

Audited Feb. 12 1889

Wm A. Wright  
COMPTROLLER GENERAL

J. L. Latta

Maimed Soldiers.

Voucher No. 1108

Amount \$ 100

Paid to John M. Hamrell  
for Loss of Right  
Arm.

Feb'y, 12 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. 594

Amount \$ 100

Paid to Mr. M. Hamrell  
for Loss of Leg

Feb'y 8 1890

Included in warrant No.  
issued to Treasurer

18

WARRANT CLERK

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

Applicant.

No. 468  
STATE OF GEORGIA, {  
EXECUTIVE DEPARTMENT. { Atlanta, Ga. Feby. 12 1889

Mr. John M. Harwell 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 leg  
He is entitled to receive the sum of One Hundred & 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 his receipt on this voucher and return same to  
Executive Department for warrant.

By the Governor,  
W. A. Harrison  
CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,  
One Hundred & 00/100 Dollars.  
per above voucher, this 12 of Feby 1889  
John Harwell

No. 594  
STATE OF GEORGIA, {  
EXECUTIVE DEPARTMENT. { Atlanta, Ga. Feby 8 1890

Mr. John M. Harwell of the County  
of Fulton having filed his application to the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act  
approved, Dec. 24, 1888, and the same having been examined and allowed for

Loss of leg  
He is entitled to receive the sum of One Hundred & 00/100 Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor,  
W. A. Harrison  
CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,  
One Hundred & 00/100 Dollars.  
per above voucher, this 8 of Feby 1890  
John Harwell



*Harold E. Lovell*  
*Dulton County*

CONFEDERATE  
 SOLDIER'S APPLICATION

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

*Disapproved*  
 County *Dulton*  
 Name *Lovell Harrell*  
 Company *Co.*  
 Regiment *14 Tennessee Cavalry*  
 Approved

*Notar signed  
 back to get out  
 of prison. Later  
 served under 2nd  
 Cavalry.*

C. E. McGREGOR,  
 Commissioner of Pensions.

*Witness knows nothing of  
 character but same proven by  
 10-31-1924  
 Witness at home at end*

*Not with Lovell  
 at and of War  
 did not re-enlist  
 until Aug. 1864 after  
 he had been released  
 from Union prison  
 on taking oath.*

*Disapproved, for lack of proof of  
 service to the end of the War.  
 Feb. 26, 1925  
 Pension Department  
 V. J. Harris  
 Commissioner of Pensions*

STATE OF GEORGIA.

Ordinary's Certificate

*Dulton County*  
*Harrell*

Ordinary of said County, certify that I know  
 the applicant for pension, that he is the person he repre-  
 sents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since  
 January 1st, 1920, that *he* gave residents of said County and were duly sworn by me before  
 signing the foregoing affidavit and were truthful and trustworthy and their statements are en-  
 tirely correct.

Sworn under my hand and official seal of office this

SEAL OF ORDINARY

Instructions

Before any application is presented for an Ordinary and the return to the following effect:  
 "I, J. J. McGREGOR, Ordinary of the County of Dulton, do hereby certify that the applicant for pension is the person he represents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since January 1st, 1920, that he gave residents of said County and were duly sworn by me before signing the foregoing affidavit and were truthful and trustworthy and their statements are entirely correct."

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

**Instructions**

Sworn under my hand and official seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Ordinary \_\_\_\_\_

County \_\_\_\_\_

that to full faith and credit

signing the foregoing affidavit and ~~that~~ <sup>the</sup> ~~are~~ <sup>is</sup> truthful and trustworthy and their statements are entire

in the service, that ~~none of them~~ <sup>the</sup> ~~are~~ <sup>is</sup> now residents of said County and were duly sworn by me before

January 1st, 1920, ~~that I then knew~~ <sup>the statements which were made</sup>

seems honest to be and that he has been continuously a bona fide resident of said State since

the application for pension. That he is the person to be properly

Ordinary of said County, certify that I know

STATE OF GEORGIA

COUNTY \_\_\_\_\_

**Ordinary's Certificate**

1920  
*Shirley Howell*  
*Confederate Cavalry*

**CONFEDERATE  
 SOLDIER'S APPLICATION**

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

Name *James Howell*  
 Company *Company B*  
 Regiment *14th Georgia Cavalry*  
 County *Wilkes*  
 Approval \_\_\_\_\_

*Noted signed*  
*back to get list*  
*of friends - father*  
*approved under this*  
*direct report*

C. E. McREED  
 Commissioner of Pensions

*Pension Department*  
*Feb. 26, 1925*

*Disapproved, for lack of proof of*  
*service to the end of the War.*

*V. E. Harris*  
*Commissioner of Pensions*

*not paid back of the*  
*money as he was*  
*not paid back of the*  
*money as he was*  
*not paid back of the*  
*money as he was*

CONFEDERATE  
SOLDIER'S APPLICATION

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

County  
State  
Company  
Regiment  
Approved

Notar signed  
bath to a  
of pros - later  
served under us  
first met

C. E. McBRIDE  
Commissioner of Penitents

*Approved for lack of proof of  
9th 26 1915  
Commissioner of Penitents*

*Approved to the lack of the Man*

*N. H. H. H.*

Ordinary's Certificate

STATE OF GEORGIA

COUNTY

Ordinary of said County, certify that I know

the applicant for pension that he is the person he repre

resents and that he has been continuously a bona fide resident citizen of said State since

January 1, 1920, that I also know

the witness who appears

in the service that both of them are true 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 ent

itled to full faith and credit.

Sworn to on my hand and official seal of office this

day of 1924

Ordinary

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

give shall be the whole truth. So help you God.

Additional affidavits may be attached if blank spaces are sufficient.

An affidavit must be made before the Ordinary of the County in which the applicant or witness resides and must

be attested by such Ordinary.

Print on the back of the application carefully.

APPLICATION FOR PENSION BY A SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER

STATE OF GEORGIA.

COUNTY

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

1. What is your name and where do you reside? *Lovell Harwell, 27 B. Washington Street, Atlanta, Ga. Fulton County, Georgia.*

2. How long and since when have you been continuously a bona fide resident citizen of the State of

Georgia? *Since 1861.*

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

1861 to 1865? *In the regular Confederate Army.*

4. When and where and in what Company and Regiment did you enlist? State the arm and class of

service and give name of Colonel and Captain. *Enlisted in the 1st Georgia Cavalry, 1st Regiment, 1st Division, 1st Army Corps, Confederate States Army, at Macon, Georgia, in 1861. Served in the 1st Georgia Cavalry, 1st Regiment, 1st Division, 1st Army Corps, Confederate States Army, at Macon, Georgia, in 1861.*

5. How long did you remain in the actual military service with said Company and Regiment? (Give

date of discharge or removal.) *Remained with 1st Regiment Tennessee Cavalry, 1st Division, 1st Army Corps, Confederate States Army, at Macon, Georgia, in 1861.*

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

*At Brownsville, Tennessee, in April 1866.*

7. Were you personally present with your Command when it was surrendered or discharged?

*No.*

8. If you were not actually present, state specifically and clearly where you were.

*At Macon, Georgia, in 1861.*

9. Where was your Command when you left it? *Did not leave it, was*

*with it.*

10. When did you leave the Command? *Did not leave my Command.*

11. For what cause did you leave? *Did not leave Command.*

12. By whose authority did you leave? *Did not leave it.*

13. For how long was your leave of absence granted? In what way? *Had no leave*

*and did not leave Command.*

14. Why did you not return to your Command after leave expired? *Did not leave Command.*

15. In what way were you prevented? *Was with my Command.*

16. What effort did you make to return? *Was with Command, was not absent.*

17. Were you captured by the enemy at any time? *No. At Woodville, Tennessee, in*

*October 1863. In 1863, in October, at Woodville, Tennessee, in*

*October 1863, in October, at Woodville, Tennessee, in*

*October 1863, in October, at Woodville, Tennessee, in*

*October 1863, in October, at Woodville, Tennessee, in*

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*October 1863, in October, at Woodville, Tennessee, in*

*October 1863, in October, at Woodville, Tennessee, in*

CONFEDERATE  
SOLDIER'S APPLICATION

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

County *Durham*  
Name *Lowell Harwell*  
Company *Co. B.*  
Regiment *14th Tennessee Cavalry*  
Approved

C. E. McREDDOR  
Commissioner of Pensions

Ordinary's Certificate

STATE OF GEORGIA.

COUNTY

I, \_\_\_\_\_, Ordinary of said County, certify that I know  
the applicant for pension; that he is the person he repre-  
sents himself to be, and that he has been, continuously, a bona fide resident citizen of said State since  
January 1st, 1920, that I also know \_\_\_\_\_, the witness, who swears  
to the service, that both of them are now residents of said County and were duly sworn by me before  
signing the foregoing affidavits, and they are truthful and trustworthy and their statements are enti-  
tled to full faith and credit.

