiry
about Percin & his Clatus
also give name of Candy
from which he was drawing
his Percin when he did
them I can assume difficulty

W.L. Griffin
Cous of Percin

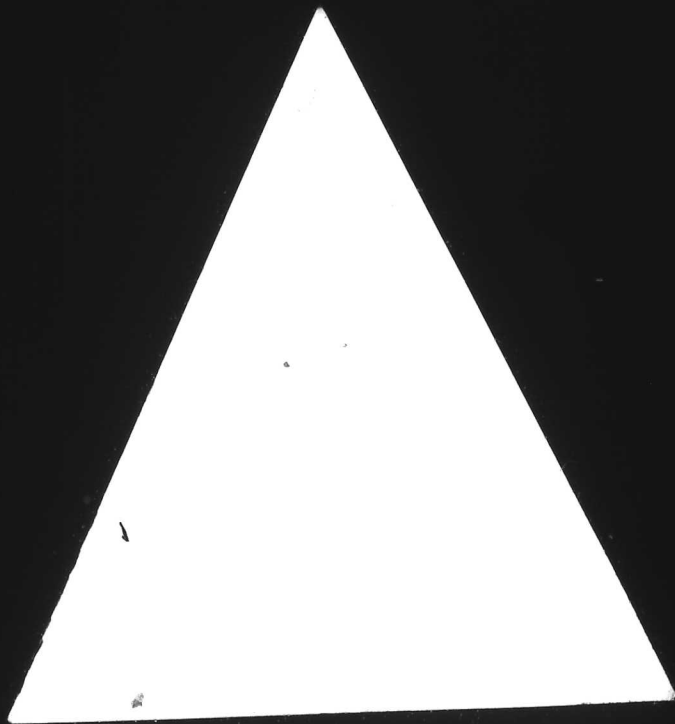
There is a man in
the city who
is a friend of
the family.

W.L. Griffin
April 1901

I am sorry that the following have
not seen the evidence in regard to the
evidence of the case in the past. I
do not know where the evidence is
to be found but I understand it is in a
certain place and if it was possible
without any doubt I would have
it.

Yours truly W.L. Griffin

to find but I understand it to mean
that I am to be at the same place
without any further delay.
— Yours Truly W. L. Garrison



POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

I, _____ hereby authorize

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

at _____ day of _____ 1897.

Witness my hand and seal this _____ day of _____ 1897.
Executed in presence of _____

Cedars Park.
484
Griffin, William
Lytle
No. 2276

INDIGENT PENSION
1897.

Name *William Griffin*

County *Fulton*

Approved *7/9* 1897.

WARRANT HANDED TO

affid

SEN. W. BARRING, STATE PRINTER, ATLANTA, C.

3/1697

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

hereby authorize

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

Witness my hand and seal this

day of 1897.

Executed in presence of

INDIGENT PENSION

1897.

Name

County

Approved

7/9

1897.

WARRANT HANDED TO

3/14/97

Questions for Applicant.

STATE OF GEORGIA,

County.

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

1. What is your name and where do you reside? (give State, County and post office) *William J. Griffin, Kulton County, Ga. Marietta, Georgia*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? *In Kulton County, Georgia*
3. When and where were you born? *January first 1832, Kulton Co, Ga*
4. When and where and in what company and regiment did you enlist or serve? *May 1862 Company E, 56th Regiment*
5. How long did you remain in such company and regiment? *Two years*
6. For how long a period did you discharge regular military duty? *Two years*
7. When, where and under what circumstances were you discharged from service? *I was captured near Atlanta, Ga. by General Sherman's Army, taken to Fort Oglethorpe, Georgia*
8. What is your present occupation? *I have none, am unable to work, and do nothing*
9. How much can you earn (gross) per annum by your own exertions or labor? *Nothing*
10. What has been your occupation since 1865? *Trying to farm*
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? *Infirmary and poverty*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? *None as badly affected, and know of one badly affected, but I have no knowledge of the third, and I am continually getting worse*
13. What property, effects or income do you possess and its gross value? *Nothing*
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? *I had one mule and one cow, one horse, one wagon in 1894, May 1895. The wagon was burned and the mule died and worthless*
15. In what County did you reside during those years and what property did you then return for taxation? *one mule, Kulton County*
16. How were you supported during the years 1895 and 1896? *by my wife and her children*
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *I do not know. I relied on a living*
18. What was your employment during 1895 and 1896? What pay did you receive in each year? *I had none, was unable to do any work*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *I have a wife, 3 boys, 2 children by her first husband. They have no homestead*
20. Are you receiving any pension, if so what amount and for what disability? *I have none*

Sworn to and subscribed before me this the

13 day of May 1897.

Notary Public.

of Kulton County.

Applicant.

Every Question MUST be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton County.

W. D. Proctor, of said State and County, having been presented

as a witness in support of the application of William J. Griffin for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W. D. Proctor
212 Fulton County, at Peachtree Sta.
2. Are you acquainted with William J. Griffin, the applicant, is of how long have you known him? About forty-five years
3. Where does he reside, and how long has he been a resident of this State? Marionetta Ga. he has lived in this State since I know him
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I do not volunteer in Co E. 56th Regt. together in May 1862
5. When, where and in what company and regiment did he enlist? March 1862 in Clayton County, Co E. 56th Regt.
6. Were you a member of the same company and regiment? Yes
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Until he was captured near Columbia Ga. in 1864

8. What property, effects or income has the applicant? (Give your means of knowledge.) He has nothing that I know of. I live near him.
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any, did he make of same? He had a mule in 1895. It became old and worthless.
10. What is the applicant's occupation and physical condition? He has none. His health is very bad.
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is. His back and head is very badly affected.
12. How was he supported during the years 1895 and 1896? By his wife and two little children.
13. What portion of his support for these two years was derived from his own labor or income? A small amount in 1895 nothing in 1896.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? He has no regular duty in his head pains him so much that he is worthless as a laborer.
15. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this 10 day of July 1897.

W. D. Proctor Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton County.

Personally came before me, John A. Wilson, and John A. Wilson, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully

William J. Griffin, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows: Debility of the Spinal Disease, Bright disease of the Kidneys, Chronic Dyspepsia, which disables him from manual labor. He suffers more or less all the time with it. He is not able to earn a living at any labor.

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

Sworn to and subscribed before me, this 10 day of March 1897.
John A. Wilson Ordinary.

J. J. Foster M.D.
A. H. Wilson

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

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

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1895, Three dollars of property, and in 1896, Three dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 10 day of March 1897.

John A. Wilson Ordinary
of Fulton County.

NOTE.

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

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 _____ 1808.

[L. S.]

Executed in presence of _____

ACT OF 14 DEC. 1841.
(For Those Already Enrolled.)

NO. 354

INDIGENT

SOLDIER'S PENSION,

1898.

Name *Wm. B. Johnson*
County *Fulton*

WARRANT ISSUED

1/12

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Wm. B. Johnson

REC'D W. HARRISON, STATE PRINTER, ATLANTA.

No. *Q. 100*

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

_____ of _____

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

_____ at _____

by _____

Witness my hand and seal this _____ day of _____ 1896.

Executed in presence of _____ (L. S.)

(For Those Already Enrolled.)

NO. 461

INDIGENT

SOLDIER'S PENSION,

1899.

Name *W. B. Johnson*
County *FULTON*

WARRANT ISSUED

1/18

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Wm. B. Johnson

REC'D W. HARRISON, STATE PRINTER, ATLANTA.

No. *Q. 100*

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears W. H. Griffin of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the 15 day of January 1837; that he is 61 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company E, of 56th Regiment of Georgia; that his physical condition is as follows:

Stomach trouble General Debility

that his property consists of the following items

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

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

Sworn to and subscribed before me, this, 12th day of Jan 1898. W. H. Hulse Ordinary.

State of Georgia,

Fulton County.

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

Given under my official signature and seal, this 12th day of Jan 1898.



Ordinary Fulton County.

NOTE.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON County.

Personally appears W. H. Griffin of FULTON County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the 15 day of January 1837; that he is 62 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 2 years in Company E, of 56th Regiment of Georgia; that his physical condition is as follows:

Kidney trouble General Debility

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of FULTON county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, 18 day of Jan 1899. W. H. Hulse Ordinary.

State of Georgia,

FULTON County.

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

Given under my official signature and seal, this 18 day of Jan 1899.



Ordinary FULTON County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavits should not be attested before January 1st, 1899.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

_____ of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1900.

[L. S.]

Executed in presence of _____

CODE SEC. 1394

(For Those Already Enrolled.)

NO. 17

INDIGENT

SOLDIER'S PENSION,

1900.

Name *H. J. Griffin*

County *Wilkes*

WARRANT ISSUED

John W. Lindsey 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

4/11

John W. Lindsey, State Printer, Atlanta.

Griffin, H. J.

Fulton Co.

CODE SECTION 1394.
(FOR THOSE ALREADY ENROLLED.)

6-56 No. 1074

INDIGENT

SOLDIER'S PENSION

1900.

Name *H. J. Griffin*

County *Wilkes*

Co. *Regiment 16 Cav*

WARRANT ISSUED

John W. Lindsey 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

4/11

John W. Lindsey, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

_____ of _____

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1900.

[L. S.]

Executed in the presence of _____

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

FULTON

County.

FULTON

Personally appears W. J. Griffin of FULTON County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 14 day of May 1867; that he is 63 years old and by occupation a Gardner; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 years in Company E, of 56th Regiment of Georgia; that his physical condition is as follows: kidney trouble

that his property consists of the following items: _____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of FULTON county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, the _____ day of _____ 1900.

W. J. Griffin Ordinary.

State of Georgia,

FULTON

County.

I, W. H. HULSEY,

Ordinary of said County,

do certify that I am well acquainted with W. J. Griffin 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 _____ 1900.

W. H. Hulsey Ordinary FULTON County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1900.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears W. J. Griffin of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1864; that he is 72 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 years in Company E, of 56th Regiment of Georgia; that his physical condition is as follows: Infirmary and poverty.

that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this the _____ day of JAN 1 1900.

W. J. Griffin Ordinary.

State of Georgia,

Fulton County.

I, W. H. Hulsey Ordinary of said County,

do certify that I am well acquainted with W. J. Griffin 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 _____ 1900.

W. H. Hulsey Ordinary Fulton County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

hereby authorize

of

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

at

by

Witness my hand and seal, this day of 1901.

[L. S.]

Executed in presence of

Griffin, N. S.
Seal of the County

OUR SECTION 10A
(For Those Already Enrolled.)

No. 474

INDIGENT

SORDIER'S PENSION.
1901.

Name

County

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bullitt County.

Personally appears W. J. Griffin of Bullitt County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 14th day of January 1837; that he is 63 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 years in Company E, of 56th Regiment of Georgia; that his physical condition is as follows:

Nothing able

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of Bullitt county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this the

14 day of January 1901.

John R. Wilkinson Ordinary.

W. J. Griffin
man

STATE OF GEORGIA,

Bullitt County.

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

Given under my official signature and seal, this 14

day of January 1901.

John R. Wilkinson
Ordinary Bullitt County.



NOTE—The blank spaces must be filled.
NOTE—A Affidavit should not be attested before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____

of _____

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

at _____

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

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____ hereby authorize _____

of _____

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

at _____

by _____
Witness my hand and seal, this _____ day of _____ 1905

[L. S.]

Executed in the presence of _____

(FOR THOSE ALREADY ENROLLED.)

No. 331

INDIGENT

SOLDIER'S PENSION

1902.

Name

W. J. Griffin

County

Fulton

Co.

E. Regiment 56th

WARRANT ISSUED

1/4

1902.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

W. J. Griffin

JOHN W. LINDSEY, SECRETARY

No date
Griffin, W. J.
Fulton County
Co. E. Regiment 56th
(FOR THOSE ALREADY ENROLLED.)

E-56 No. 331

INDIGENT

SOLDIER'S PENSION

1905.

Name

W. J. Griffin

County

Fulton

Co.

E. Regiment 56th

WARRANT ISSUED

1/18

1905.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

W. J. Griffin

JOHN W. LINDSEY, SECRETARY

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears *W. J. Griffin* of **Fulton**.

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1st* day of *June* 18*37*; that he is *70* years old and by occupation a *None* that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *2 years* in Company *C*, of *56th* Regiment of *Ga*; that his physical condition is as follows:

Kidney trouble

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of **Fulton** county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this *10th* day of *July* 1902, *W. J. Griffin* Minister.

STATE OF GEORGIA,

Fulton County.

I, *John R. Wilkinson*, Ordinary of said County,

do certify that I am well acquainted with *W. J. Griffin* 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 *July* 1902.

John R. Wilkinson Ordinary **Fulton** County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears *W. J. Griffin* of _____

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1st* day of *all my life* 18*37*; that he is *70* years old and by occupation a *None* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 years* in Company *C*, of *56th* Regiment of *Ga*; that his physical condition is as follows:

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this *10th* day of *JAN 2* 1905, *W. J. Griffin* Minister.

STATE OF GEORGIA,

Fulton County.

I, *W. J. Griffin*, Ordinary of said County,

do certify that I am well acquainted with *W. J. Griffin* 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* 1905.

W. J. Griffin Ordinary **Fulton** County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

I, _____ hereby authorize _____

of _____

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

by _____

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

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

I, _____ hereby authorize _____

of _____

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

by _____

Witness my hand and seal, this _____ day of _____ 1904.

[L. S.]

Executed in the presence of _____

Griffin, W. L.
 CODE SECTION 1284.
 (FOR THOSE ALREADY ENROLLED.)

No. *2074*

INDIGENT

SOLDIER'S PENSION

1903.

Name *W. L. Griffin*
 County *Co.*
 Co. *Regiment 50th*
 WARRANT ISSUED *1/20* 1903.
 JOHN W. LINDSEY,
 Commissioner of Prisons.
 WARRANT HANDED TO *W. L. Griffin*
 W. L. Griffin, State Prison, Atlanta.

new data

Griffin, W. L.
 CODE SECTION 1284.
 (FOR THOSE ALREADY ENROLLED.)

No. *2074*

INDIGENT

SOLDIER'S PENSION

1904.

Name *W. L. Griffin*
 County *Fulton*
 Co. *Regiment 24*
 WARRANT ISSUED *1/20* 1904.
 JOHN W. LINDSEY,
 Commissioner of Prisons.
 WARRANT HANDED TO *W. L. Griffin*
 W. L. Griffin, State Prison, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears W. J. Griffie of Dallas County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the 1st day of Jan 1887 that he is years old and by occupation a , that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 2 yrs in Company E, of 36th Regiment of Geo; that his physical condition is as follows: L & P

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 11th day of Jan 1903.

John R. Wilkinson Ordinary.

STATE OF GEORGIA, }
County. }

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

Given under my official signature and seal, this 11th day of Jan 1903.

John R. Wilkinson Ordinary.

County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears W. J. Griffie of Dallas County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the 1st day of Jan 1887 that he is years old and by occupation a , that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 2 yrs in Company E, of 36th Regiment of Geo; that his physical condition is as follows: L & P

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 11th day of Jan 1904.

John R. Wilkinson Ordinary.

STATE OF GEORGIA, }
County. }

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

Given under my official signature and seal, this 11th day of Jan 1904.

John R. Wilkinson Ordinary.

County.

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

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

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

John R. Wilkinson
Ordinary

County:

Note.—The blank spaces must be filled.

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



I, John R. Wilkinson Ordinary of said County,
do certify that I am well acquainted with John R. Wilkinson
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 _____, 1904.

John R. Wilkinson
Ordinary

County:

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1904.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I,

of

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

at

Witness my hand and seal this

day of

Executed in presence of

-day

1885.

herely authorize

No. 7th
Griggs
Griggs
Griggs
INDIGENT PENSION
1885.

Name *Louis Griggs*

County *Paulding*

Ground

10th Jan. 1886
RICHARD JOHNSON,

Secretary Executive Department

WARRANT HANDED TO

Geo. W. Harrison, State Printer, & Distrib.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I,

hereby authorize

of

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

at

by

Witness my hand and seal this

day of

1895.

Executed in presence of

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Fulton County.

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

1. What is your name and where do you reside? (give State, County and post office)
Louis Griggs Atlanta Fulton Co. Ga
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
Atlanta Ga. Forty nine years.
3. When and where were you born?
Adairsville Ga. May 1846
4. Did you volunteer in the Confederate Army or in the Georgia Militia?
Confederate Army
5. When and where did you enlist?
Atlanta Ga. May 1863
6. In what company and regiment did you enlist?
Baxter's Company, Rivers' Battalion
7. How long did you remain in that company and regiment?
until 1865 about June
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer?
Remained in same company until close of war
9. For how long a period did you discharge regular military duty?
two years
10. When, where and under what circumstances were you discharged from service?
1865, at Macon Ga, was captured and paroled
11. What is your present occupation?
Painter
12. How much can you earn per annum by your own exertions or labor?
about \$25.00
13. What has been your occupation since 1865?
Painting
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income?
from \$125.00 to \$150.00 about \$25.00
15. What is your present physical condition and how long have you been in such condition?
am afflicted with Rheumatism + catarrh of stomach Rheumatism 6 years, catarrh 5 years
16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmary and poverty" or third "blindness and poverty"?
Infirmary + poverty
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?
Have suffered with Rheumatism about 6 yrs. during which time it prevented me from working regularly after having to lay in bed for weeks at a time
18. What property, effects or income do you possess?
none
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same?
none
20. In what County did you reside during those years and what property did you then return for taxation?
Fulton Co. No property.
21. How were you supported during the years 1893 and 1894?
by my labor and the assistance of my family
22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
From \$250.00 to 300.00 about \$50.00
23. What was your employment during 1893 and 1894? What pay did you receive in each year?
Painter 12/12 to 15¢ per hour when able to work
24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support?
Yes. 2 sons, 2nd 18 yrs, 2nd 16 yrs, two children aged 26 + 22 yrs. Female 26 yrs. Male 22 yrs. by their own labor.

INDIGENT PENSION

1895.

Name Louis Griggs

County Fulton

Ground

1st July 1896

RICHARD J. JARVIS,

Secretary Executive Department

WARRANT ISSUED TO

Chas. W. Harrison, State Printer, Atlanta.

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

Sworn to and subscribed before me this the

30th day of March 1895.

W. L. Calhoun Ordinary

of Fulton County.

Mr. Louis Griggs
mark

Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton County.

W. S. Parrish

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

1. What is your name and where do you reside?
*W. S. Parrish
Fulton Co.*
2. Are you acquainted with Louis Griggs, the applicant, if so how long have you known him?
Yes. 35 yrs.
3. Where does he reside, and how long has he been a resident of this State?
*Atlanta Ga
35 yrs to my own knowledge*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this?
Yes, I was in the same company
5. When, where and in what company and regiment did he enlist?
*May 1863 at
Atlanta in Baxter's Company, Rivers' Battalion*
6. Were you a member of the same company and regiment?
Yes
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?
*Two yrs,
was a good soldier,
captured and parolled*
8. What property, effects or income has the applicant? (Give your means of knowledge.)
None to my knowledge
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same?
None that I know of
10. What is the applicant's occupation and physical condition?
*Painter
His physical condition is such that he
can not work all the time*
11. Is the applicant unable to support himself by labor of any sort, if so, why?
*Yes, on
account of his physical condition*
12. How was he supported during the years 1893 and 1894?
I do not know.
13. What portion of his support for these two years was derived from his own labor or income?
I can not tell
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894?
*I am convinced by observation
that he suffers so with Rheumatism that he is
unable to do hard work at all and light work only at times*
15. What interest have you in the recovery of a pension by this applicant?
None

Sworn to and subscribed before me, this

the 30th day of March 1895.

W. L. Calhoun
Ordinary

W. S. Parrish

mark Applicant.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton

County.

Personally came before me

Lo. L. Greene

E. van Gorden

and

both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully Louis Griggs

applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows: Chronic rheumatism

Rheumatism affecting upper & lower extremities impairing locomotion, affecting the action of brachial muscles.

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

Sworn to and subscribed before me, this

the 30th day of April 1895.

W. L. Calhoun Ordinary

Ordinary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton

County.

I, W. L. Calhoun Ordinary in and for said County, hereby certify that the applicant Louis Griggs resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: W. S. Parrish, E. van Gorden & Lo. L. Greene are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fulton County show that applicant returned for taxation in his name in 1893, \$0.00 dollars of property, and in 1894, \$0.00 dollars of property.

Witness my hand and seal of office, this 30th day of April 1895.

W. L. Calhoun Ordinary

of Fulton County.

NOTE.

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

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 _____

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 _____

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

[L. S.]

Executed in presence of _____

Grigg, Louis
Griffin Co

ACT OF 11 DEC., 1886.

(For Those Already Enrolled.)

No. 38

INDIGENT

Soldier's Pension.

1897.

Name *Louis Grigg*
County *Duval*

Jan 11 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

affet

SEE W. HARRISON, STATE PRINTER, ATLANTA.

Ms. 6 to

Grigg, Louis
Griffin Co

ACT OF 11 DEC., 1886.

(For Those Already Enrolled.)

No. 355

INDIGENT

SOLDIER'S PENSION,

1898.

Name *Louis Grigg*
County *Duval*

WARRANT ISSUED

4/11 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

affet

SEE W. HARRISON, STATE PRINTER, ATLANTA.

Ms. 6 to

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears *Louis Griggs* of *Fulton* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1848* day of *1848*; that he is *51* years old and by occupation a *Painter*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *two years* in Company *—* of *—* th Regiment of *Boston Company*; that his physical condition is as follows: *Rheumatism & Catarrh of Stomach*

that his property consists of the following items

Nothing

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of *Fulton* county been allowed a pension for the year 1896

Sworn to and subscribed before me, this, the *11th* day of *January* 1897.

Ordinary.

STATE OF GEORGIA,

Fulton County.

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

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



Ordinary, *Fulton* County.

Note.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears *Louis Griggs* of *Fulton* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1848* day of *1848*; that he is *52* years old and by occupation a *Painter*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *2 years* in Company *—* of *—* th Regiment of *Boston Company*; that his physical condition is as follows: *Rheumatism & Catarrh of Stomach*

that his property consists of the following items

Nothing

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

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

Sworn to and subscribed before me, this, the *12* day of *January* 1898.

Ordinary.

State of Georgia,

Fulton County.

I, *M. H. Hulsey* Ordinary of said County, do certify that I am well acquainted with *Louis Griggs* 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 *January* 1898.



Ordinary, *Fulton* County.

Note.—The blank spaces must be filled.

STATE OF GEORGIA,
Dalton County.

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

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



Ordinary *Dalton* County.

NOTE.—The blank spaces must be filled.

State of Georgia,
Dalton County.

I, *H. B. Gulley* Ordinary of said County,
do certify that I am well acquainted with *Louie Griggs* 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 *January* 1898.



Ordinary *Dalton* County.

NOTE.—The blank spaces must be filled.

フ

In order to deal with unreasonable delay to applicants, and to enable parties interested to understand the law granting allowances to disabled soldiers, as well as the rules adopted by the Government touching the payment of pensions, the following suggestions are submitted:

1. In any application for a pension, the name of the soldier should be correctly and fully set forth, together with the name and full name of the person or persons to whom the pension is to be paid.
2. If an 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.
3. The law makes no allowance for an arm or leg unless the arm or leg has been rendered *substantially* and *permanently* disabled.
4. It will not answer to say that an arm is "substantially useless for ordinary purposes of life," or that a leg is "substantially useless for ordinary purposes of life," unless the applicant can show that the arm or leg is so disabled as to require the constant use of crutches or other appliances.
5. If papers are required for correction, and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been *fully* sworn to.

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

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

NOTES.

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

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

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

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

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

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

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

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Dutton County

PERSONALLY appears *Marshall J. Griggs* of *Dutton* county,

State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such since the *Sept. 23, 1863* day of

October 1863; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the

States, and served as a *Volunteer* in Company *B*, of *9*th Regiment

of *Georgia* Volunteers, *Kearney's* Brigade; that whilst engaged

in such military service, at the battle of *"The seven days battle"* in the State

of *Virginia*, on the day of *July* 1862, he was

wounded as follows: *The knee joint of the right leg was fractured, broken*

and shattered; and the knee joint injured. The defendant's said leg

is rendered weak; he is unable to stand any distance at the same

time; he is unable to require constant use of a crutch, with said

leg is rendered essentially and substantially useless.

Dependent desires to participate in the benefits of the Act, approved October 24, 1887,

and the Act amendatory thereof, approved December 24, 1888, and makes application for

the allowance to which he is entitled for the year thereunder ending October 26, 1889.

Sworn to and subscribed before me, this *27* day of *May*, 1889, *Marshall J. Griggs.*

W. L. B. Adams Notary Public for Georgia.

Note: State fully nature of wound or disease, and place particular of the injury.

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

County _____

PERSONALLY came before me _____ of the county

of _____ State of Georgia, who, being duly sworn, says that he was

a commissioned officer in Company _____ of _____ Regiment of

Volunteers, and that deponent knows _____ and that he received the

wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit,

and that wounds (or disease) permanently disables the said _____

as stated by him in said affidavit. Dependent further states that said _____

is a *bona fide* citizen of this State and resides _____

in _____ county.

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

Griggs, Marshall J.
See above

APPLICATION FOR ALLOWANCE

Right leg disabled.
Applicant, *Marshall J. Griggs*
County *Dutton*
Amount *50*
Date of Warrant *June 2, 1889*
Entered on Record *June 22, 1889*
Subscribed before me *W. L. B. Adams*
Notary Public for Georgia.