Sworn under my hand and official seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Ordinary

(SEAL OF ORDINARY)

of

County

Instructions:

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

# Questions of Witness as to Service

STATE OF ~~MISSISSIPPI~~ Tennessee

Crockett COUNTY.

Samuel D. Ballentine of said State and County is hereby presented as a witness in support of the application of Lozell Harwell 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? Samuel D. Ballentine  
at home, Crockett County, Tennessee
2. How long and since when have you known Lozell Harwell the applicant?  
Twenty years
3. Where does he now reside, and since when has he been, continuously, a bona fide resident of this State, and how do you know? Alton, Tenn. He was several years  
He told me where he had lived
4. When, where and in what Company and Regiment did Lozell Harwell enlist?  
Give date and place and names of Colonel and Captain in 1862 or 1863 - 14th Tenn. Regiment  
at home - I don't know - I forget Colonel's name - Capt. H. H. Hays
5. How do you obtain your information of this service? I was with him in this service  
at home - I don't know
6. Having acted upon your own personal knowledge, did he perform actual military service with this Company and Regiment? Give dates of service  
at home - I don't know
7. When and where was his Command surrendered or discharged? Give date and place  
at home - I don't know
8. Were you personally present when it was surrendered? No
9. If not where were you? I was at my father's home and how came you there? My Company got scattered and I went home and stayed
10. Was the applicant personally present with his Command when it was surrendered? I don't know
11. If not, where was he? and how came him there? at home - I don't know

12. When, where and for what cause did he leave his Command? Give date  
at home - I don't know  
By whose authority did he leave his Command? at home - I don't know  
and how long was he granted leave? at home - I don't know How do you know all that you have stated to be true? If of your own knowledge, state clearly and specifically of my own knowledge

13. In what way, if you know of your own knowledge, was he prevented from returning to his Command? State clearly and specifically  
at home - I don't know

14. What effort did he make to return to his Command and how do you know this?  
at home - I don't know

15. Was applicant captured as a prisoner? Yes if so, when and where? in 1862  
at home - I don't know in what prison was he held? Alton, Ill. and when released? at home - I don't know

Sworn to and subscribed before me, this the

20th day of December, 1924  
W. C. James Notary Public  
of Crockett County  
(SEAL OF ORDINARY.)

Samuel D. Ballentine  
(Witness)

O.R.

WAR DEPARTMENT.

THE ADJUTANT GENERAL'S OFFICE.

WASHINGTON, Jan. 19, 1923.

Lovell C. Harwell,  
321 Washington St.,  
Atlanta, Georgia.

The name Lovell Coffman Harwell has  
~~not been found on rolls on file in~~  
this office of Co. B, of any Tenn. C. S. A  
Cav. orgn. designated as the 7th. Nor  
~~has the name been found on mates-~~  
rolls of Co. B, (Capt. R. W. Haywood) 7th.  
(Duckworth's) Tenn. Cav. C. S. A. on file  
in this office, covering, in part, the  
period Aug. 23, 1861 to May 11, 1864.  
The name Lovell Harwell, prt. Haywoods  
Cav. appears on a Roll (not dated) of  
prisoners received at Alton Militar  
y Prison from Bolivar, Oct. 20, 1862,  
showing him, captured at Woodville,  
date not shown. No further or later  
record has been found.

*Robert C. Davis*  
The Adjutant General  
*RD*

Form No. 14-A. G. O.  
Rev. Oct. 2-11-20 100

*Robert C. Davis*  
The Adjutant General  
*His*

Form No. 10-A, G.O.  
24 Oct 2-11-50 (2)

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I,

herby authorize

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

Witness my hand this \_\_\_\_\_

day of \_\_\_\_\_

190

Executed in presence of \_\_\_\_\_

Ordinary.

County

{  
seal  
}

L. S

*Harwell, Mary Baker*  
*Widow (Mrs)*

No \_\_\_\_\_

WIDOW'S  
Indigent Pension.  
1901.

Name *Mrs M B Harwell*

County *Tulloa*

Widow of *Deborah Harwell*

*B-8 4a Can*

Approved *1/22* 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO \_\_\_\_\_

1901.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

hereby authorize

County, to receive and receipt for the pension allowed and that he

remit the same to me at

by his check or registered mail.

Witness my hand this

day of

190

Executed in presence of

Ordinary.

L. S.

County

1001

No

WIDOW'S

Indigent Pension.

1901.

Name Mrs M B Hamwell

County

Fulton

Widow of D W Hamwell

Co. 8 1st Cav

Approved 4/22 1901

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT FORGED TO

1901

Gen. W. Harrison, New York, N.Y.

## Questions for Applicant.

STATE OF GEORGIA,

Fulton County.

I, Mrs Mary Baker Hamwell, of said State and County, desiring to avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1900, hereby submits her proof, and after being duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? (Give State, County and Post Office.)  
Mrs Mary Baker Hamwell, Atlanta Fulton Co Georgia
2. How long and since when have you been a resident of this State? Since Oct 1888. Over Twelve years
3. When and where were you born? Frank Co Ark Nov 20 1839
4. When and where was your husband born—state his full name, and when were you and he married?  
John Hamwell Ga May 10 1876. Samuel Watson Okla well
5. When and where, and in what Company and Regiment did your husband enlist and serve during the war between the States? In 1st year of the war in Co. A 8th Cav. Ark
6. How long did your husband serve in said Company and Regiment? In 120 days and sent out to New York Prison 1866
7. When and where did your husband's Company and Regiment surrender and was discharged?  
At Vicksburg Miss May 1865
8. Was your husband present at the time and place when his Company and Regiment surrendered?  
No
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority? He died in prison at Ft Osage Mo 1863
10. When and where did your husband die? At Fort Delaware in 1863
11. 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 a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight? I have been blind nearly 12 years from Rheumatism and other infirmities for 12 years and am unable to work
13. What has been your occupation since your husband's death? Needle work
14. How much can you earn grossly by your own exertion or labor? Sometimes four months
15. What property, real or personal, or income do you have or possess, and its gross value?  
I have no property at all
16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? No property was left by my husband
17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation?  
In Fulton Co Ga and have had no property
18. How have you been supported since death of husband, and especially for 1899 and 1900?  
Needle work and charity
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? I kept no account. Contributed by my friends
20. What was your employment during 1899 and 1900—how much did you receive for each year?  
Needle work and charity. Sometimes as much as four dollars a month
21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? I have one daughter. She has needlework
22. Have you ever made an application for pension before? Never
23. How many applications have you made for a Pension, and under what class? Never

Sworn to and subscribed before me this

day of

March

190

Ordinary.

of Fulton County.

Mrs Mary B Hamwell

# Questions for Witnesses.

STATE OF GEORGIA,

Fulton County.

I, John D. Prather of said State, and County, having been presented as a witness in support of the Application of Mrs. Mary Baker Harwell for a Pension under the Act of 1900, and after having been duly sworn, true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? John D. Prather  
Atlanta Fulton Co. Ga.
2. Are you acquainted with the applicant, Mrs. Mary Baker Harwell? Yes
3. How long have you known her? Twenty years
4. Where does she reside, and how long and since when has she been a resident of this State? Atlanta Fulton Co. Ga. Since Oct 20, 1888
5. When and where was she born? Frank Co. Ga. Nov 20, 1839
6. Were you ever acquainted with her husband? Yes
7. Where did he reside in 1863? La Fayette Chambers Co. Ala.
8. When and to whom was he married? Oct 1859 - Mary B. Gordon
9. When and where was he born? Near Milledgeville Ga. May 10, 1836
10. How long have you known him? Since from 1856 to his death
11. When and where did John B. Prather enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? Co. B 1st Conn. Cav. 1st Regt. 1st Div. 1st Army
12. How long did he perform regular military duty? From date of enlistment until captured in 1863
13. When and where was his Company and Regiment surrendered and discharged from service? At Nullboro N. C. May 31, 1865
14. Were you with the command when it surrendered? Yes
15. Was Mrs. Mary B. Harwell the husband of applicant present? No. He died in prison in 1863
16. If not present, where was he? Dead
17. When and where did he leave his Command? Captured in 1863
- For what cause? Captured
- By whose authority he left? The Federal Authorities in the
- How do you know all this? State fully and clearly. Was the Commanding officer and was in the engagement.
18. When and where did John B. Prather die? Fort Delaware 1863
19. Where did he reside at his death and how long had he been a resident of Georgia at his death? He died in prison 1863
20. Do you of your own knowledge know that applicant is the lawful widow of John B. Prather? Yes
21. Has she remained unmarried since her soldier husband's death, and is now his widow? Yes
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? She is very poor - has no property
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? She is a widow
24. Has applicant conveyed any property in last two years or given away, if so what was it and to whom? None
25. What is applicant's physical condition and her chances and ability to earn a support? She is a Confirmed Invalid and cannot earn a support

26. Is applicant able to earn a support at labor of any sort, if not why? No - She is a Confirmed Invalid
27. How was she supported for 1899 and 1900? She and her daughter do needle work when able
28. How much did applicant contribute to her support for last two years? Approx. \$50.00
29. Give a full and complete statement of applicant's physical condition? She is about half blind from Rheumatism and other infirmities
30. What interest have you in the recovery of this pension by the applicant? None

Sworn to and subscribed before me this 4<sup>th</sup> day of March, 1901.