Applicant

Deponent is not entitled to any allowance under the law.
Can't
State of Georgia

Deponent is not entitled to any allowance under the law.
Can't
State of Georgia

Deponent is not entitled to any allowance under the law.
Can't
State of Georgia

STATE OF GEORGIA,

Fulton

County

PERSONALLY came before me

Inform M. E. Edwards, W. A. Culver

and *W. H. Brown*

citizens of

Fulton

county, in said State,

who, being duly sworn, say that they are acquainted with

Marshall J. Griggs

and know that he received the wounds (or contracted the

disease) in the military service as stated by him in the foregoing affidavit; that said wounds

(or disease) permanently disables applicant, as stated by him; that said applicant is a bona

fide citizen of this State, and resides in

Fulton

county, and we

are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

25th day of *May* 1889

1889

M. E. Edwards

W. A. Culver

W. H. Brown

Not. Above affidavit must be made by three citizens of the county of applicant's residence

STATE OF GEORGIA,

Fulton

County

PERSONALLY comes before me

W. L. Ballou Ordinary of said county,

H. G. Asher M.D. and

J. W. Neal M.D. both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that

they have carefully examined

Marshall J. Griggs

and after such

examination say that the applicant has been injured as follows:

Leg wound on the right knee joint. The knee cap being broken in several places and barbed wire being produced from said injury. The as physicians have made a careful examination and believe the leg of said applicant and to be substantially and essentially well. Taken from some injury (said to be produced in the late war)

Sworn to and subscribed before me, this

25th day of *May* 1889

1889

J. W. Neal M.D.

H. G. Asher M.D.

W. L. Ballou

ORDINARY

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

STATE OF GEORGIA,

Fulton

County

1. *W. L. Ballou*

Ordinary of said county,

do certify that I am well acquainted with

Marshall J. Griggs

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

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

and that he resides in this county. I also certify that the foregoing witnesses, are persons

of respectability, and that their statements are worthy of full credit and belief.

I further certify that *Eugene M. Mitchell*

before whom the foregoing affidavits were made and power of attorney was signed, is a

Notary Public of said county, and the said affidavits and signatures

thereto are genuine.

Given under my official signature and seal, this *29th* day of *May* 1889

1889

W. L. Ballou

Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton

County

Know all Men by these Presents, That I,

Griggs

Marshall J.

of said

county, in said State, do hereby appoint

Kubrick Arnold

of said State and County my true and lawful attorney in fact, for

me and in my name, to receive and receipt for whatever amount of money I may be entitled

to form the State of Georgia by reason of the injury received as aforesaid in the military ser-

vice 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 *30th*

day of *May* 1889

1889

Marshall J. Griggs (L.S.)

Executed in the presence of us:

Eugene M. Mitchell

Notary Public Fulton Co. Ga.

Kubrick Arnold

STATE OF GEORGIA,

Fulton County.

I, *W. L. Leath* Ordinary of said county, do certify that I am well acquainted with *Marshall J. Griggs* 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 *5th* day of *Feby* 189*0*

W. L. Leath

Ordinary

Fulton

County.

1890.

Griggs, Marshall J.

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1891.

Right Leg am
Applicant, Marshall J. Griggs
County, *Fulton*

Amount, *50*

Date of warrant, *Feby 5*

Entered on record *Feby 5*

1890

WARRANT HANDED TO

W. L. Leath

Applicant

Griggs, Marshall J.

1891.

Griggs, Marshall J.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

1890

Right Leg am
Applicant, Marshall J. Griggs
County, *Fulton*

Amount, *50*

Date of Warrant, *Feby 3*

Entered on record *Feby 3*

1891

W. L. Leath

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

W. L. Leath

Applicant

Griggs, Marshall J.

STATE OF GEORGIA,

Fulton County.

I, *W. L. Leath* Ordinary of said County, do certify that I am well acquainted with *Marshall J. Griggs* 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 *30th* day of *Feby* 189*1*.

W. L. Leath

Ordinary

Fulton

County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fuller County.

PERSONALLY appears *Marshall J. Griggs* of *Fuller* 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 *10th* 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 *D*, of *4th* Regiment of *Geo* Volunteers *Brewster's* Brigade; that whilst engaged in such military service, at the battle of *Seven Days Fight* in the State of *Va* on the *3rd* day of *July* 1862, he was wounded as follows: *Shot through the arm and hand, the arm entirely and substantially mangled*

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 *5* dollars.

Sworn to and subscribed before me, this the *3rd* day of *February* 1890.

Marshall J. Griggs
Notary Public in and for the State of Georgia.
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,

Fuller County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

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

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fuller County.

PERSONALLY appears *Marshall J. Griggs* of *Fuller* 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 *10th* day of *Feb* 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 *D*, of *4th* Regiment of *Geo* Volunteers *Brewster's* Brigade; that whilst engaged in such military service at the battle of *Seven Days Fight* in the State of *Va* on the *3rd* day of *July* 1862, he was wounded as follows: *Shot through the arm and hand, the arm entirely and substantially mangled*

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 *5* dollars, for *1890 2nd year*

Sworn to and subscribed before me, this the *3rd* day of *February* 1891.

Marshall J. Griggs
Notary Public in and for the State of Georgia.
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,

Fuller County.

Know all Men by these Presents, That I,

of *Fuller* 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 *3rd* day of *February* 1891.

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA.

I, M. L. L. L. L. L. Ordinary of said county,
do certify that I am well acquainted with Marshall J. Briggs 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

Ordinary Fuller County.

POWER OF ATTORNEY.
STATE OF GEORGIA,

Know all Men by these Presents, That I
of Fuller County, State of Georgia, do hereby appoint
of Fuller County, State of Georgia, 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 March 1892

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

County, Georgia.

P. O.

Fuller Co.
Briggs Marshall J.
No. 117

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892

Name Marshall Briggs
County Fuller
Disability Dis. Co.
Amount, \$ 50
Entered on record Nov 1 1892
W. H. HARRISON,
Secretary of Revenue Department
AGENT.
Applicant

Briggs Marshall J.
Fuller

1893.

Application for Allowance

No. 1163

For the Year Ending October 31, 1892

Dis. Co.
Applicant Marshall Briggs
County Fuller
Amount, \$ 50
Date of Warrant Nov 1
Entered on record Nov 1 1892
WARRANT ISSUED TO
Applicant Marshall Briggs
Secretary of Revenue Department

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears Marshall J. Griggs
of Fulton County, State of Georgia, who, being duly sworn, says
on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously
since the 4th day of October 1862; that he enlisted
in the military service of the Confederate States (or of the State of
during the war between the States, and served as a Private in Company D
of 4th Regiment of Georgia Volunteers 1st
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 June 1862, he was wounded as follows:

from the right knee receiving the wound
substantially and permanently disabling

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

7-15

Dollars, for

1892

Sworn to and subscribed before me this 1st day of March 1892.

M. L. Cochran Ordinary

Note—State fully nature of wound or char. for or 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 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 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
day of March 1892.

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

Fulton County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears Marshall J. Griggs
County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and
resident of said State, and has resided therein continuously ever since the 4th
day of October 1862; that he enlisted in the military service of the Con-
federate States (or of the State of Georgia) during the war between the
States, and served as a Private in Company D, of 4th Regiment
of Georgia Volunteers 1st 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 June 1862, he was
wounded as follows: from the right knee
receiving the wound substantially and permanently
disabling

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

7-15 dollars, for

1892

Sworn to and subscribed before me, this, 1st day of March 1892.

M. L. Cochran 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,

Fulton County.

I, E. L. Cochran Ordinary of said County,
do certify that I am well acquainted with Marshall J. Griggs 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 in-
dividual 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 30th day of March 1892.

Ordinary

Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County, }
PERSONALLY appears *Marshall J. Griggs*
of *Fulton* County, State of Georgia, who, being duly sworn, says
on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously
since the *4th* day of *October* 18*92*; that he enlisted
in the military service of the Confederate States (or of the State of
during the war between the States, and served as a *Private* in Company *D*
of *4th* Regiment of *Georgia* Volunteers *Mobile*
Brigade, that whilst engaged in such military service at the battle of *San Diego Hills near Rich*
in the State of *Virginia*, on the *27th* day of *June*

June 1862, he was wounded as follows: *Shell wound*
of the right knee rendering the same
substantially and permanently disabled

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

7-15 Dollars, for 18*92*
Sworn to and subscribed before me this *1st* day of *March* 1892
M. L. Cochran 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,

Fulton County, }

Know all Men by these Presents, That I,
of

County, in said State, do hereby appoint

my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to
from the State of Georgia by reason of the injury received as 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 *March* 1892

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

Fulton County, Georgia.

P. O.

LIGHT PRINT AND, OR BAD COPY

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County, }

PERSONALLY appears *Marshall J. Griggs* *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 *4th*
day of *October* 18*92*; that he enlisted in the military service of the Con-
federate States (or of the State of *Georgia*) during the war between the
States, and served as a *Private* in Company *D* of *4th* Regiment
of *Georgia* Volunteers *Orichte*'s Brigade; that whilst engaged in
such military service at the battle of *Seven Days fight near Richmond* the State
of *Virginia*, on the *27th* day of *June* 1862, he was
wounded as follows: *Shell wound of the right knee*
rendering the same substantially and permanently
disabled

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

7-15 dollars, for 18*92*
Sworn to and subscribed before me, this, *1st* day of *March* 1893
M. L. Cochran 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,

Fulton County, }

I, *M. L. Cochran* Ordinary of said County,
do certify that I am well acquainted with *Marshall J. Griggs* 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 in-
dividual 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 *30th* day of *March* 1893.

M. L. Cochran
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

my true and lawful attorney in fact, for

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

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

day of 1894.

[L. S.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I, Marshall J. Griggs

County, State of Georgia, do hereby appoint

of Rufus W. Rora

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 March 1895.

Marshall J. Griggs

Executed in presence of us

M. L. Culham

Culham

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

Soldier's Pension.

1894.

Name Marshall J. Griggs

County Fulton

Disability Disabled 1/4

Amount, \$ 50

1894.

W. H. HARRISON.

Secretary Executive Department.

WARRANT HANDLED TO

applicable

Gen. W. Harrison, State Printer, Atlanta.

(For These Already Enrolled.)

No. 510

SOLDIER'S PENSION.

1895.

Name Marshall J. Griggs

County Fulton

Disability Disabled 1/4

Amount, \$ 50

1895.

RICHARD JOHNSON.

Secretary Executive Department.

WARRANT HANDLED TO

at

Gen. W. Harrison, State Printer, Atlanta.

M. L. Culham

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA. }

Fulton County. }

PERSONALLY appears Marshall J. Griggs 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 4th day of October 1843; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 4th Regiment of Georgia Volunteers Wright's Brigade; that whilst engaged in such military service at the battle of Seven days fight before Richmond in the State of Virginia, on the 27th day of June 1862, he was wounded as follows: Shell wound of the right knee rendering the same substantially and essentially useless

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

Sworn to and subscribed before me, this, the 12th day of March 1894, Marshall Griggs
W. L. Calhoun Ordinary

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

STATE OF GEORGIA. }

Fulton County. }

I, W. L. Calhoun Ordinary of said County, do certify that I am well acquainted with Marshall J. Griggs 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 Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County. }

PERSONALLY appears Marshall J. Griggs 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 4th day of October 1843; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 4th Regiment of Georgia Volunteers Wright's Brigade; that whilst engaged in such military service at the battle of Seven days fight before Richmond in the State of Virginia, on the 27th day of June 1862, he was wounded as follows: Shell wound of the right knee rendering the same substantially and essentially useless

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

Sworn to and subscribed before me, this, the 12th day of March 1895, Marshall J. Griggs
W. L. Calhoun Ordinary

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

STATE OF GEORGIA, }

Fulton County. }

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

Given under my official signature and seal, this 12th day of March 1895.



W. L. Calhoun
Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

I, Marshall J. Gigg, hereby authorize James D. Reister of Atlanta, Ga.

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 26th day of February, 1896.

Marshall J. Gigg [L. S.]

Executed in presence of us

Wm M. E. Gigg
Wm L. Buchanan
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

I, Marshall J. Gigg hereby authorize F. A. Hillborn of Fulton County

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

at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22nd day of Feb. 1897.

Marshall J. Gigg [L. S.]

Executed in presence of

Wm M. E. Gigg
Wm L. Buchanan
Ordinary

(For Those Already Enrolled.)

No. 954

SOLDIER'S PENSION.

1896.

Name Marshall J. Gigg
County Fulton
Disability Disabled leg
Amount, \$ 50
7/25 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT DATED TO

Atty

Wm. W. Buchanan, State Printer, Atlanta.

no data

(For Those Already Enrolled.)

No. 616

INVALID

SOLDIER'S PENSION.

1897.

Name Marshall J. Gigg
County Fulton
Disability Disabled leg
Amount, \$ 50
7/23 1897

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT DATED TO

Atty

Wm. W. Buchanan, State Printer, Atlanta.

no data

Not Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears Marshall J. Griggs 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 1st
day of October 18⁴³; that he enlisted in the military service of the Con-
federate States (or of the State of Georgia) during the war between the
States, and served as a Private in Company D, of 4th Regiment
of Georgia Volunteers, Wright's Brigade; that whilst engaged
in such military service in the State of Virginia, on the 27th day
of June 1862, he was wounded, injured or diseased as follows:
"Shell wound of the right knee rendering the same substantially and essentially
useless"

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 29th, 1896. I have heretofore as a resident of
Fulton county been allowed a pension of Fifty
dollars, for the year 1895.

Sworn to and subscribed before me, this, 26th day of Feb'y 1896.
M. L. Baldwin
Notary—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, A. L. Talboun Ordinary of said County,
do certify that I am well acquainted with Marshall J. Griggs 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 26th
day of Feb'y 1896.



Ordinary Fulton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Fulton County.

Personally appears M. J. Griggs 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 1st
day of October 18⁴³; that he enlisted in the military service of the Con-
federate States (or of the State of Georgia) during the war between the
States, and served as a Private in Company D, of 4th Regiment
of Georgia Volunteers, Wright's Brigade; that whilst engaged
in such military service in the State of Virginia, on the 27th day
of June 1862, he was wounded, injured or diseased as follows:
Shell wound of the right knee rendering the same substantially and essentially useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 29th, 1897. I have heretofore under said law as a
resident of Fulton county been allowed an invalid pension of
Fifty Dollars, for the year 1890.

Sworn to and subscribed before me, this, 22nd day of July 1897.
Marshall J. Griggs
POST OFFICE

Notary—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. K. Halsey Ordinary of said County,
do certify that I am well acquainted with M. J. Griggs 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 22nd
day of July 1897.



Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

I, *M. J. Griggs*

hereby authorize

John C. Campbell of *Fulton* County

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

myself by *hand*

at *Atlanta Ga.*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *26th*

day of *January* 1898.

Marshall J. Griggs [L. S.]

Executed in presence of

John C. Campbell
John C. Campbell

Atlanta Ga Jan. 20th 98

I certify that *Marshall Griggs*
+ *myself* belonged to the 4th En. Col.
Reg. & that he was wounded in the
seven days fight around Richmond
(Va), & that he has for the last 7 or 8
years, been obliged to use a cane.
his leg being badly wounded —
I am satisfied he has to use a
stick to go through his ordinary
walking, that a business man
has to do.

James E. Boster

Solo Co. E. 4th Ga. Volunteers

I hereby certify that I have carefully
examined *Marshall Griggs* and find
him suffering from disease years
of sight & that I cheer the
thanks & permanent *A. B. Shilwell*

Griggs, Marshall J.		Fulton Co.	
ACT OF 18 OCT. 1867			
(For Those Already Enrolled.)			
No.	415		
INVALID			
SOLDIER'S PENSION.			
1898.			
Name	<i>Marshall Griggs</i>		
County	<i>Fulton</i>		
Disability	<i>Leg</i>		
Amount, \$	<i>50</i>		
	<i>1/26</i>		
1898.			
RICHARD JOHNSON,			
Commissioner of Pensions.			
WARRANT HANDED TO			
<i>att</i>			
<i>John C. Campbell</i>			

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears Marshall J. Griggs 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 4th day of October 1842; 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 28, of 4th Regiment of Volunteers, Wright's Brigade; that whilst engaged in such military service in the State of Virginia, on the 27th day of June 1862, he was wounded, injured or diseased as follows:

Shell wound in the right knee rendering the same substantially and essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 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, 26th day of June 1898.

Marshall J. Griggs POST-OFFICE Atlanta Ga

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, H. H. Bullock Ordinary of said County, do certify that I am well acquainted with M. J. Griggs 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 26th day of June 1898.

Ordinary Fulton County.



Atlanta, Ga.
June 20th 1889.
I have carefully examined Marshall J. Griggs, and find that there is a permanent injury of the right leg near the knee joint in front of the patella. There is a permanent enlargement at said point of injury. There are in said tumor two hard substances resembling sesamoid bones. There are also varicose veins around the knee joint. All of which make it essentially necessary for him to use a cane in traveling on foot.
J. W. McLean, M.D.

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

Given under my official signature and seal, this 16th
day of June 1888.



Ordinary Fulton County.

on foot
J. W. T. mean, M.D.

Audited June 22 1889.

Wm. A. Migh
COMPTROLLER-GENERAL

Fulton
Maimed Soldiers.

Voucher No. 2401

Amount \$ 50

Paid to Marshall Griggs
For Right leg disabled

June 22, 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK

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

Applicants.

Audited

18

COMPTROLLER-GENERAL

Maimed Soldiers.

Voucher No. 248

Amount \$ 50

Paid to M. J. Griggs
For Right leg
disabled

July 5 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK

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

Applicant

No. 2401.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. June 22 1889

Mr. Marshall J. Griggs of the County
of Fulton having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 24, 1888, and the same having been allowed for

Right leg disability. 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, 1889.

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

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

51
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty + 00/100 Dollars,
per above voucher, this 22 of June 1889.

Marshall J. Griggs.

No. 248

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga. May 5 1890

Mr. Marshall J. Griggs 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

Right leg disability. 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 the receipt on this voucher, and return same
to Executive Department for warrant.

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

50
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty + 00/100 Dollars,
per above voucher, this 5 of Feb'y 1890

Marshall J. Griggs

Marshall & Co.

Giggs, M. J. W.
Gulton

1891.

Maimed Soldiers.

Audited,

1891.

COMPTROLLER GENERAL.

Voucher No. 115

Amount \$ 50.00

Paid to M. J. W. Giggs

for Maimed Soldiers.

Dec 3 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

1891.

No. 45

STATE OF GEORGIA.
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb. 3 1891.

Mr. M. J. H. Griggs of the County
of Polk 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
Seg. dis.
He is entitled to receive the sum of Fifty Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

H. J. Norton
GOVERNOR.

By the Governor.

W. A. Harrison
Sec'y EXECUTIVE DEPARTMENT.

\$ 50

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

Fifty Dollars,
per above voucher, this 3 1891.



M. J. H. Griggs

\$ 50

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

Defy 1001

per above voucher, this *3*

Dollars,

1891.



Morrill J. H. Guggs

Quigg, M. Y.
Quillian
 Code Section 1250.
 No. *310*
Quillian
1900

**INVALID
 SOLDIER'S PENSION,
 1900.**

Name *M. Y. Quigg*
 County *Quillian*
 Disability *Brain*
 Amount, \$ *1000.*

JOHN W. LINDSEY

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

40-1902
826-1901

Pension Office -10-1-1901.

It is not shown how, and in what way carbuncle had during the war in producing Bright's Disease in 1901, or at anytime before. It must be clearly shown that the present condition is the sole and direct result of an injury received in the service and that from its affect alone he has been rendered incompetent to perform ordinary manual labor.

J. W. Lindsey,
 Com. Of Pensions

Pension Office -2-15-1902.

Quigg's new testimony does not comply with conditions set in 1901. It is recommended that Quigg be paid \$2000 as the sole and direct result of the carbuncle of 1901.

J. W. Lindsey,
 Com. Of Pensions

STATE OF GEORGIA.

Power of Attorney.

Form No. 5.

County }

herby authorize

to receive and receipt for the pension allowed and

by

at

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

day of 1900.

Executed in the presence of

[L. S.]

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

Fulton

County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, *William Smith*

and *Matthew Johnson*

personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under oath, that they are personally and well acquainted with *Wm. Griggs*

whose application is herewith presented for a pension, that he has resided in this State continuously since the day of *1863* that he served in Company *Battle*

Patton River Battalion and from our personal knowledge, he, while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or non-duty, state what.)

On the spring of 1864, said *Griggs* was in the Confederate army, and while engaged at a certain place there appeared on his back a large carbuncle, just over his kidney which had to be lanced and which he carried home from duty for about three months. The carbuncle was attributed to wearing a cartridge box and belt said box, resting upon the point where the carbuncle appeared. He was kept constantly on guard duty. We know that he has crippled in his back ever since he had the carbuncle. During the war, we have heard of the carbuncle disappearing at times since the war, but of course did not see it since *Griggs* is disabled on account of his physical condition described from carrying a knapsack.

We personally know above stated facts. We were with him in the army and have known him ever since. He was honorably discharged or retired from the service on *30th* day of *April* 1865.

Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1865. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

21st day of *April* 1900.

Wm. Griggs Ordinary.

- Notar 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
3. All blank spaces must be filled when signed.
4. Three witnesses are required.

I Certify that *Wm. Griggs* is trustworthy and that his statements are entitled to full faith & credit.

Wm. Griggs

Physicians' Affidavit.

Form No. 3.

STATE OF GEORGIA,

Fulton

County.

PERSONALLY comes before me, *Wm. Griggs* Ordinary of said County.

Dr. R. B. Bridwell and *E. Van Soudan* both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined

Wm. Griggs and after such personal examination, say that the present condition of applicant is as follows: *He is suffering with bright disease of the kidneys. The same being now chronic or (chronic interstitial nephritis.)*

and that such condition is permanent. Said condition arises from the following facts:

Exposure during the war between the States and the accident as detailed in his application herein.

We have treated applicant professionally for about *4* years, and his condition, as above stated, does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this

10 day of *April* 1900.

Wm. Griggs Ordinary.

- Notar 1. State fully the physical condition and location of disability. If disability results from personal injury, state its location, character and present condition. If from disease, state its nature and character, and its cause or origin, as understood by applicant.
- Notar 2. The physicians will be careful to fill every blank space.

STATE OF GEORGIA,

Fulton

County.

I, *Wm. Griggs* Ordinary of said County,

do certify that I am well acquainted with *Wm. Griggs* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the day of *18*.

I also certify that the witnesses, to-wit *Wm. Griggs* and *E. Van Soudan* are persons of respectability, that their statements are worthy of full credit and belief and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this *23* day of *April* 1900.

Wm. Griggs Ordinary.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Highland COUNTY. }
Wm Parish of said State and County, having been presented
 as a witness in support of the application of H. J. Briggs for pension
 under section 1254, Code, and after being duly sworn true answers to the following questions, deposes and
 answers as follows:

1. What is your name and where do you reside? Wm Parish
 2. Are you acquainted with H. J. Briggs, the applicant; if so, how
 long have you known him? Since 1863
 3. Where does he reside, and how long and since when has he been a resident of this State?
He has been here since 1863
 4. When, where and in what company and regiment did he enlist, and how do you know? Before Battle of
Pea Ridge, Arkansas, in 1863 - 1864
 5. Were you a member of the same company and regiment? Yes
 6. How long did he perform regular military duty? 10 months
 7. When and where was his command surrendered? At Vicksburg, Miss.
 8. Were you present when it surrendered? Yes
 9. Was applicant present? Yes
 10. If he was not present, where was he? He was in the hospital
- When did he leave his command? April 1865 For what cause? Wounded
 By what authority he left? By the Surgeon General How do you know all of this?
He was with me

11. What property, effects or income has the applicant? (Give your means of knowledge.)
None - and he has been in the hospital
12. What property, effects or income did the applicant possess in 1899, 1897, 1898, 1899, 1900, 1901 and 1902,
 and what disposition, if any, did he make of same? None
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
None
14. What is the applicant's occupation and physical condition? He is a laborer
and is suffering from chronic Bright's Disease of the Kidneys
15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes - due
to chronic Bright's Disease of the Kidneys - and other weak
troubles
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? By the
Government of the United States
17. What portion of his support for these four years was derived from his own labor or income?
Not more than one month
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under
 Section 1254, Code? He is suffering from chronic Bright's Disease of the Kidneys
and is unable to do any work
19. Who composes family? What property have they? Children's age and their earning capacity?
Wife & 2 daughters - one 14 years old - one 12 years old - one 10 years old - one 8 years old - one 6 years old - one 4 years old - one 2 years old
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 22 day of Sept 1903. }
John W. McKinson Ordinary. }
Wm Parish Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton COUNTY. }
 Personally came before me E. van Dusen and
W. B. Robinson M.D., both known to me as reputable physicians
 of said County, who, being severally sworn, say on oath that they have examined carefully H. J.
Briggs applicant for pension under Section 1254, Code, and after
 such personal examination say that his precise physical condition is as follows:

He is suffering with Bright's Disease of the
Kidneys the same being now chronic or (Chronic
Bright's Disease of the Kidneys) in medical
paralysis chronic interstitial Nephritis caused
by exposure during the war between the States and the
result of the same is his application herein for
and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 22 day of Sept 1903. }
John W. McKinson Ordinary. }
W. B. Robinson M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Highland COUNTY. }
 I, John W. McKinson Ordinary, in and for said County, hereby certify
 that the applicant H. J. Briggs resides in said County, and has
 been a bona fide resident of this State since the 22 day of Sept 1891
 and that the witnesses, viz.: Wm Parish

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

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

I further certify that the tax digest of _____ County show that applicant
 returned for taxation in his name in 1899 _____ Dollars of
 property, and in 1900 _____ Dollars of property, in 1901
 _____ Dollars of property, in 1902
 _____ Dollars of property.

In my opinion the foregoing claim is _____ made in good faith.
 Witness my hand and seal of office, this 22 day of Sept 1903.

John W. McKinson Ordinary,
 of Fulton County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, _____

I/

hereby authorize

of _____

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

at _____

by _____

WITNESS my hand and seal, this _____ day of _____ 1904.

[L. S.]

Executed in the presence of _____

Briggs M. Y.
Briggs & Co.

OTHER RECEIPTS 1864.
(FOR THOSE ALREADY ENROLLED.)

No. *335*

INDIGENT

**SOLDIER'S PENSION
1904.**

Name *M. Y. Briggs*
County *Auton*
Co. *Briggs & Co. Inc.*

WARRANT ISSUED

1/24 1904

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Briggs

JOHN W. LINDSEY, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears M. J. Briggs of

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the Aug day of 18th 1847, that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of Tenn) during the war between the States, and served for the term of _____ in Company Prue's of _____th Regiment of Baylor Battery Tenn Vols that his physical condition is as follows:

Impaired

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act approved December 16th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Fulton County been allowed a pension for the year 1 _____

Sworn to and subscribed before me, this the _____ day of Aug 1904.

M. J. Briggs

John R. Wilkinson

Ordinary.

STATE OF GEORGIA,

Fulton County.