John R. Wilkinson Ordinary.  
Fulton County.

John D. Prather Witness.

## Affidavits of Physicians.

STATE OF GEORGIA,

Fulton County.

Personally before me comes Lyman H. Jones and W. D. Hammond both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. Mary Baker Harwell applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this: She is suffering from Rheumatism and other infirmities which unfit her from doing work

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 5<sup>th</sup> day of March, 1901.

John R. Wilkinson Ordinary.  
Fulton County.

W. D. Hammond Witness.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I, John R. Wilkinson Ordinary in and for said county, hereby certify that the applicant, Mrs. Mrs. Mary B. Harwell reside in said county, and has been a bona fide resident of the State since day of 1888, and that the witnesses, Mr. John D. Prather are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Fulton county shows that applicant returned for taxation in her own name in 1899, 50 dollars worth of property, and in 1900, 50 dollars worth of property.

Witness my hand and official seal, this 5<sup>th</sup> day of March, 1901.

SEAL

John R. Wilkinson Ordinary.  
Fulton County.

Notes - 1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God." 2. Additional affidavits may be attached, if blank spaces are insufficient. 3. All affidavits must be made before Ordinary. 4. Only widows who were the wives of the dead husbands while they were soldiers need apply - and are now widows. Those married since 24th April, 1865, not entitled. 5. Witnesses and two Physicians are necessary to make out claims.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

Fulton County.

I, Mrs Mary B Harwell, hereby authorize  
Miss Willie Harwell Atlanta Ga  
to receive and receipt for the pension paid hereon, and request that he remit same to  
at

In Witness Whereof, I have hereunto set my hand and seal, this 15  
day of January 1902  
Mrs Mary B Harwell [L. S.]

Executed in presence of

John R. Williamson  
Ordinary

To Those Heretofore Paid

1902.

No. 73

INDIGENT  
WIDOW'S PENSION,  
For year ending Dec. 31, 1902

PAID TO  
Mrs M B Harwell

of  
Fulton County.  
Widow of S W Harwell  
Co B 9 Ga Caval Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT ISSUED

AND HANDLED TO  
Willie Harwell

1902

To Those Heretofore Paid.

1903.

No. 134

INDIGENT  
WIDOW'S PENSION,  
For year ending Dec. 31, 1903.

PAID TO

Mrs M B Harwell  
of  
Fulton County.

Widow of S W  
Co B 9 Ga Caval Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

1903

AND HANDLED TO  
Willie Harwell

1903

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

I, Mrs Mary B Harwell, hereby authorize  
Miss Willie Harwell Atlanta Ga  
to receive and receipt for the pension paid hereon, and request that he remit same to  
at

In Witness Whereof, I have hereunto set my hand and seal, this 22  
day of January 1903.  
Mrs M B Harwell

Executed in the presence of

John R. Williamson  
Ordinary

To Those Heretofore Paid.

1903.

No. 134

INDIGENT  
WIDOW'S PENSION,  
For year ending Dec. 31, 1903.

PAID TO

Mrs M B Harwell  
of  
Fulton County.

Widow of S W  
Co B 9 Ga Caval Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

1903

AND HANDLED TO  
Willie Harwell

1903

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

County of

**Fulton.**

PERSONALLY COMES MRS.

*M B Kearwell***Fulton.**

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

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

continuously ever since

*Oct 1888*

That she is the Widow of

*SW Kearwell*

who was a soldier in Company

*B*

of the

*8th Cav*Regiment of *Cav*

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

1861 and served in the Army up to

1863

That he died

1863

on the *10th* day of *June**In testimony & fidelity*

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

I have been allowed an Indigent pension as a resident of **Fulton**

County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me

*John M. Wilkerson*  
JAN 22 1903  
Ordinary Post Office

State of Georgia,

**Fulton**, County.

Ordinary of said County, certify that I am well

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

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

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

day of *Oct* 1888Given under my official signature and seal, this the *JAN 9* day of 1902 1902.

Official Seal

NOTE.—All blanks must be filled.

Vouchers and affidavits must bear date after January 1st, 1903.

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

County of

**Fulton.**

PERSONALLY COMES MRS.

*M B Kearwell*

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

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

continuously ever since

*Oct 1888*

That she is the Widow of

*SW Kearwell*

who was a soldier in Company

*B*

of the

*8th Cav*Regiment of *Cav*

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

1861, and served in the Army up to

1863

That he died

on the *10th* day of *June*

1863

*J F R*

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

I have been allowed an Indigent pension as a resident of **Fulton**

County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me,

this *JAN 22* day of 1903 1903.*John M. Wilkerson*  
Ordinary.

Post Office

*Mrs M. B. Kearwell*

State of Georgia,

**Fulton**, County.

Ordinary of said County, certify that I am well

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

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

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

day of *Oct* 1888Given under my official signature and seal, this the *JAN 22* day of 1903 1903.

Official Seal

Ordinary of

County.

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

This John P. Wilkinson day of JAN 9 1902, County of Fulton, State of Georgia, Ordinary of said County, certify that I am well acquainted with Mrs. M B Kowwell, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of Oct 1888.

State of Georgia,  
Fulton, County. }  
Ordinary of said County, certify that I am well acquainted with Mrs. M B Kowwell, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of Oct 1888.

Given under my official signature and seal, this the \_\_\_\_\_ day of JAN 9 1902, 1902.

Official Seal: John P. Wilkinson Fulton, County.

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

This John P. Wilkinson day of JAN 22 1903, 1903, County of Fulton, State of Georgia, Ordinary of said County, certify that I am well acquainted with Mrs. M B Kowwell, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of Oct 1888.

State of Georgia,  
Fulton, County. }  
Ordinary of said County, certify that I am well acquainted with Mrs. M B Kowwell, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of Oct 1888.

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

Official Seal: John P. Wilkinson \_\_\_\_\_ County.

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

Harwell, Mary E. (Mrs)

For Fulton County

1929

**Application for Pension  
Due Deceased Pensioner**

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

Geo. H. Jeffers Ordinary

For Mrs. Mary E. Harwell

Date of Death Feb 9 1929

Amount \$ 100 00

Approved and ordered paid X

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 payrolls to be permanently filed with them. Do not keep this application in your office.

OK X

MARIETTA, GA. Feb'y 27th 1929

Mrs. Mary Harwell, Estate

IN ACCOUNT WITH

**John S. Bobbins & Sons**  
**Funeral Directors—Embalmers**

LADY ASSISTANT  
DAY PHONES 437 AND 272

100 CHEROKEE STREET  
AMBULANCE SERVICE

MOTOR EQUIPMENT  
NIGHT PHONE 355-W

To Casket  
" Embalming  
" Paper Notices  
" Hearse trip, pall bearer gloves

135	00
15	00
5	00
15	00
\$ 170	00

The above and foregoing account is rendered for funeral expenses of Mary Harwell who died February 9th, 1929, without owing sufficient property or money to pay this account.

Albany M. Bobbins  
Mrs. J. S. Bobbins

Sworn to and subscribed before me  
this 6th day of March 1929/

W. M. Ward  
Notary Public, Cobb County, Georgia.

This account has been paid in full by Mrs. M. E. Harwell and receipt in full is hereby acknowledged.

Mrs. Mary Harwell  
John S. Bobbins & Sons

# 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 M. E. Harwell

of said County, who, after being sworn, on oath says that he knew Mrs. Mary E. Harwell of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Cobb County, in this State, on the 9 day of February, 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 \$150.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

M. E. Harwell, Ordinary

Fulton County

(Seal of Ordinary)

*The above bill was paid out of my personal funds*  
M. E. Harwell

## CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos H. Jeffries, Ordinary of said County, do certify that I personally know M. E. Harwell, 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. Mary E. Harwell 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 Two Hundred (\$200.00) Dollars in said County for 1928, and I now believe said pensioner to be dead, and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this

(Seal of Ordinary)

7 day of March, 1929  
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 neatly to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

in said County for 1928, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this

(Seal of Ordinary)

7

day of

1929

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 neatly to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.



*Harwell*  
*Fulton Co.*

+

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 *Nancy E. Harwell*

Widow of *J. C. Harwell*

Company *1st La. Vol.*

Approved .....

J. W. LINDSEY,  
Commissioner of Pensions

CHAS. F. BYRD, State Printer, ALBANY

*10/21/1913*

*C*

# WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Fulton County.

Personally before me come Mrs. Nancy E. Harwell of said County, who, after being duly sworn, on oath says, that she is the widow of J. E. Harwell to whom in the County of Fulton State of Georgia she was married on the 11 day of January 1869 and that she remained his wife, and resided with him to the date of his death in January 1873 and that she has not since his death remarried. At the time of his death he was a resident of Fulton County, in Georgia said State of Georgia, and he was on the Fulton 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 F 10 82 500 Regiment (Volunteers of State Militia.)