I, John R. Wilkinson

Ordinary of said County,

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

Given under my official signature and seal, this JAN 20 1904 day of _____ 1904.



John R. Wilkinson
Fulton County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, /

herby authorize

of

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

at

by

WITNESS my hand and seal, this

day of

1905.

[L. S.]

Executed in the presence of

Griggs, M. G.
Fulton County

(FOR THOSE ALREADY ENROLLED.)

No.

142

INDIGENT

SOLDIER'S PENSION

1905.

Name

M. G. Griggs

County

Co.

Regiment

Batteries

WARRANT ISSUED

118

1905.

JOHN W. LINNEY,

Commissioner of Pensions.

WARRANT HANDED TO

M. G.

THE OFFICIAL RECORDING AND FILING OFFICE, ATLANTA, GA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Pearsonally appears W. Y. Greigg of Fulton

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of _____ 18____; that he is 57 years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States and served for the term of 2 yrs in Company _____, of _____ th Regiment of Confederate States, Denmark, that his physical condition is as follows: infirmity and poverty

that his property consists of the following items: _____

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

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

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

Ordinary.

STATE OF GEORGIA.

Fulton County.

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

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

Ordinary Fulton

County.



Note.—The blank spaces must be filled.

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

Atlanta, Ga.,

190

TO DR. A. S. BRIDWELL, DR.

OFFICE, 49 W. MITCHELL ST.

BELL TELEPHONE 2548.

OFFICE HOURS, 9 TO 10 A. M. 3 TO 4 P. M.

For Medical Service, Keeney, Ga., Feb. 21, 1905
 This is to state that I have attended
 Mr. W. F. Briggs for several
 years, at different intervals
 for kidney troubles & debility
 caused by a carbuncle con-
 tracted during the war by a Carter
 box irritating the spine, the irri-
 tation has extended to the deep
 tissues which has effected the
 kidneys which has resulted in
 in a case of Bright's Disease
 there has been a repetition of
 the Carbuncle several times since
 the contraction which necessitated
 operations. Mr. Briggs is entirely
 incapable of doing manual labor

A. S. Bridwell
 1st Ward Physician

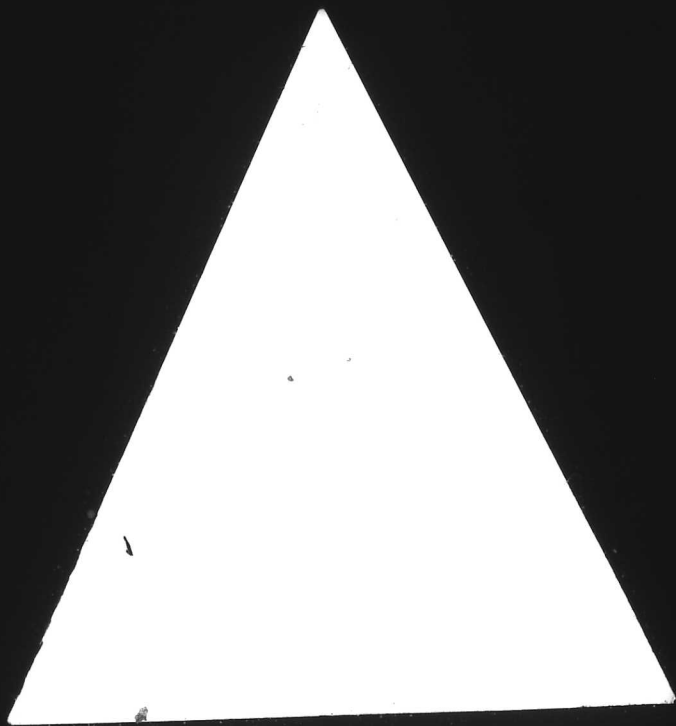
Georgie Fulton County
 Personally came before me
 Wm Parish of said County who
 is worthy to be believed and
 on oath says, that he was
 with W. F. Briggs in same loca-
 in the Confederate Army,
 knows of his own knowledge
 that a Carbuncle was formed
 on the spine from carrying a
 Carterage box. That he has
 known said Briggs ever since
 the war and knows that it
 has effected him ever since
 and that the injury received
 in the war is the sole cause
 which has rendered him in-
 competent to perform ordinary
 manual labor. He is still
 unable from that cause to
 do ordinary manual labor
 or to earn a support out any
 kind of labor

Subscribed
 before me this 21st March 1905
 John W. Wrenson
 Ordinary

1st Ward Physician

Sworn to & Subscribed
before me This March 24th 1902
John Wilkinson
Ordinary

George Fulton County
His share and foregains
Sworn to and Subscribed
before me by Dr. A. B. Redhall
This March 28th 1902
John Wilkinson A. S. Bridwell
Ordinary and



100-71-1892

Pension office 12-8-1910.

Pension office 12-18-1910.

It is not sufficient accounting for husband to say "Hans sick or wounded." Just state and prove when sick or wounded. How sick, with what sickness in what way it effected him so as to prevent his returning to his command.

J. J. Lindsey Com of Pens

Griswold, Nancy B.
Fulton County (Mo)
Dec 1910

No. _____

See Amendments

Widow's Pension

UNDER ACT 1910.

County *Fulton*

Name *Nancy B. Griswold*

Widow of *Levi M. Griswold*

J. H. Fox

J. W. LINCOLN,

Commissioner of Pensions

Chas. F. Byrd, State Auditor

Pension office 12-8-1910.

May 21-1862

Pension office 12-10-1910.

It is not sufficient accounting for husband to say "Home sick or wounded" - must state and prove when sick or wounded. Now sick, with what sick, and in what way it effected him so as to prevent his returning to his command.

J. W. Lindsey Com of Pens

Widow's Pension

UNDER ACT 1910.

County *Fulton*

Name *Nancy E. Grissell*

Widow of *Levi M. Grissell*

8 1/2 yrs. Res.

J. W. LINDSEY,

Commissioner of Pensions.

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

STATE OF GEORGIA,

Fulton County.

Personally before me comes *Nancy E. Grissell* 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? *Nancy E. Grissell Fulton Co Ga*
2. How long and since when have you been a continuing resident in the State of Georgia? *Since 1832*
3. When, where and to whom were you married? *Dec 1849 Levi M. Grissell*
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. *May 1862 Grissell Co Co. F. 16th Ga Reg*
5. When and where did the Commands of your husband surrender or discharge from the army? *April 9th 1865 at Appomattox Va*
6. Was your husband personally present at the time of the surrender or discharge of this Command? *No. He was at home on sick furlough*
7. If he was not present state clearly where he was? *At home on sick furlough*
8. Where was his Command when he left? *Near Richmond Va*
- a. For what cause did he leave his command? *Sick with small pox*
- b. By whose authority did he leave his Command? *Confederate furlough*
- c. For how long was he granted leave of absence?
- e. What was his physical condition when he left his Command? *Sick he had had*
- f. What effort did he make to return to his command? *Unable to return*
- g. In what way was he prevented from going back to Command? *Physical unable*
- h. Was he captured by the enemy at any time? *No*
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released?

- j. When and where did your husband die? *May 26 1874 Grissell Co*
- k. Were you residing together when he died? *Yes*
- l. If not, how long had you resided apart?
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) *\$1000.00 from the sale of 105 acres of land in Grissell Co*
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) *Nothing*
11. What property of any description of any value have you now? *See Atlanta Ga*
- Give list and cash value. *\$1000.00 - trust in will of your home and lot*
12. What are your annual earnings or income and their value? *About \$700*
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 _____

22 day of *April* 1910. *Nancy E. Grissell*
Martha McHenry Clerk of said County.

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

STATE OF GEORGIA,

Fulton County.

Personally before me comes W. H. Wilson & W. B. Brewer who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? W. H. Wilson & W. B. Brewer Fulton Co
2. How long and since when have you known Levi M. Griswell applicant? Since 1857 & 1864
3. How long and since when has she continuously resided in this State? (Give date.) Since 1857 and 1864 General Disposition
4. When and to whom was she married? Levi M. Griswell do you know? 1849 from N
5. How long and since when did you know Levi M. Griswell her husband? Since 1840 - 60 years
6. When and where did Levi M. Griswell the husband of Applicant die? Mr Wilson on about May 26 1848 - Grinnett Co
7. Where the Applicant and her husband living together as husband and wife at the date of his death? Yes Mr Wilson and.
8. If not, how long did they live apart before his death?
9. When, where and in what Company and Regiment did Levi M. Griswell die? May 1842 Grinnett Co. Co. I. 16 So. Reg. Confederate Troops, 1st Maine Brigade
10. Were you a member of the same Company? Mr Wilson was Mr Brewer yes
11. How long within 2 personal knowledge did he perform actual military service with his Company and Regiment? About 2 years till fall of 1864. from May 1842
12. When, and where did his Command/ surrender, and was discharged? April 9th 1865 Appomattox Va
13. Were you personally present when it was surrendered? Mr Wilson Yes If not where were you I was there and how came you there?

14. Was the husband of applicant personally present at surrender? He was not If not where was he? At Home Sick when, where and for what cause did he leave Command? (Give date.) Fall 1864 Sick Furlough By whose authority did he leave his Command? Furlough and how long was he granted leave? How do you know all this?

Mr Wilson and I was present with the Command all the time. He had smallpox and other diseases was unable to return to his Command

15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? Had been very sick and was unable to return
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Was not able to return

Sworn to and subscribed before me this the 26th day of Sept 1910
W. H. Wilson
W. B. Brewer,
Harrell M. Wilson Ordinary,
 of Fulton County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Grinnett County.

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

Personal property	<u>Nothing</u>	\$
Notes and accounts due	<u>118</u>	\$
Total		\$

Schedule (B).

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

Personal property	<u>Nothing</u>	\$
Real estate	<u>105 Acres Land</u>	\$ <u>1000.00</u>

In Grinnett County Ga for

Schedule (C).

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

Acres of land	<u>she owned the 105</u>	\$
Horses and Mules	<u>in an interest in a house</u>	
Cows and pigs	<u>and lot in Grinnett Co. 118</u>	
Other property	<u>which she owns now</u>	
Income and earnings	<u>value</u>	\$ <u>1000.00</u>
Total Value of all property and effects		\$ <u>1000.00</u>

Sworn and subscribed before me this the

19th day of Oct 1910
J. M. Hartman Ordinary,
Grinnett County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

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

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

That the Tax Returns Nancy E. Griswell Returned for Tax is for 1908 \$ None for 1910 \$ None

Sworn under my hand and official seal of office this 31st day of Oct 1910

SEAL. John P. Brewer Ordinary, Fulton County

(SEAL.)

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

*all the time. He had Smallpox and other diseases
was never able to return to his Command*

15. For what cause, if you know of your own knowledge was he prevented from returning to his
Command? *Had been very sick and was unable to return*

16. What effort did he make to return to his Command and how do you know this? Of your
own knowledge or how? *Was not able to return*

Sworn to and subscribed before me this the

20th day of *Sept* 1910

*W. H. Wilson
W. S. Brewer.*

Ordinary,

of *Fulton* County.

full faith and credit.

That the Tax Returns *Nancy E. Griswell* Returned for Tax is for

1908 \$ *None* for 1910 \$ *None* day of *Oct*

Sworn under my hand and official seal of office this *31st* day of *Oct*

1910

SEAL. *John P. Breckin* Ordinary,
Fulton County

(SEAL)

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

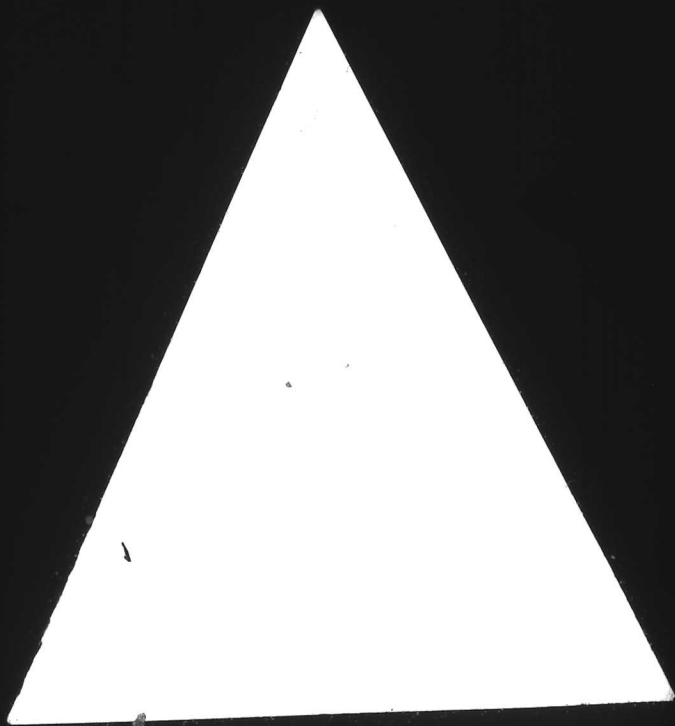
Amendment

The applicant alleges and proves
by two witnesses, Wilson & Brewer
that her husband Levi H. Griswell
was sent home on a Sick Furlough
in the fall of 1864 very sick with
the Smallpox and was never
physically able to return to his Com-
mand. They are not physicians and
can not say exactly how sick he was
and how it affected him except
that he was physically unable to do
service. Can make no better proof
than she has made

Respt

Applicant

Respt
Applicant



Griggard, Irene S.
Tulsa, Okla.
County

No.

Widow's Pension

✓ UNDER ACT 1910.

County

Tulsa

Name

Irene B. Griggard

Widow of

J. L. Griggard

27 22 20 21

J. W. LINDSEY,

Commissioner of Pensions.

Chas. F. Byrd, State Printer.

10/20/10

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

STATE OF GEORGIA.

County Fulton

County.

Personally before me comes Mrs. Anne C. Griggard 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? Anne C. Griggard Fulton County Ga
2. How long and since when have you been a continuing resident in the State of Georgia? all my life (1850)
3. When, where and to whom were you married? to Capt. Griggard in Fulton County Ga
4. When, where and in what Company and Regiment did your husband enlist as a soldier in the Confederate Army or Georgia Militia? (State the arms and class of Service) 2nd July 1861 at Savannah in Co. G 27th Va Infantry
5. When and where did the Commands of your husband surrender or discharge from the army? he was taken at Olney SC in Co. G 27th Va Infantry
6. Was your husband personally present at the time of the surrender or discharge of this Command? he was
7. If he was not present state clearly where he was? he was present
8. Where was his Command when he left? with him and surrendered and lost
- a. For what cause did he leave his command? did not leave
- b. By whose authority did he leave his Command? none
- c. For how long was he granted leave of absence? not granted
- e. What was his physical condition when he left his Command? fine & clear
- f. What effort did he make to return to his command? he was there at surrender
- g. In what way was he prevented from going back to Command? not was over
- h. Was he captured by the enemy at any time? yes at Olney SC
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? he was held at Olney SC in Co. G 27th Va Infantry
- j. When and where did your husband die? in Campbell Co. Va. 25th Nov 1864
- k. Were you residing together when he died? yes
- l. If not, how long had you resided apart? none
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) to him & land in Campbell County of the value of \$50.00 three thousand dollars and some household and kitchen furniture of the value of \$1.00 money value of \$50.00
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) none was given away or sold any

11. What property of any description of any value have you now?

Give list and cash value. none

12. What are your annual earnings or income and their value? none

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 12th day of Oct 1910 at Fulton County, Georgia.

Widow's Pension

UNDER ACT 1910.

No.

County

Name

Widow of

State

J. W. LINDSEY,

Commissioner of Pensions

State of North Carolina

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

STATE OF GEORGIA,

Fulton County.

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

1. What is your name and where do you reside? Don Flynn of 26 Park Ave. Atlanta, Ga.
2. How long and since when have you known Helen C. Griggard applicant? all of her life
3. How long and since when has she continuously resided in this State? (Give date.) all of her life
4. When and to whom was she married? first to James S. Griggard How do you know? he was her husband
5. How long and since when did you know James S. Griggard her husband? he was her husband
6. When and where did James S. Griggard the husband of Applicant die? on November 22, 1861 in Campbell County, Ga.
7. Where 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? no

Were they divorced? no

9. When, where and in what Company and Regiment did James S. Griggard enlist? in the 21st Regt. Ala. Inf. in the 1st Div. of the Army of the Potomac, 1861-1862

10. Were you a member of the same Company? yes

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from June 22, 1861 to July 20, 1862

12. When and where did he surrender, and was discharged? at Fort Fisher, N.C. in the 21st Regt. Ala. Inf. in the 1st Div. of the Army of the Potomac, 1862

13. Were you personally present when it was surrendered? no

were you no and how came you there? at Fort Fisher, N.C. in the 21st Regt. Ala. Inf. in the 1st Div. of the Army of the Potomac, 1862

14. Was the husband of applicant personally present at surrender? yes If not where was he? at Fort Fisher, N.C. in the 21st Regt. Ala. Inf. in the 1st Div. of the Army of the Potomac, 1862

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

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

Sworn to and subscribed before me this the 12th day of Oct, 1910 John P. Wilkinson Ordinary,

of Fulton County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Fulton County.

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

Schedule (A) as follows. 20 acres of land given to her by her husband \$ 25.00

Personal property household and kitchen furniture \$ 25.00

Notes and accounts due none \$ 0.00

Total \$ 50.00

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

Personal property none \$ 0.00

Money, Notes and accounts none \$ 0.00

Schedule (C). We also know what property she has now in her possession, use and control to wit:

20 Acres of land worth none \$ 300.00

Horses and Mules none \$ 0.00

Cows and Hogs none \$ 0.00

Other property household and kitchen furniture \$ 25.00

income and earnings none \$ 0.00

Total Value of all property and effects none \$ 325.00

Sworn and subscribed before me this the 15th day of Oct, 1910 M. B. Wilson Ordinary,

of Fulton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

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

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

That the Tax Returns Helen C. Griggard Returned for Tax is for, 1908 \$ none for 1910 \$ none

Sworn under my hand and official seal of office this 31st day of Oct, 1910

SEAL. John P. Wilkinson Ordinary, Fulton County

(SEAL)

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

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

3. All affidavits must be made before the Ordinary.

4. Only widows who married prior to first January 1870, are qualified.

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

In re application of Mrs. Irene C. Grizzard, applicant for pension in Fulton County, Georgia.

Georgia, Fulton County.

In person appeared before me, the undersigned, Dan Flynn, who on oath says that in addition to the facts set out in his affidavit made on the printed form in this case, he was a member of Company F, 22nd. Georgia Battalion, and joined the army and said battalion some time in June, 1861, and within about a month of that time James L. Grizzard joined the same company and regiment. And deponent was with him all the time from that day up to the date of the surrender, and knows, of his own knowledge, that said James L. Grizzard served in said company and regiment continuously up to the date that deponent was captured, which was a few days before the surrender.

Some time in February, 1865, deponent while at Chehaw, S. C., was taken sick with the measles and was sent out to the hospital, and while there was captured by the Federal Army, and within about a week of the time deponent was captured his regiment and company was captured. And deponent did not see James L. Grizzard the day of the surrender because he had been sent out to the hospital, but he knows that he served all the time and was there at the surrender, as deponent saw him just a few days before the surrender, serving, and was told immediately after the surrender by several of the company that James L. Grizzard was there at the surrender, and then deponent knows that he came home with other members of the company after the surrender, and for that reason he can swear of his own knowledge that James L. Grizzard served through the war and surrendered at the close of the war.

Deponent further swears that he has known Irene C. Grizzard ever since she was a child; that she was Irene C. Luck, and that while he was not present the day she married James L. Grizzard, he knows that about ^{May 1868} ~~November 1866~~, she married James L. Grizzard, in Camohell County, and frequently met and talked with ~~her~~ her husband

after they were married. And deponent knows that some time in 1880 her husband died and she has not since remarried.

Deponent further swears that he is not related to either the applicant nor her husband and deponent does not know anything about her property, or the value of it, nor does he know whether she has any property, as he does not now live near her, and has not for a long time.

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

John R. Wilkinson
Ordinary

told immediately after the surrender by several of the company that James L. Grizzard was there at the surrender, and then deponent knows that he came home with other members of the company after the surrender, and for that reason he can swear of his own knowledge that James L. Grizzard served through the war and surrendered at the close of the war.

Deponent further swears that he has known Irene C. Grizzard ever since she was a child; that she was Irene C. Luck, and that while he was not present the day she married James L. Grizzard, he knows that about ^{May 1868} ~~November 1866~~, she married James L. Grizzard, in Camobell County, and frequently met and talked with her husband

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY,

I,

hereby authorize

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

at

by

Witness my hand and seal this

day of

1898.

Executed in presence of

[LS]

INDIGENT PENSION

1898.

Name

J. Grizzard

County

Fulton

Approved

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

REG. W. HARRISON, STATE PRINTER, ATLANTA

2/18-98

POWER OF ATTORNEY.
STATE OF GEORGIA,
COUNTY.

I, _____ hereby authorize _____
of _____
to receive and receipt for the pension allowed and request that he remit same to _____
at _____ by _____
Witness my hand and seal this _____ day of _____ 1898.
Executed in presence of _____

[L.S.]

INDIGENT PENSION
1898.

Name *Thos. A. Grayson*

County *Fulton*

Approved _____ 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

MADE BY HANDBOOK STATE PRINTING, ATLANTA.

Questions for Applicant.

STATE OF GEORGIA,
County.

- Fulton* County.
- Thomas A. Grayson* of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894 hereby submits his proof, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:
1. What is your name and where do you reside? (give State, County and post office.)
Thomas A. Grayson, Georgia, Fulton County, 276 W. Peachtree St., Atlanta.
 2. How long and since when have you been a resident of this State? I have lived
for all my life with seven years
 3. When and where were you born? *in Fulton County - Ga born in 1842*
 4. When and where and in what company and regiment did you enlist or serve? *in 1862 in Atlanta Co. Company A 84th Regiment*
 5. How long did you remain in such company and regiment? *until the close of the war 1865 April 10th*
 6. For how long a period did you discharge regular military duty? *three years*
 7. When, where and under what circumstances were you discharged from service? *1865 surrendered under Gen. Lee in Va.*
 8. What is your present occupation? *none*
 9. How much can you earn (gross) per annum by your own exertions or labor? *nothing*
 10. What has been your occupation since 1865? *nothing as I have been unable to work*
 11. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? *infirmary and poverty*
 12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? *for four years rheumatism and bed-ridden and I am gradually growing weaker I am not able to put on or take off my clothes at the time*
 13. What property, effects or income do you possess and its gross value? *none*
 14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897 and what disposition, if any, did you make of same? *I had none*
 15. In what County did you reside during those years and what property did you then retain for taxation? *Fulton County none*
 16. How were you supported during the years 1896 and 1897? *By my wife's labor*
 17. How much did your support cost for each of those years and what portion did you contribute thereto by your own labor or income? *none about \$3 dollar per month*
 18. What was your employment during 1896 and 1897? What pay did you receive in each year? *none*
 19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *yes me and wife an indigent - none my wife has an old sister very old not able to do any labor no homestead*
 20. Are you receiving any pension, if so, what amount and for what disability? *none*

Sworn to and subscribed before me this the _____ day of _____ 1898.

Thos. A. Grayson
Ordinary.
of *Fulton* County.

Applicant.

Every Question MUST be Answered

2/10/98

OK 276 W. Peachtree St.
Grayson, H. A.
Fulton Co.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Shulton County.

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

1. What is your name and where do you reside? L. H. Ogletree 120 South 2nd St. Atlanta, Ga.
2. Are you acquainted with Thomas J. Grogan, the applicant, if so how long have you known him? Since 1868
3. Where does he reside, and how long and since when has he been a resident of this State? 276 West 2nd St. S. since 1868
4. When, where and in what company and regiment did he enlist, and how do you know? 1861 Florida 1st S. Ga. Cavalry in same company
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Left of him in service and later at hospital and discharged at surrender
7. What property, effects or income has the applicant? (Give your means of knowledge.)
8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same?
9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom?
10. What is the applicant's occupation and physical condition?
11. Is the applicant unable to support himself by labor of any sort, if so, why?
12. How was he supported during the years 1896 and 1897?
13. What portion of his support for these two years was derived from his own labor or income?
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894?
15. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this 1st day of July 1898. L. H. Ogletree 6
W. M. McIlroy Ordinary. Witness.
a far as the 7th 2 weeks

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

County.

Personally came before me W. M. McIlroy and George A. Vining, both known to me as reputable physicians

of said County, who being severally sworn, say on oath that they have examined carefully Thomas J. Grogan, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

Partial Paralysis of Left Long Protracted Case of Rheumatism and that he is not able to do any manual labor.

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

Sworn to and subscribed before me this the

day of July 1898.

W. M. McIlroy Ordinary.

George A. Vining M.D.
W. M. McIlroy M.D.

ORDINARYS' CERTIFICATE.

STATE OF GEORGIA.

Fuller County.

I, W. M. McIlroy Ordinary in and for said County, hereby certify that the applicant Thomas J. Grogan resides in said County, and has been a bona fide resident of this State since the 1st day of July 1898 and that the witnesses, viz.: L. H. Ogletree John P. Ogletree
George A. Vining W. M. McIlroy are of true worthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Fuller County show that applicant returned for taxation in his name in 1896 none Dollars, of property, and in 1897 none Dollars of property.

In my opinion the foregoing claim is none made in good faith.

Witness my hand and seal of office, this 10 day of July 1898

W. M. McIlroy Ordinary
of Fuller County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of _____ (I. S.)

CODE SEC. 1364.

(For Those Already Enrolled.)

No. 762

INDIGENT

SOLDIER'S PENSION,

1899.

Name *E. S. Giggard*
County *FULTON*

WARRANT ISSUED

1/18 1899

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT HANDLED TO

John W. Lindsey, State Printer, Atlanta

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

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

Witness my hand and seal, this _____ day of _____ 1900.

Executed in presence of _____ [I. S.]

CODE SEC. 1364.

(For Those Already Enrolled.)

No. 174

INDIGENT

SOLDIER'S PENSION,

1900.

Name *E. S. Giggard*
County *FULTON*

WARRANT ISSUED

January 15 1900.

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

John W. Lindsey, State Printer, Atlanta

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
FULTON County.