At the death of J. E. Harwell he was in the use and possession of the following property: 56 Acres in Fulton above the

at the cash value of \$1400.00  
What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.)

<u>56</u> Acres land.....	<u>\$1400</u>
Horses and Mules.....	<u>\$</u>
Hops, Cows, etc.....	<u>\$20.00</u>
Total Cash value of all property.....	<u>\$1420.00</u>

That she is now a bona fide resident citizen of said County of Fulton and she has so continuously resided since 1846 day of 1846

Sworn to and subscribed before me, this the 20th day of Sept 1913 Nancy E. Harwell  
John P. Westbrook 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 Miss Mary Megee 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. Nancy E. Harwell who made the foregoing affidavit, is the lawful widow of J. E. Harwell who died in Fulton County in said State of Georgia on 26 day of January 1913 and that she has not since remarried. That she became the wife of J. E. Harwell on the 11 day of January 1869 and that she and he had resided together as man and wife continuously since 11 day of January 1869 and that the J. E. Harwell was the same man who was on the pension roll of said State Georgia from Fulton County when he died.

Sworn to and subscribed before me, this the 19th day of Feb 1913 Mary Megee  
John P. Westbrook Ordinary,  
of Fulton County.

## Widow's Application

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

Fulton

Nancy E. Harwell

Widow of J. E. Harwell

Company F 1st So. Cal.

Approved

J. W. LINDSEY,  
Commissioner of Pensions.

CHAS. F. STEIN, State Printer, ALBANY.

10-16-13

V

JOB. W. AWTRY, Pres. & Treas.  
FRANK B. LOWNDES, Vice-Pres. & Mgr.

PHONE: WALNUT 7000  
WALNUT 7007

**AWTRY & LOWNDES COMPANY**  
FUNERAL DIRECTORS

AMBULANCE SERVICE

31 Oak Street, N. W.

ATLANTA, GA.

5/2/35/

IN ACCOUNT WITH

Mr. J. B. Harwell,

No. 81 N. Grand Ave., Center Hill,

Atlanta, Ga.

For Mrs. Nancy E. Harwell.  
Funeral & Undertaking \$150.00  
Casket \$25.00  
Flowers \$4.50  
Gravestone \$2.50  
Marriage \$2.10  
Total \$254.60

STATE OF GEORGIA.  
COUNTY OF FULTON.

Personally appeared L. F. Allen,  
who upon oath says that the above account is  
just, true, due and unpaid.

Sworn to and subscribed before me  
this May 10 1935.

*L. F. Allen*  
*John R. Williams*

Received of Thomas H. Jeffries, Ordinary, \$ 150.00

to apply on account of Nancy E. Harwell

I certify that this account has not been paid and is now owing to me.

This 2 day of May 1935.

Received of Thomas H. Jeffries, Ordinary, the sum of  
\$100.00 for funeral expense of Nancy E. Harwell

I further certify that this account has not been paid and is  
now owing to me.

This 2 day of May 1935.

*Awtry & Lowndes*  
*Paul W. Ryan*

**AFFIDAVITS OF TWO FREEHOLDERS.**

STATE OF GEORGIA,

Fulton County.

Personally before me comes L. M. McNeill & W. J. Johnston who after being sworn on  
oath says, that they are freeholders of said County, and that they know Nancy E. Harwell  
said County and knew her said husband J. B. Harwell at his death on the 25  
day of January 1913 that she and he were in the use, possession and control of the following  
property at his death to wit: 5 1/2 Acres of Land

of the value of \$ 1400.00 That she is now in the use, possession and control of the following  
property to wit: 5 1/2 Acres of Land  
and one cow

of the value of \$ 1420.00

Sworn to and subscribed before me, this the

30th day of Sept 1913

*L. M. McNeill*  
*John R. Williams* Ordinary  
of Fulton County.

**ORDINARY'S CERTIFICATE.**

STATE OF GEORGIA,

Fulton County.

John R. Williams Ordinary of said County, do certify, that, I  
know Nancy E. Harwell 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

1913  
That I also know Nancy E. Harwell witness as to marriage and I also know  
L. M. McNeill & W. J. Johnston 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 J. B. Harwell 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 19th day of Oct 1913

(SEAL) *John R. Williams* 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.

Received of Thomas H. Jeffries, Ordinary, the sum of  
\$60<sup>00</sup> for funeral expense of Nancy E. Harwell  
I further certify that this account has not been paid and is  
now owing to me.  
This 25th day of May 1935.

Anthony Harwell  
Paul W. Ken

For Fulton County

### Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

For Nancy E. Harwell Ordinary  
(Name of Pensioner)

Date of Death March 27, 1935

Amount: \$ 60.00

PAID TO ORDINARY ON THIS CLAIM.

FUND FROM WHICH PAID:  
V. 8-2-35  
Y. 8-2-35

TOTAL \$60.00

Approved, and ordered paid,

A. L. Henson  
A. L. HENSON,  
Director, Veterans Service Office.

COPY OF CERTIFICATE OF DEATH GEORGIA DEPARTMENT OF PUBLIC HEALTH Bureau of Vital Statistics				6719
1. PLACE OF DEATH				Registered No. <u>198</u>
County <u>Fulton</u>		Militia District (Number and Name)		State of Georgia
City or Town <u>Atlanta</u>		Length of residence in this city or town: Yrs. <u>Mo.</u> <u>Da.</u> NON-RESIDENT (Yes or No)		
Street and Number (No.) <u>81 N. Grand Ave. Center Hill</u>		(If death occurred in a hospital, give its name instead of street and number)		Ward
2. FULL NAME <u>Mrs. Nancy Eliza Harwell</u>				
Residence (City or Town) <u>Atlanta</u>		(Street and Number) <u>81 N. Grand Ave.</u>		(State) <u>Ga.</u>
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Widowed</u>		
6. DATE OF BIRTH (month, day, year) <u>8/17/1846</u>				
7. AGE <u>88</u>	Years <u>88</u>	Months <u>00</u>	Days <u>00</u>	If less than one day Hours <u>00</u> Minutes <u>00</u>
(a) Trade, profession or particular kind of work done, as spinner, weaver, bookbinder, etc. <u>House wk.</u>				
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.				
(c) Date deceased last worked at this occupation (month and year)				
(d) Total years spent in this occupation				
8. BIRTHPLACE (P. O. Address) <u>Ga.</u>				
9. NAME <u>Mr. M. McGee</u>				
10. BIRTHPLACE <u>S. C.</u>				
11. MAIDEN NAME <u>Miss Brice</u>				
12. BIRTHPLACE <u>S. C.</u>				
13. INFORMANT (Signed) <u>J. E. Harwell</u> (Address) <u>81 N. Grand Ave.</u>				
14. BURIAL PLACE (Cemetery) <u>Sharon Cemetery</u> (Postoffice) <u>Atlanta, Ga.</u> <u>3/31/35</u>				
15. UNDERTAKER (Signed) <u>Artry &amp; Lowndes</u> (Address) <u>81 Cain St. N. W.</u> <u>Mrs. C. W. Hatcher</u>				
MEDICAL CERTIFICATE OF DEATH				
16. DATE OF DEATH <u>3-29-35</u> at <u>10:35</u> (Hour) <u>M</u>				
17. I HEREBY CERTIFY, That I attended the deceased from <u>March 26, 1935</u> to <u>March 27, 1935</u>				
I last saw <u>her</u> alive on <u>March 27, 1935</u> , death is held to have occurred on the date and hour stated above.				
The principal cause of death and related causes of importance in the order of onset and duration of each: <u>Lobar Pneumonia</u>				
Other contributory cause of importance: <u>age influenza</u>				
What test confirmed diagnosis? <u>Clinical</u> (Specify whether serum, sputum, laboratory or clinical)				
If death was due to external causes (violence) fill in also the following: Was injury an accident, suicide, or homicide?				
Where did injury occur (Specify city or town, if outside of limits, the county, and also the state)				
Did injury occur in a home, public place or industry?				
Manner of injury				
Nature of injury				
(Signed) <u>W. A. Arnold</u> M.D. (Address) <u>Atla. N. W.</u>				
18. FILED <u>Mar. 29, 1935</u>				
(Signed) <u>Wm. J. Gilbert</u> (Local Registrar)				

THIS IS TO CERTIFY: That the certificate attached hereto is a true and correct copy of those items prescribed by the State Statutes, as shown on the original, which has become a perpetual record in the archives of the Georgia Department of Public Health.

Signed Huber Crombie  
Director

Atlanta, Ga. For \_\_\_\_\_  
Chief, Bureau Vital Statistics  
Date May 10, 1935

Date-----May 10,-----1965.

Feb 30  
Mar 30  
60

FILED

VETERANS SERVICE OFFICE  
A. L. HENSON, Director

For Fulton County

## Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

Thos. H. Jeffries, Ordinary

For: Nancy E. Harwell  
(Name of Pensioner)

Date of Death: March 29, 1985

Amount: \$ 60.

## PAID TO ORDINARY ON THIS CLAIM:

DATE		FUND FROM WHICH PAID	
1935			
V.	8-27	Crc	600
Y.	8-11-16	Crc	150 hrs
A			
J			
D			
E			
F		TOTAL,	600

15460 Approved, and ordered paid,

62  
9862

AUG 26 1935

193

*A. L. Henson*

A. L. HENSON,  
Director, Veterans Service Office

**Application for  
Payment of Expenses of Last Illness and Funeral**

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, Fulton County:

Before me, the Ordinary of said County, comes L. F. Allen for Antry & Lowndes, of said County, who, after being duly sworn, on oath says that he knew Nancy E. Harwell late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of \$ 254.60, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,  
this the 10 day of May, 1935.

A. S. Dutton, Ordinary.

*L. F. Allen for Antry & Lowndes*

**CERTIFICATE OF THE ORDINARY**

GEORGIA, Fulton County.

I certify that L. F. Allen who subscribed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Nancy E. Harwell the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 10 day of May, 1935.

(Seal of Ordinary)

*Prunty Dutton*, Ordinary.

**INSTRUCTIONS:**

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:  
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of \_\_\_\_\_ who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

Given under my hand and seal of office, this 10 day of May, 1935.  
(Seal of Ordinary) *Howard D. Hoffman* Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:  
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of \_\_\_\_\_, who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

June 26, 1861.  
 13.00 hundred Dollars  
 1911

Haslett Georgia  
20 Jan 1912  
Not Fulton County

# Widow's Pension

Under Act 1910—as Amended by Act of 1919

County Fulton  
 Name Mrs Georgia Haslett  
 Widow of Samuel Haslett  
 Company \_\_\_\_\_  
 Regiment 1st Reg  
 Approved \_\_\_\_\_

J. W. LINDSEY  
 Commissioner of Pensions.  
 Boyd Printing Co., State Printers, Atlanta.

10-31-1919

## Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY

I, W. S. S. S. Ordinary of said County, do certify that I know Mrs Georgia Haslett the applicant for pension. She is the person who represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 1st November 1906, that I also know Samuel Haslett

the witness Samuel Haslett 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.

Seem under my hand and official seal of office this 20th day of Jan 1912  
 (SEAL) \_\_\_\_\_ Ordinary.  
 \_\_\_\_\_ County

NOTES: 1. Before any pension is allowed the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you and the witness are true persons and that you will be true to the truth. So help you God." 2. This witness who married prior to January 1st, 1906, is not eligible. 3. This witness must be made before the Ordinary of the person to be sworn and certified by the Ordinary. 4. Attach certified copies of marriage license if available. If not, prove marriage by other means, or by general reputation.



# Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.  
I, W. L. Throver Ordinary of said County, do certify that I know Mrs. Georgia Haslett 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 Mrs. T. L. Throver the witness who swears to the truth of her statement 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 24 day of Oct 1919.  
(SEAL) W. L. Throver 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, 1881, are entitled.  
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

## Widow's Pension

Under Act 1910-as Amended by Act of 1919

County Fulton  
Name Mrs. Georgia Haslett  
Widow of Samuel H. Haslett  
Company 21st Ga. Reg.  
Regiment 21st Ga. Reg.  
Approved \_\_\_\_\_

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

10-31-1919

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

## Questions for Applicant

STATE OF GEORGIA,

Fulton COUNTY

Personally before me comes Mrs. Georgia A. Haslett 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. Georgia A. Haslett  
132 Gordon St., Atlanta
2. How long and since when have you been a continuing resident of the State of Georgia? All my life
3. When, where and to whom were you married? Feb. 4, 1872, to Sam. H. Haslett  
Switzerland, Ga., Ga.
  - a. Have you married since the death of first and soldier husband? No
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service) 1861, 9th Inf.  
Co. G, 21st Ga. "H", 21st Ga. Reg.
5. When and where did the commands of your husband surrender or discharge from the army? Andersonville, Ga., April 25, 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?
  - 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?
  - d. What was his physical condition when he left his command?
  - e. What effort did he make to return to his command?
  - f. In what way was he prevented from going back to Command?
  - g. Was he captured by the enemy at any time? No
  - h. If so, when and where captured and where held as a prisoner, and when and for what cause released?
- i. When and where did your first husband die? Aug. 8, 1882, Atlanta, Ga.
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart? Never 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?  
Never applied

Sworn to and subscribed before me this the

24 day of Oct 1919  
William R. Haslett Ordinary  
of Fulton County

(SEAL)

Haslett Georgia  
Not before me

June 26, 1861  
Sworn and Appointed  
Va, April 9, 1861

June 26, 1861,  
Remanded. Appell  
Va. April 9, 1866.

Never applied.  
Sworn to and subscribed before me this the  
24 day of Oct. 1919  
Arthur R. Mearns Ordinary  
of Fulton County  
(SEAL)

Mrs. Georgia Haslett

Georgia, Fulton County.  
I, R. Robinson, clerk court, ordering  
do hereby certify that the opposite side  
of this sheet contain a true, correct and  
accurate copy of marriage license  
of Samuel D. Haslett and Mrs. Georgia A.  
Mearns, recorded in marriage  
book 140 page 32.  
Given under my hand and seal of  
this court at Fulton, Ga., 15th, 1919.  
R. Robinson  
Clerk Court, Fulton County, Ga.

MARRIAGE LICENSE

OF

AND

Issued 191

and Recorded on Page

of Marriage License

Ordinary

STATE OF GEORGIA.  
COUNTY OF FULTON.

Personally before the undersigned authority now comes  
Mrs. Georgia A. Haslett, who upon oath says:

That she is the widow of Sam D. Haslett, who was a member  
of Co. "B", 21st Ga. Reg. and who served with said regiment for four  
years as a Confederate Soldier; that she has made every effort to  
locate some member of said company and regiment and has been unable  
to do so and she now knows of no living member of said company and  
regiment; that she is, therefore, unable to make any proof of the  
service of her husband in the Confederate Army.

Sworn to and subscribed before me  
this October 24, 1919.

Arthur R. Mearns  
C C ORDINARY FULTON CO., GA.

Mrs. Georgia Haslett

STATE OF GEORGIA.  
COUNTY OF FULTON.

Personally before the undersigned authority now comes  
MRS. T. L. THROWER, who upon oath says:

That she knows Mrs. Georgia A. Haslett and knew her husband,  
Sam D. Haslett; that she knows of her own personal knowledge that the  
said Mrs. Georgia A. Haslett and the said Sam D. Haslett lived toge-  
ther continuously for over fifteen years before the death of said Sam  
D. Haslett, who died in Atlanta, Ga., in 1889; that the said Mrs.  
Georgia Haslett has not remarried since the death of her husband and  
is now his lawful widow.

Sworn to and subscribed before me  
this October 24, 1919.

Arthur R. Mearns  
C C ORDINARY FULTON CO., GA.

Thos. L. Thrower

I, H. Robinson, clerk of said court, ordering  
do hereby certify that the opposite side  
of this sheet contain a true, correct and  
accurate copy of marriage license  
of Samuel D. Haslett and Mrs. Georgia Ann  
McDonald, as recorded in marriage  
book 140 page 32.

Given under my hand and seal of  
this court this 15th, 1919.

H. Robinson  
Clerk of said court  
Ordinary

MARRIAGE LICENSE

OF

AND

Issued \_\_\_\_\_ 191 \_\_\_\_\_

and Recorded on Page \_\_\_\_\_ Book \_\_\_\_\_

of Marriage Licenses

Ordinary

Small vertical text on the right margin of the first page.

STATE OF GEORGIA.  
COUNTY OF FULTON.

Personally before the undersigned authority now comes  
Mrs. Georgia A. Haslett, who upon oath says:

That she is the widow of Sam D. Haslett, who was a member  
of Co. "B", 21st Ga. Reg. and who served with said regiment for four  
years as a Confederate Soldier; that she has made every effort to  
locate some member of said company and regiment and has been unable  
to do so and she now knows of no living member of said company and  
regiment; that she is, therefore, unable to make any proof of the  
service of her husband in the Confederate Army.

Sworn to and subscribed before me  
this October 24, 1919.

*Mrs. Georgia Haslett*

*William B. Harbert*  
C. C. ORDINARY FULTON CO., GA.

STATE OF GEORGIA.  
COUNTY OF FULTON.

Personally before the undersigned authority now comes  
MRS. T. L. THROWER, who upon oath says:

That she knows Mrs. Georgia A. Haslett and knew her husband,  
Sam D. Haslett; that she knows of her own personal knowledge that the  
said Mrs. Georgia A. Haslett and the said Sam D. Haslett lived toge-  
ther continuously for over fifteen years before the death of said Sam  
D. Haslett, who died in Atlanta, Ga., in 1889; that the said Mrs.  
Georgia Haslett has not remarried since the death of her husband and  
is now his lawful widow.