Personally appears T. Gizzard of FULTON County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1862; that he is 57 years old and by occupation a _____; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 years in Company 4 of 8 th Regiment of Vol; that his physical condition is as follows:

Rheumatism Paralysis

that his property consists of the following items _____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of FULTON county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, the _____

day of January 1899.

W. H. Hulsey Ordinary.

State of Georgia,
FULTON County.

I, W. H. HULSEY,

Ordinary of said County,

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

Given under my official signature and seal, this _____

day of January 1899.

W. H. Hulsey Ordinary FULTON County.



Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1899.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
FULTON County.

Personally appears T. Gizzard of FULTON County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1862; that he is 58 years old and by occupation a _____; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 years in Company 4 of 8 th Regiment of Vol; that his physical condition is as follows:

Rheumatism Paralysis

that his property consists of the following items _____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Fulton county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, the _____

day of _____ 1900.

W. H. Hulsey Ordinary.

State of Georgia,
FULTON County.

I, W. H. HULSEY,

Ordinary of said County,

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

Given under my official signature and seal, this _____

day of January 1900.

W. H. Hulsey Ordinary FULTON County.



Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of

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

at

by

Witness my hand and seal, this _____ day of _____

1901.

-[L. S.]

Executed in presence of

(For Those Already Enrolled)

No. 333

INDIGENT

SOLDIER'S PENSION.

1901.

Name

County

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

1901

JOHN W. LINDSEY, State Printer, ALABAMA.

1901

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of

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

at

by

Witness my hand and seal, this _____ day of _____ 1904.

-[L. S.]

Executed in the presence of

(FOR THOSE ALREADY ENROLLED)

No. 17

INDIGENT

SOLDIER'S PENSION

1904.

Name

County

Co.

Regiment 8th

WARRANT ISSUED

1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

1904

JOHN W. LINDSEY, State Printer, ALABAMA.

1904

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears J. G. Grizzard of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1842 day of 1842 that he is 58 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company D of 8 th Regiment of Infantry; that his physical condition is as follows:

Rheumatism & Paralysis

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of Fulton county been allowed a pension for the year 1897

Sworn to and subscribed before me, this the 7th day of January 1901.

J. G. Grizzard
Ordinary.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 7th day of January 1901.

John R. Wilkinson
Ordinary. Fulton County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears J. G. Grizzard of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1842 day of 1842 that he is 58 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs in Company D of 8 th Regiment of Infantry; that his physical condition is as follows:

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 7th day of JAN 20 1904.

J. G. Grizzard
Ordinary.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this JAN 20 1904 day of 1904.

John R. Wilkinson
Ordinary. Fulton County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

at _____

by _____

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

1903

[L. S.]

Executed in presence of _____

(FOR THOSE ALREADY ENROLLED.)

No. 114

INDIGENT

SOLDIER'S PENSION
1902.

Name

Griggard

County

Fulton

Co.

8th

Regiment

WARRANT ISSUED

114 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wm. W. Baskin, State Printer, ALBANY.

No date

(FOR THOSE ALREADY ENROLLED.)

No. 35

INDIGENT

SOLDIER'S PENSION
1903.

Name

Griggard

County

Fulton

Co.

8th

Regiment

WARRANT ISSUED

120 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wm. W. Baskin, State Printer, ALBANY.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears J. J. Grizzard of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1842, that he is _____ years old and by occupation a _____ that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 yrs in Company A, of 8th Regiment of Ga; that his physical condition is as follows: Amputation & Paralysis

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of _____ county been allowed a pension for the year 1

Sworn to and subscribed before me, this _____ day of _____ 1902.

J. J. Grizzard
Mark
Ordinary.

STATE OF GEORGIA,
Fulton County.

I, John R. Wilkinson, Ordinary of said County, do certify that I am well acquainted with J. J. Grizzard 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 _____ 1902.

John R. Wilkinson
Ordinary
Fulton County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears J. J. Grizzard of _____ County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1842 that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 yrs in Company A, of 8th Regiment of Ga; that his physical condition is as follows: I & P

that his property consists of the following items:

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

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

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

J. J. Grizzard
Mark
Ordinary.

STATE OF GEORGIA,
Fulton County.

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

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

John R. Wilkinson
Ordinary
County.

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

Questions for Witness.

State of Georgia }
Fulton County.

John W Ogilvie of said State and County having been present as a witness in support of the application of Thomas J. Enzyard for pension under act approved December 15th 1894 and after being duly sworn true answer to make to the following question depose and answer as follows

1. What is your name and where do you reside? John W Ogilvie 766 W. Fair St Atlanta Ga
2. Are you acquainted with Thos J Enzyard the applicant if so how long have you known him? Fifteen years

3. What property, effects or income has the applicant? None

4. What property effects or income did the applicant possess in 1896 and 1897 and what disposition if any did he make of same? None.

5. Has he conveyed any of his property in the last three years if so when and to whom he has not

6. What is the applicants occupation and physical condition? None. he has been suffering with Rheumatism and Gout for two years and is unable to do any kind of labor

7. Is the applicant unable to support himself by labor of any sort if so why? He is an account Rheumatism and Gout

8. How was he supported during the years 1896 and 1897? By his Wife's labor

9. What portion of his support for these two years was derived from his own labor or income? None

10. Give a full and complete statement of the applicants physical condition that entitles him to a pension under the act of December 15th 1894 he has Rheumatism and Gout and has had for two years or more

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

Subscribed and sworn to before me on this 10th day of July 1898
J. W. Ogilvie
Ordinary of Fulton County

8. What property effects or income did the applicant possess in 1896 and 1897 and what disposition if any did he make of same None.

9. Has he conveyed any of his property in the last three years if so what and to whom he has not

he has Rheumatism and Gout and has had for two years or more

15. What interest have you in the recovery of a pension by the applicant name

Simon to and a
entirely before me

This day 10 - 1898

W. M. Keegan

Ordinary Justice of the Peace

John W. Ogden

Shogren, Jennie (Mrs.)
Widow
Butler Co.
Wm. H. Shogren

Widow's Application

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

County *Fulton*
 Name *Mrs. Jennie Shogren*
 Widow of *J. B. Shogren*
 Date of Marriage *Oct 18, 1866*
 Company *A*
 Regiment *3d U. S. Inf.*
 Approved *[Signature]*

P. de S. Lawrence
Commissioner of Pensions

1-28-30 C

Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY.

I, *Wm. H. Shogren*, Ordinary of said County, do certify that I know *Mrs. Jennie Shogren* the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know *Wm. H. Shogren* the witnesses who swears to the foregoing facts; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this *27* day of *April*, 19*30*.
Wm. H. Shogren Ordinary.
 (SEAL OF ORDINARY)
 of *Fulton* County.

INSTRUCTIONS.

1. Before any questions are answered the Ordinary shall read the questions to the applicant and the witnesses in the following words: "The questions are asked you to answer, and you are to answer them truthfully. So help you God."
2. Additional affidavits may be made by the applicant and witnesses at any time before the Ordinary, and such affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be sworn to by the Ordinary.
3. Witnesses must be sworn to by the Ordinary of the County in which the applicant or witness resides, and must be sworn to by the Ordinary of the County in which the applicant or witness resides.
4. Witnesses must be sworn to by the Ordinary of the County in which the applicant or witness resides, and must be sworn to by the Ordinary of the County in which the applicant or witness resides.
5. Witnesses must be sworn to by the Ordinary of the County in which the applicant or witness resides, and must be sworn to by the Ordinary of the County in which the applicant or witness resides.

Don't see the bulky form of Marriage Certificate in paper throughout the State. A short, simple form is easier to handle.

Widow's Application

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

County Fulton
Name Mrs. Fannie Grogan
Widow of J. B. Grogan
Date of Marriage Oct 18 1866
Company Private
Regiment 3rd
Approved _____

J. G. Lawrence
Commissioner of Pensions.

1-28-30

Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY.

I, Thos H. Jeffries, Ordinary of said County, do certify that I know Mrs Fannie Grogan the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know Mrs J. B. White the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 27 day of Jan, 1930.
(SEAL OF ORDINARY) _____ 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 widows who married prior to January 1st, 1881, are entitled.
- All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
- Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
- Fill out the back of the application carefully.
- Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

APPLICATION FOR PENSION BY A WIDOW

Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendment of 1920.

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA.

Fulton COUNTY.

Personally appears before me, Mrs. Fannie Grogan of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, and submits testimony to support the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

- What is your name, and where do you reside? (Give Post Office and County)
Mrs. Fannie Grogan, 377 Cherokee Ave., S.E., Atlanta, Ga.
- How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All my life
- When, where and to whom were you married? Oct. 18, 1866, DeKalb County, Ga. J. B. Grogan
 - Have you married since the death of first and soldier husband? No
- When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service, and give name of Colonel and Captain.) A private in Capt. Pratt's Company of the 3rd Regt. Ga. State Troops
- When and where did the commands of your husband surrender or discharge from the Service? Discharged at Camp Brown, near Brunswick, Ga. the 15th day of Feb. 1862
 - Was your husband personally present with his command when it was surrendered or discharged? No
- If he was not present, state specifically and clearly where he was? at home DeKalb Co., Ga. after being discharged
- When did he leave the Command? Feb. 15, 1862
 - For what cause did he leave? Discharged on account of fractured arm
 - By whose authority did he leave? Capt. Pratt
 - For how long was his leave of absence granted? final In what way? See answer 8 - a
- What was his physical condition when he left his command? weakened condition, shortly after reaching home contracted typhoid
- What effort did he make to return to his Command? _____
- In what way was he prevented from going back to Command? _____
- Was he captured by the enemy at any time? No
- If so, when and where? In what prison was he held and when was he released? _____
- When and where did your first husband die? Sept. 1887
- Were you residing together when he died? Yes
- If not, how long have you resided apart? _____
- Are you now a widow? Yes
- Have you or your husband heretofore been paid a pension by the State? No
If so, when and for what cause were you or your husband placed on the roll? _____

Sworn to and subscribed before me, this the

24th day of January, 1930

Arthur R. Marshall Ordinary

of Fulton County.

(SEAL OF ORDINARY)

Mrs Fannie Grogan
Applicant.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1891, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

1. If not, how long have you resided apart?

m. Are you now a widow?

Yes

9. Have you or your husband heretofore been paid a pension by the State? No

If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me, this the

24th day of January 1930

Ordinary

of Fulton County.

(SEAL OF ORDINARY)

See G
Mrs Fannie S. Grogan
Mary Applicant.

Grogan, Fannie S. (Mrs.)
Fulton County
1912

Application for Pension Due
 Deceased Pensioner Under
 Act 1904.

Ordinary
 For Mrs. Fannie S. Grogan
 of Fulton County,
 of Co. _____ Regiment

Approved and ordered paid

1912

J. W. LINDSEY,
 Commissioner of Pensions.

Fannie S. Grogan
John B. Grogan

1917

Note 1.—Use this blank only when the Pension is wanted to pay funeral expenses.

ATTEST BY

Witness my hand and seal, this _____ day of _____, 1912.
 County at his death.

I hereby certify and certify that _____ County my lawful attorney to collect and receive for me in my name, the pension due to _____
 1911, now deceased, who was on the _____ Pension Roll from said _____

County _____
 County _____

Application for Pension Due to a Deceased Pensioner

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

Georgia, Franklin County.

Personally before me, the Ordinary of said County, comes Harry G. Poole
of said County, who, after being sworn, on oath says that
he knew John B. Grogan of said County, and that he was on
the 1912 Pension Roll of Franklin County at the
time of his death, which occurred in March 1913 in this
State, on the 7th day of March 1913, and that
a Pension of 25.00 Dollars was due him and
unpaid at the time of his death. That he left no widow or dependent children surviving him, and no
estate of any value sufficient to pay his funeral expenses, which amounted to the sum of 12.00
Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me
this 7th day of March 1913.
John B. Grogan Ordinary
County

Georgia, Franklin County.

I, Harry G. Poole Ordinary of said County, do certify
that I personally know Harry G. Poole, who is a resident
citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and
credit.

I also knew John B. Grogan while in life; that he
was the same person whose name appears on the 1912 Pension
Roll of Franklin County, and was paid a Pension
of 25.00 Dollars in said County for 1912, and
I now believe him to be dead.

Given under my hand and official seal, this 7th day of March 1913.
Harry G. Poole Ordinary,
Franklin County.

ATLANTA, GA.

Funeral expenses of John B. Grogan

TO HARRY G. POOLE DR.
FUNERAL DIRECTOR
PRIVATE AMBULANCE

PRIVATE CHAPEL
FLOWER CARRIAGES

8 E. HUNTER STREET
BOTH PHONES 714

Mar 6th 1913 Casket and Box	\$65.00
Embalming and services	10.00
Robt 1000 Hearse 10.00	20.00
Georgia <u>By Cash from Pensioner</u>	95.00
Fulton Co) Personally appeared before me Harry G. Poole	

Poole, who after being sworn says that the above
account is just, due and unpaid.

Harry G. Poole
Russell W. Brown
H. P.

Copy

I certify that the within named J. B. Grogan a Private
in Capt. Pratt's Company of the 3rd Regt. Georgia State Troop born
in Franklin County in the State of Georgia is seventeen years of age
five/ four inches high dark complexion, dark eyes Black hair and
by occupation when enlisted a Farmer. Was enlisted by Lieut. Col.
Mithis at Brunswick on the 17th day of October eighteen hundred and
sixty one and is now entitled to a discharge by reason of an old
fracture of the left arm the said J. B. Grogan has been paid by
the Paymaster G. B. Lamar to the first day of February and has pay
due him from that day to the present given in duplicate at Camp. Brown
the 16th day of February, 1862.