Sworn to and subscribed before me  
this October 24, 1919.

*Wm. F. L. Thrower*

*William B. Harbert*  
C. C. ORDINARY FULTON CO., GA.

C O ORDINARY FULTON CO., GA



STATE OF GEORGIA **CERTIFICATE** GWINNETT COUNTY

I hereby certify that Daniel L. Davis and Miss Leana, both of whom were joined in Matrimony by me this 4<sup>th</sup> day of Feb'y ~~1879~~ 1879.

Recorded Feb'y 7<sup>th</sup> 1879 J. T. Leary, Clerk Ordinary

Wm. Matthews J. P.

were joined in Matrimony by me this 4<sup>th</sup> day of Feby ~~Amherst~~ ~~Massachusetts~~  
~~1878~~  
Recorded Nov. 7<sup>th</sup> 1879  
J. T. Leachman Ordinary J. P. Matthews J. P.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Fulton County.

I, Robert Hasty of Fulton hereby authorize  
G W Hasty

to receive and receipt for the pension allowed and request that he remit same to  
me at Conkworth by him

Witness my hand and seal this 28 day of April 1897.  
Executed in presence of  
R H Hasty  
R H Hasty

Hasty Robert  
Fulton County  
1897

INDIGENT PENSION  
1897.

Name Robert Hasty  
County Fulton  
Barton

Approved 7/1 1897.

4/1/1

WARRANT HANDED TO

att

EDW. F. HARRISON, STATE PRINTER, ATLANTA.

2/29 97

POWER OF ATTORNEY.

STATE OF GEORGIA.

*Fulton* County.

*Robt Hasty* hereby authorize

*Y H Hending* of *Bartow*

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

*m c* at *Carlissath* by *h m a*

Witness my hand and seal this *28* day of *June* 1897.

Executed in presence of *Robt & Hasty*

*Ry Hume* mak

INDIGENT PENSION  
1897.

Name *Robt Hasty*  
County *Fulton*  
*Bartow*

Approved *7/1* 1897.

WARRANT HANDLED TO

*att*

2/29 97

Questions for Applicant.

STATE OF GEORGIA,

*Fulton* County.

*Robert Hasty* 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)  
*Robert Hasty Fulton County Georgia*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?  
*Bartow County, 11 years*
3. When and where were you born?  
*1821 Richmond Co Georgia*
4. When and where and in what company and regiment did you enlist or serve?  
*March 1846 to 1848 4th Regt Georgia*
5. How long did you remain in such company and regiment?  
*2 years*
6. For how long a period did you discharge regular military duty?  
*2 years*
7. When, where and under what circumstances where you discharged from service?  
*1848 after successful discharge of my services*
8. What is your present occupation?  
*Nothing am unable to perform*
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*
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"?
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?  
*I am nearly blind and poverty, I have lost my sight about 10 years ago by means of the disease and other bodily infirmities*
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?  
*None*
15. In what County did you reside during those years and what property did you then return for taxation?  
*Bartow County Nothing*
16. How were you supported during the years 1895 and 1896?  
*By my children*
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?  
*Twenty dollars Nothing*
18. What was your employment during 1895 and 1896? What pay did you receive in each year?  
*Nothing was not able to work Nothing*
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?  
*Yes, 1 son, 1 daughter No means No*
20. Are you receiving any pension, if so what amount and for what disability?  
*No*

Sworn to and subscribed before me this the *23* day of *July* 1897.

*Notary Public* Ordinary.  
of *Fulton* County.

Every Question MUST be Answered.

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

*Barlow* County. }  
*G. W. Satterfield & E. B. Hurd*

of said State and County, having been presented as a witness in support of the application of *Robert Hasty* 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? *G. W. Satterfield and E. B. Hurd, in Caryville, Barlow Co. Ga.*  
 2. Are you acquainted with *Robert Hasty*, the applicant, is of how long have you known him? *We have known him forty years.*  
 3. Where does he reside, and how long has he been a resident of the State? *In Atlanta, Ga. we are informed. All his life.*  
 4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *Yes Sir. We served with him in the same company.*

5. When, where and in what company and regiment did he enlist? *In March 1862, at Cass Station, Company B, 1st Ga. Co. Regiment.*

6. Were you a member of the same company and regiment? *We were.*

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? *About three years. He was a good soldier. We do not know positively when he was discharged. He was with the Regiment when we left.*

8. What property, effects or income has the applicant? (Give your means of knowledge.) *He has no property or income.*

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any, did he make of same? *Nothing at all.*

10. What is the applicant's occupation and physical condition? *Wood hauler. His physical condition is very bad.*

11. Is the applicant unable to support himself by labor of any sort, if so, why? *He is, because of his bad health, old age and deafness.*

12. How was he supported during the years 1895 and 1896? *We do not know but we think he was supported by him.*

13. What portion of his support for these two years was derived from his own labor or income? *We 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, 15th, 1894? *He is old, feeble and deaf.*

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

Sworn to and subscribed before me, this *10* day of *July*, 1897, by *G. W. Satterfield* and *E. B. Hurd* Witnesses.

*G. W. Satterfield* Ordinary.

*E. B. Hurd* Ordinary.

*G. W. Satterfield* Ordinary.

*E. B. Hurd* Ordinary.

*G. W. Satterfield* Ordinary.

*E. B. Hurd* Ordinary.

*G. W. Satterfield* Ordinary.

*E. B. Hurd* Ordinary.

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

*Chilton* County. }

Personally came before me *Dr. J. C. Rasser* and

*Dr. A. S. Tucker*, both known to me as reputable physicians

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

*Robert Hasty*, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

*He finds that the applicant is suffering from Spinal irritation, Chronic Prostatitis and Deafness.*

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 *23* day of *July*, 1897.

*J. C. Rasser M.D.* Ordinary.

*A. S. Tucker M.D.* Ordinary.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

*Chilton* County. }

I, *William H. Hasty*, Ordinary in and for said County, hereby certify that the applicant, *Robert Hasty*, 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: *G. W. Satterfield and E. B. Hurd*

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 *Chilton* County show that applicant returned for taxation in his name in 1895, *zero* 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 *23* day of *July*, 1897.

*William H. Hasty* Ordinary

of *Chilton* County.

NOTE. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers be made 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.



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

Sworn to and subscribed before me, this

the

day of

1897

Witness.

Ordinary.

BEFORE ME, my hand and seal of office, this

Ordinary

of County.

NOTE.

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

Georgia J. J. G. W. Anderson.  
Barlow County, Ga. Ordinary of said  
County hereby certify  
that Geo. W. Satterfield and E. B. Ford  
of said county are trustworthy and  
their statements are entitled to full  
faith and credit; that they took  
the oath prescribed by law, before  
answering the questions in the ap-  
plication of Robert Hasty for pension.  
Witness my hand and seal this the  
10<sup>th</sup> day of Feb'y 1897.  
J. J. G. W. Anderson, Ordinary  
Barlow Co., Ga.

NAME Hasty, Robert

YEAR 1897 COUNTY Fulton

WHEN AND WHERE BORN? 1861 Richmond Co. North Carolina.  
Resident of Ga. 60 years.

ENLISTED WHEN AND WHERE? March 1895.

RANK.

COMPANY AND REGIMENT? Co. B, 40th. Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Savannah, Ga. 1865.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. E. B. Ford, George W. Satterfield, same command - No date.

JST

*Barlow Co. Ga.*

WHEN AND WHERE SURRENDERED? Savannah, Ga. 1865.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. E.B. Ford, George W. Satterfield, same command - No data.

JWT

OK *Clara*  
*Hatcher, W.*  
No. 30 *3* *Fulton Co.*

**INDIGENT PENSION  
1897.**

Name *P. R. Hatcher*  
County *Fulton*

Approved

*5/10*

1897

WARRANT HANDED TO

*offt*

ED. W. HARRIS & SONS PRINTERS, ATLANTA.

*8/10/97 2/18.97*

*Pension Office 6/20 1897*  
*Witness does not answer*  
*11 & 14 positively by -*  
*Richd. Johnson*  
*Comm. of Pension*

STATE OF GEORGIA.

County. }

POWER OF ATTORNEY.

herby authorizes

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

at

Witness my hand and seal this

day of

Executed in presence of

1897.

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 \_\_\_\_\_, 1897.

Executed in presence of

*Power of Attorney  
Hatchers, W. H.  
11414 practice -  
R. H. of Hatchers  
of County of DeKalb*

OK  
Hatchers, W. H.  
No. 3013  
INDIGENT PENSION  
1897.

Name: P. A. Hatchers

County: Fulton

5/10

WARRANT RETURNED TO

offt

2/18/97

Questions for Applicant.

STATE OF GEORGIA,

Fulton County.

I, P. A. Hatchers of said State and County, desiring to avail himself of the Pension Act approved December 16th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

Every Question MUST be Answered.

1. What is your name and where do you reside? (give State, County and post office)  
P. A. Hatchers - in Georgia Fulton Co. DeKalb Co.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?  
Lived in Cedar Ridge on the O'Fallon Farm till - Presently lives in Cedar Ridge
3. When and where were you born?  
March 9, 1845 - Fulton Co.
4. When and where and in what company and regiment did you enlist or serve?  
The 1st Georgia Cavalry and the 1st Georgia Cavalry in 1862 for 12 months the 1st Georgia Cavalry in 1862 for 12 months the 1st Georgia Cavalry in 1862 for 12 months
5. How long did you remain in such company and regiment?  
March 1862 to March 1863
6. For how long a period did you discharge regular military duty?  
about 2 years
7. When, where and under what circumstances were you discharged from service?  
Discharged from service on a sick furlough, the 1st Georgia Cavalry, 1864
8. What is your present occupation?  
Farmer
9. How much can you earn (gross) per annum by your own exertions or labor?  
nothing
10. What has been your occupation since 1866?  
farmer & farmer in 1866
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"? age and poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?  
The applicant states that he is not blind but is deaf and dumb and is unable to earn his support
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 and 1896 and what disposition, if any, did you make of same?  
The applicant had a little farm in 1894 and 1895 and 1896 and he had a little farm in 1894 and 1895 and 1896 and he had a little farm in 1894 and 1895 and 1896
15. In what County did you reside during those years and what property did you then return for taxation?  
County of Fulton, in Cedar Ridge & the little farm on Cedar Ridge
16. How were you supported during the years 1895 and 1896?  
he paid for a man to take care of him
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?  
he paid for a man to take care of him
18. What was your employment during 1895 and 1896? What pay did you receive in each year?  
he paid for a man to take care of him
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?  
Yes - wife & children - depends upon applicant's situation
20. Are you receiving any pension, if so what amount and for what disability?  
no

Sworn to and subscribed before me this the 15 day of February 1897.  
P. A. Hatchers  
Applicant.  
Ordinary.  
of Fulton County.

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton County.

James D Collins, of said State and County, having been presented as a witness in support of the application of James R. Hatcher for pension under the Act approved December 16th, 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? James D Collins
2. Are you acquainted with J R Hatcher, the applicant, is of how long have you known him? Fifty years
3. Where does he reside, and how long has he been a resident of this State? Residence
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? Yes, he belonged to my company
5. When, where and in what company and regiment did he enlist? 1862 - at Atlanta Co 4 - 2nd Regt Georgia Reserve
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 services as a Confederate soldier, and the time and circumstances of his discharge from the service? about two years he was captured at Atlanta while at home at a sick place & carried to the North
8. What property, effects or income has the applicant? (Give your means of knowledge) He has no property - I know him personally & know this to be true
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? None at all

10. What is the applicant's occupation and physical condition? Farmer  
Physical condition not good
11. Is the applicant unable to support himself by labor of any sort, if so, why? Applicant said not to be able to do labor on account of his bad health
12. How was he supported during the years 1895 and 1896? by money received from his wife which he about squandered
13. What portion of his support for these two years was derived from his own labor or income? Very little
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? He claims to have had Catarrh & severe trouble Contract in the army
15. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this 5th day of July, 1897. James D Collins Witness.  
W. H. Ingram Ordinary.

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Fulton 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 J R Hatcher, applicant for pension under the Act of 1894, and after

such personal examination say that his precise physical condition is as follows:

Both eyes greatly impaired has Chronic Ophthalmia his nervous system greatly impaired. Also Chronic Rheumatism

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 15 day of July, 1897. W. H. Ingram Ordinary.

W. C. Fisher M.D.  
W. H. Ingram M.D.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton County.

W. H. Ingram, Ordinary in and for said County, hereby certify that the applicant J R Hatcher 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: James D Collins W. C. Fisher W. H. Ingram

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, one dollars of property, and in 1896, one dollars of property.

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

Witness my hand and seal of office, this 17th day of July, 1897.

W. H. Ingram 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 space are insufficient.

CODE SEC. 1254

(For Those Already Enrolled)

No. 7 20

INDIGENT

SOLDIER'S PENSION,

1899.

Name  
County

FULTON

WARRANT ISSUED

4/18

1899

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT HANDED TO

W. H. HARRIS

Gen. W. HARRIS, State Printer, Atlanta

*W. H. Harris*

*W. H. Harris*  
*Fulton County*

CODE SEC. 1254

(For Those Already Enrolled)

No. 174

INDIGENT

SOLDIER'S PENSION,

1900.

Name  
County

FULTON

WARRANT ISSUED

Aug 15

1900

JOHN. W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

*W. H. Harris*

Gen. W. HARRIS, 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 \_\_\_\_\_, 1899.

Executed in presence of \_\_\_\_\_ (L. S.)

# 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 \_\_\_\_\_ [L. S.]

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
FULTON County.

Personally appears E. B. Hatch 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 March 1875; that he is 54 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 24 mos in Company E, of 2nd Regiment of Georgia; 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 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 \_\_\_\_\_ 1899.

M. W. Hulsey Ordinary.

State of Georgia,  
FULTON County.

I, W. H. HULSEY, Ordinary of said County, do certify that I am well acquainted with E. B. Hatch 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.



M. W. 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 T. R. Hatch 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 9th day of Mar 1875; that he is 55 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 24 mos in Company E, of 2nd Regiment of Georgia; 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 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.

M. W. Hulsey Ordinary.

State of Georgia,  
FULTON County.

I, W. H. HULSEY, Ordinary of said County, do certify that I am well acquainted with T. R. Hatch 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.



M. W. Hulsey  
Ordinary FULTON County.

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

## STATE OF GEORGIA.

STATE OF GEORGIA.  
Fulton County.  
J. R. Leach

hereby authorize

101 Fairbairn

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

11. At 12:00

H. P. Jones

We were very kind and so, this 14th day of January 1901.

$$\frac{1}{2} \left( \frac{1}{2} \right) = \frac{1}{4} \quad \text{and} \quad \frac{1}{2} \left( \frac{1}{2} \right) = \frac{1}{4}$$

**For Those Already Enrolled**

INDIGENT

## SOLDIER'S PENSION. 1901.

Name: John J. ...  
County: ...

WARRANT ISSUED

6162

JOHN W. LINDSEY.

WARRANT HANDLED TO

W. Harrison, Vice President, Atlanta

Hatcher, J. R.  
Fulton Co

(CODE SECTION 1204.)  
(FOR THOSE ALREADY ENROLLED)

No 328

**INDIGENT**

## SOLDIER'S PENSION 1904.

Name J. P. Smith

Country

Deciment 2

WARRANT ISSUED

JOHN W. LINDSEY

*Commissioner of Pensions.*

WARRANT HANDED TO

Geo W Harris, State Printer, Atlanta

re-esta

## STATE OF GEORGIA.

OF GEORGIA,  
Fulton COUNTY

I, Thomas R. Koutcher hereby authorize

I, Thomas A. Quicker hereby authorize  
John W. Welmes of Atlanta, Ga

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

me by hand at Atlanta Ga

by

WITNESS my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1904.

Executed in the presence of



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally appears

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 11 day of 1862; that he is 56 years old and by occupation a that he enlisted in the military service of the Confederate States for of the State of during the war between the States, and served for the term of 23 months in Company 18 of 2nd Regiment of 1864 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 1901. I have heretofore as a resident of County been allowed a pension for the year 1899.

Sworn to and subscribed before me, this 1 day of 1901, J. R. Hutchinson, Ordinary.

STATE OF GEORGIA,

I, J. R. Hutchinson, 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 1 day of 1901.

J. R. Hutchinson, Ordinary, Fulton County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be received before January 1st, 1901.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1 day of 1862 that he is 18 years old and by occupation a that he enlisted in the military service of the Confederate States for of the State of during the war between the States, and served for the term of 23 months in Company 18 of 2nd Regiment of 1864 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 1 day of 1904.

J. R. Hutchinson, Ordinary, Fulton County.

I, J. R. Hutchinson, 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 1 day of 1904.

J. R. Hutchinson, Ordinary, Fulton County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be received before January 1st, 1901.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally appears

*T R Hatcher* 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 *9th* day of *Mar* 18*45*; that he is *56* 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 1/2* years in Company *4* of *2nd* Regiment of *Georgia* Infantry; 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, 1864, 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 1900.

Sworn to and subscribed before me, this the *1st* day of *January* 1901.

*John R. Williamson* Ordinary.

STATE OF GEORGIA,

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

Given under my official signature and seal, this *1st* day of *January* 1901.

*John R. Williamson* Ordinary *Fulton* County.



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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *T R Hatcher* 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 *9* day of *Mar* 18*45*; 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 1/2* years in Company *4* of *2nd* Regiment of *Georgia* 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, 1864, 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 *1st* day of *January* 1904.

*John R. Williamson* Ordinary.