P. H. PRATHER, Lieut.
Commanding Company A 3rd.
Regt. State Troops.

December 20, 1930.

Hon. Thos. H. Jeffries,
Ordinary of Fulton County,
Atlanta, Ga.

My dear Judge:

The application of Mrs. Fannie Grogan for a pension as the widow of J. B. Grogan, Dec. 2, 1866, State Troops has been discovered for the reason that J. B. Grogan is not shown the first regular actual military service, as is required by law.

With kind regards,

Very truly yours,

Conductor of Pensions

A

GEORGIA, FULTON COUNTY.

Personally appeared Mrs. J. G. White who swears that she was present at the marriage of J. B. Grogan to Fannie Goodwin and that said marriage occurred in DeKalb County, on October 18th, 1866, she further swears that the above named couple lived together as husband and wife to the date of the death of J. B. Grogan which occurred in Fulton County in the month of September 1867 and that the said Mrs. Grogan has not since remarried since the death of the said J.B. Grogan and is now his dependent widow.

Sworn to and subscribed before me,
this 24th day of January, 1930.

Thomas H. Jeffries

O. . C. ORDINARY.

FULTON COUNTY



GEORGIA

THOMAS H. JEFFRIES
ORDINARY AND
JUDGE OF FULTON COUNTY
ATLANTA, GA.

January 27, 1930.

Hon. R. deT. Lawrence,
Pension Commissioner,
State Capitol,
Atlanta, Ga.

Dear Sir:-

Enclosed please find Mrs. Fannie Grogan's
application to be placed on the pension roll.

Yours truly,

ARM.SJP

Thos H Jeffries
ORDINARY

Ent. Oct. 7 - 1861
Disc. Feb. 16 - 1862
4 Months review

Sworn to and subscribed before me,
this 24th day of January, 1930.

Arthur R. Macburt

O. C. ORDINARY.

February 15, 1930:

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

My dear Judge:

The application of Mrs. Fannie Grogan,
for a pension as the widow of J. B. Grogan, Company
A, 3rd Georgia State Troops, has been received.

It is noted that J. B. Grogan performed
only four months service in the 3rd Georgia State
Troops, and not the six months service required by
the pension law. He was discharged February, 1862, and
information is desired as to whether or not he ever
entered any other branch of service from that time
until the close of the war, in 1864, or made any
further effort to perform military duty.

With kind regards,

Very truly yours,

Commissioner of Pensions.

A/No

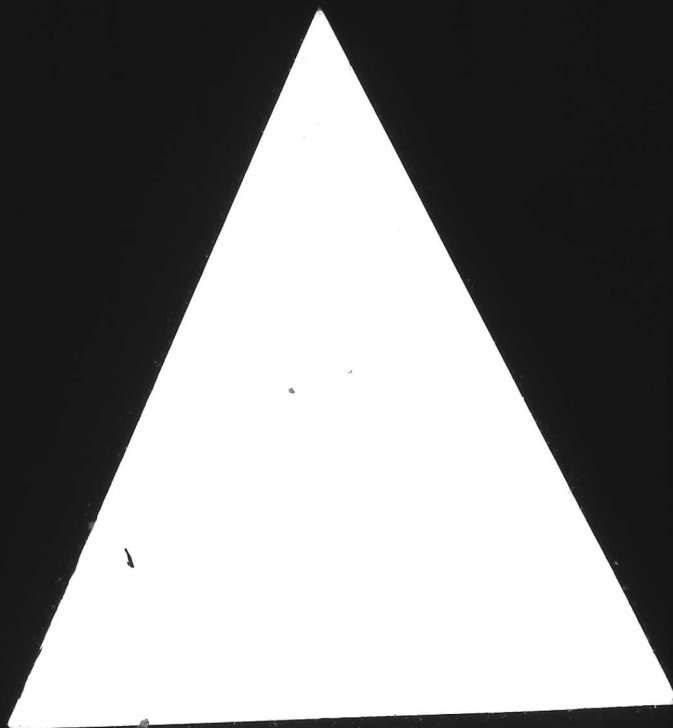
If Grogan enlisted with no other view
than that of serving, but was found unfit
for service, the 14 months rule need not
work against him. He ought to have gotten into
some other duty.
But what about the widow?

There is an official
Record of J. B. Grogan
which shows only 4 months
service.

"J. B. Grogan -
3d. Ga. State Troops.
Co. A. Capt. Pratt,
Capt. Oct. 14 - 1861,,
Disc. Feb. 16 - 1862.

Commissioner of Pensions.

A/Me



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

I, _____, hereby authorize

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

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

Executed in presence of _____

844-8
Blum

Mr. H. H. Hagan, President of the
Fulton County

ACT DEC. 10, 1901.

No. _____

WIDOW'S PENSION,
1901

Mrs. *Francis D. Hagan*

County of *Fulton*

Widow of *John D. Hagan*
I.C. 20 H. H. H.

Warrant issued _____ 1901

and handed to _____

J. W. LINDSEY,
Commissioner of Pensions.

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

9/24/01

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

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

Witness my hand and seal, this _____ day of _____ 1909

Executed in presence of _____

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Personally came Mrs. *Frances M. Hogan*

COUNTY OF _____ who says on oath she is the

widow of *John S. Hogan* to whom, in the County of

De Kalb State of *Georgia*, she was married on the

6th day of *July* 18*64*, that she remained his wife up to the *24th*

day of *April* 190*9*, at which time he died, and that she has not since married,

At the time of his death he was a resident of *Fulton* County, in said State of

Georgia, and was on the *Indigent* pension roll of the State of Georgia, having been allowed

a pension of \$ *60* per annum on account of being a soldier in Company *C*

2nd Regiment, *Unknown* or State *Georgia*

What affliction have you and how does it affect you? *Weak and infirm*

old

What have you been doing to earn a support since 1st of January, 1900? *House Keeper*

What property or effects had you on 1st January, 1900? *None*

What have you acquired since, and what income have you now? *None*

What disposition have you made of any property since 1st January, 1900, and at what price and for what

purpose? *None*

Deponent further says that she is now a resident of *Fulton* County, and has contin-

uously resided in the State of Georgia since the *18th* day of *July* 18*64*.

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.

Sworn to and subscribed before me, this *29th* day of *April* 190*9*

Mrs. Frances M. Hogan

John S. Hogan

Ordinary of *Fulton* County.

Note.—All blank spaces must be filled before signing.

Mrs. Frances M. Hogan
Fulton, Ga.

ACT DEC. 18, 1901.

No.

WIDOW'S PENSION,

1909

Mrs. *Frances M. Hogan*

County of *Fulton*

Widow of *John S. Hogan*

Warrent issued

and handed to

J. W. LINDSEY,
Commissioner of Pensions.

(999. W. Harrison, State Printer, ATLANTA, Ga.)

9/30/09

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came Henry M. Grogan
COUNTY OF Fulton } and

known to me to be reputable and truthful person, who says on oath that from his own personal knowledge Mrs. Mrs. Francis J. Grogan who made the foregoing affidavit, is the widow of John A. Grogan who died in Fulton County and State of Georgia on the 24th day of April 1909, and that she has not since married; that she became his wife on the 6th day of May 1864, and so remained up to the time of his death, and that she has resided in this State continuously since the 1864 day of 1864. With what affliction does she suffer? Old weak & infirm

What property or income had she on 1st January, 1900? None

What has she in her possession and control now? None

How was she supported in 1900 and 1901? By her husband's estate

I have no personal interest in the pension asked for

Sworn to and subscribed before me, this 29th day of April 1909
John W. Wilkinson
Ordinary Fulton County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me
COUNTY OF Fulton } J. W. Carmichael M.D.
and John Wilkinson } both of whom are known to me to be reputable
physicians, who say on oath that they personally know Mrs. Francis J. Grogan

mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her earning a support) Old age and the consequent weakness and infirmities, she is extremely nervous and suffers from headache almost constantly. Her disabilities are such as that she cannot work for support

Sworn to and subscribed before me, this 29th day of April 1909
John W. Wilkinson
Ordinary of Fulton County.

CERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.

STATE OF GEORGIA, } I, John W. Wilkinson Ordinary,
COUNTY OF Fulton } In and for said County of Fulton

State of Georgia, hereby certify that I am acquainted with Mrs. Francis J. Grogan the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia continuously since the 18 day of 18 and has not lived out of the State since that date. I also certify that the witnesses, to-wit: Henry M. Grogan

whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith and credit as such, and that the full text of the affidavit was read to and understood by them before same was signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 29th day of April 1909
John W. Wilkinson
Ordinary.

NOTES.

The Pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since the death of such husband. Date of marriage is essential and must be submitted.

Proofs by one witness and two physicians will be accepted when it is shown that the same cannot be furnished, but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case covering the above points.

Affidavits must be made in presence of the Ordinary.

STATE OF GEORGIA,
COUNTY OF Fulton } J. W. Carmichael Att.
and G. W. Haddock Att., both of whom are known to me to be reputable
physicians, who say on oath that they personally know Mrs. Francis A. Grogan
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her
earning a support) old age and the consequent weakness
and infirmities, she is extremely
weak and suffers from headache
almost constantly. Her disabilities
are such as that she can not work for support

Sworn to and subscribed before me, this 20th day of sep, 1909

Ordinary of Fulton County.

J. W. Carmichael Att.
G. W. Haddock Att.

NOTES.

The Pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since the death of such husband. State of marriage is essential and must be submitted.

Proofs by one witness and two physicians will be accepted when it is shown that the same cannot be furnished, but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case covering the above points.

Affidavits must be made in presence of the Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Know all Men by these Presents, That I, _____
 of _____
 County, in said State, do hereby appoint _____

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____, 1891.
 Executed in the presence of us _____ [L.S.]

DIRECTIONS.

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



Widows' Pension

PAID TO
 Mrs. Jane Grogan
 OF
 Fulton COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

Wm. W. Harrison, State Printer, Atlanta.

Grogan, Jane (Mrs)
 Fulton County
 1891.
 5 28 1891

No. 2839

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

Know all Men by these Presents, That I, _____

of _____

County, in said State, do hereby appoint _____

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

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

Executed in the presence of us, _____ [L. S.]

DIRECTIONS.

If allowed, send amount by _____
me at _____

and oblige, _____

to _____



Widow's Pension

PAID TO

James H. Hogan
Fulton County.

\$100.00.

Warrant Issued

AND HANDED TO

1891

No. 2839

1891.

James H. Hogan
Fulton County

Address: -

A. F. Todd
213 W. Selma, Ala.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of Fulton

In person came before me, the undersigned Ordinary in and for the County of Fulton

Mr. James H. Hogan, who being sworn according to law, says under oath that she is the widow of John O. Hogan, who was a soldier in the service of the Confederate States, and served as a member of Company Holding, of the

Regiment of

Volunteers; that he enlisted in said

service on or about the first day of May 1861, and was in the

Army up to

20th day of July 1863. That while in the

Army, he was on the

2nd day of July 1863 (See Note No. 1)

John O. Hogan was killed at the Battle of Antietam.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 1st day of December 1856, and that she has resided in Georgia continuously since the 10th day of Dec. 1833; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

25th day of May 1891.

W. H. Arthur
Ordinary.

James H. Hogan
Widow

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

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

Form No. 2.

STATE OF GEORGIA, County of Fulton
 I, W. L. Calhoun Ordinary in and for said County of
Fulton State of Georgia, hereby certify that I am acquainted with Mrs.
Jane Grogan the applicant for a pension in this case, and
 know, from my own knowledge (or from positive proof presented to me by reputable wit-
 nesses), that she resides in this County, and that she resided in the State of Georgia on
 December 23, 1850, and has not lived out of the State since that date. That she is the
 widow of John P. Grogan deceased, and as such has heretofore
 been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
 this, the 1st day of February, 1894.
W. L. Calhoun Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I,
 of

County in said State, do hereby appoint
 of my true and lawful attorney in fact, for
 me, and in my name, to receive and receipt for whatever amount of money I may be en-
 titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
 foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
 Warrant that may be issued by the Governor, or for any sum of money which may be
 coming to me for the reason aforesaid.

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

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by _____ to
 me at _____, and oblige

State of Georgia, Fulton County.

Warrant
WARRANT ISSUED
PAID TO
Jane Grogan
OF
Fulton
County.
1894

WARRANT ISSUED

PAID TO

Jane Grogan

OF

Fulton

County.

for year ending February 15th, 1894.

WIDOW'S PENSION,

No. 1578

1894.

FOR THESE HERETOFORE PAID.

Warrant
Fulton County

For Widows heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Fulton

Personally comes Mrs.

Jane Gagan

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 birth 10th Dec 1826 That she is the Widow of

John P. Gagan

who was a Soldier in Company

Spalding Coys

of the

2nd Batt

Regiment of

Georgia

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

1861 and served in the Army up to 2nd July 1863 That he lost his

life on the 2nd day of July 1863 (State here

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

Killed at the battle of Gettysburg.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1856, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

1st day of February 1894.

Notary Public Ordinary.

Post-office

Jane Gagan
Made