STATE OF GEORGIA,

*Fulton* County.

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

Given under my official signature and seal, this *1st* day of *January* 1904.

*John R. Williamson* 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 \_\_\_\_\_, 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.

Executed in presence of \_\_\_\_\_

(FOR THOSE ALREADY ENROLLED.)

No. 160

INDIGENT

SOLDIER'S PENSION  
 1902.

Name *J. Q. Hatcher*  
 County *Fulton*

Co. *14* Regiment *3rd*

WARRANT ISSUED

*114* 1902

JOHN W. LINDSEY,  
 Commissioner of Pensions

WARRANT HANDED TO

*W. H. Hatcher*

ONE YEAR, FROM FIRST, ALABAMA

*No later*

*Hatcher, J. Q.*  
*Fulton Co.*

ONE YEAR, FROM FIRST, ALABAMA

(FOR THOSE ALREADY ENROLLED.)

No. 132

INDIGENT

SOLDIER'S PENSION  
 1907.

Name *J. Q. Hatcher*

County *Fulton*

Co. *14* Regiment *3rd*

WARRANT ISSUED

*114* 1907.

JOHN W. LINDSEY,  
 Commissioner of Pensions

WARRANT HANDED TO

*W. H. Hatcher*

ONE YEAR, FROM FIRST, ALABAMA

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears J. K. Katcher 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 9 day of May 1845; 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 Georgia) during the war between the States, and served for the term of 24 mo in Company G, of 10th Regiment of Georgia Reserve; that his physical condition is as follows: Open Disability

that his property consists of the following items

of the value of 2 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 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 the 10th day of Jan 1902

J. K. Katcher Ordinary.

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 10th day of Jan 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. K. Katcher 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 10th day of May 1845, 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 Georgia) during the war between the States, and served for the term of 24 mo in Company G of 10th Regiment of Georgia Reserve; that his physical condition is as follows: Open Disability

that his property consists of the following items:

of the value of 2 Dollars. I am now earning by my labor, 2 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 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 the 10th day of Jan 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 J. K. Katcher 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 10th day of Jan 1902.

John R. Wilkinson Ordinary. Fulton County.

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

# POWER OF ATTORNEY.

STATE OF GEORGIA.

*Fulton* County.

I, *J R Hatcher* hereby authorize *Dr J W Williams*  
of *Atlanta Ga*

to receive and receipt for the pension allowed and request that he remit same to  
*me* at *Atlanta Ga*

In Witness my hand and seal, this *24th* day of *Dec* 190*2*

*J R Hatcher* mark

Executed in presence of  
*E R Williamson*  
*Fulton Co Ga*

(FOR THOSE ALREADY ENROLLED)

No. *290*

INDIGENT

SOLDIER'S PENSION  
1903.

Name *J R Hatcher*

County *Fulton*

Co. *4th* Regiment *Med*

WARRANT ISSUED

*12th* 1903

JOHN W. LINDEY,

Commissioner of Pensions

WARRANT HANDED TO

*E R Williamson*

Gen. Harris of said Prisoner, Atlanta

*no data*

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

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

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 190*5*

Executed in the presence of \_\_\_\_\_

(FOR THOSE ALREADY ENROLLED)

No. *73*

INDIGENT

SOLDIER'S PENSION  
1905.

Name *J R Hatcher*

County

Co. *Regiment 2nd Regt*

WARRANT ISSUED

*1/18* 1905

JOHN W. LINDEY,

Commissioner of Pensions

WARRANT HANDED TO

*E R Williamson*

*no data*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Fulton* County.)

Personally appears *J. R. Hatcher* of *said* 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 *4th* day of *Mar* 18*45*; 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 *G*, of *1st* Regiment of *Co. Reserve*; 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 1903. 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 *27th* day of *Dec* 190*2*, *J. R. Hatcher* Ordinary.

STATE OF GEORGIA,

*Fulton* County.)

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

Given under my official signature and seal, this *27th* day of *Dec* 190*2*.

*John R. Wilkinson* Ordinary. *Fulton* County.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

\_\_\_\_\_ County.

Personally appears *J. R. Hatcher* 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 *12 mos.* in Company *H*, of *1st* Regiment of *Co. Reserve*; 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 *Fulton* County been allowed a pension for the year 1904.

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_ 1905, *J. R. Hatcher* Ordinary.

STATE OF GEORGIA,

\_\_\_\_\_ County.)

I, \_\_\_\_\_ Ordinary of said County, do certify that I am well acquainted with *J. R. Hatcher* 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.—Affidavits 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

1906,

[L. S.]

Executed in the presence of

*Hatchue, J. R.*  
*Tilton G.*  
FOR THOSE ALREADY ENROLLED  
No. 238  
INDIGENT  
SOLDIER'S PENSION  
1906.  
Name *J. R. Hatchue*  
County *L.*  
Co. *2* Regiment *44*  
WARRANT ISSUED  
47 1906  
JOHN W. LINDSEY  
Commissioner of Pensions  
WARRANT HANDLED TO  
*47*  
The Franklin Printing and Publishing Co. No. 11 Broadway, N.Y.

*m date*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County,

Personally appears J. R. Katcher 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 \_\_\_\_\_ 1895; 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 12 months in Company W, of 2nd Regiment of Reserves; that his physical condition is as follows: Infirmity, poverty and Age.

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 1906. I have heretofore, as a resident of Fulton County, been allowed a pension for the year 1905.

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

Ordinary.

State of Georgia,

Fulton County,

I, \_\_\_\_\_ Ordinary of said County, do certify that I am well acquainted with J. R. Katcher 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 \_\_\_\_\_ County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1906.



Fulton County.  
I, W. A. Hatcher Ordinary of said County,  
do certify that I am well acquainted with T. R. Hatcher  
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 \_\_\_\_\_ County.

Note.—The blank space must be filled.  
Note.—Affidavit should not be attested before January 1st, 1906.

To: Fulton County  
1927

### Application for Pension Due Deceased Pensioner

UNDER ACT 1909

To pay expenses of last illness and funeral

Thos H. Jeffries Ordinary

For T. R. Hatcher

Date of Death July 11 1927

Amount \$ 120.00

L. S. Approved and ordered paid

John W. Clark  
JOHN W. CLARK  
Commissioner of Pensions

Ordinary. Fill out above in full and send  
it 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.

East Point, Ga., July 11 1927 192  
M T. R. Hatcher deceased,

In Account With

**A. C. HEMPERLEY & SONS**  
EMBALMER AND FUNERAL DIRECTOR  
AMBULANCE SERVICE  
223 South Main Street

Office Phones Fairfax 1636-1637

Res. Phone Fairfax 1768

Casket & box.	\$150.00
Embalming.	15.00
Suit.	28.00
Gloves. (P. B.)	3.00
Paper notices.	3.00
Drayage on box.	4.00
Hearse.	15.00
	-----
	\$223.00

GEORGIA. FULTON COUNTY

PERSONALLY comes A. C. Hemperly, Mgr  
of A C Hemperly & Sons, who upon oath says  
that the above account is just, true, due and  
unpaid.

Sworn to and subscribed before me  
this July 11 1927

A. C. Hemperly L. R. Hemperly  
O O Ordinary Fulton Co Ga

# 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

E. R. Hemperly

of said County, who, after being sworn, on oath

says that he knew T. R. Hatcher 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 19 day of June, 1927, and that

a Pension of (\$ 223.00) Dollars was due pensioner and

unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and

no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 223.00, per

sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

A. S. [Signature] Ordinary  
Fulton County

E. R. Hemperly  
c. o. A. C. Hemperly & Sons

(Seal of Ordinary)

## CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos H. Jaffies, Ordinary of said County, do certify

that I personally know E. R. Hemperly, 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 T. R. Hatcher, 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 (\$ 50.00) Dollars

in said County for 1927, 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 29 day of July, 1927.

(Seal of Ordinary) Thos H. Jaffies, 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 neatly to this blank, after this blank has been properly completed as indicated.

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

5th. The Ordinary signs per roll, as Ordinary, for the pension and then delivers the money himself and takes receipt.

6th. Return this certificate, 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.

# CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Fulton County.

I, Thos H. Jeffries, Ordinary of said County, do certify that I personally know Mrs Ella Hatcher, the applicant, and that she is the lawful widow of T. R. Hatcher, who was on the Pension Roll of said Fulton County, and was paid a Pension from Fulton County for 1927, and at the time of his death on the 28 day of June, 1927, there was due to him and unpaid his Pension of 33 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 24 of Aug, 1927

(Seal of Ordinary)

Thos H. Jeffries, Ordinary  
Fulton County

County

Fulton

1927

## Application for Pension Due Deceased Soldier (UNDER ACT 1891)

(To be paid to his Widow or Dependent Children)

BY

Mrs. Ella Hatcher  
Widow of T. R. Hatcher  
Date of Marriage Feb - 1920  
Date of Death June 28 - 1927

Approved and ordered paid.

John W. Talcott, 1927  
29 Oct 27

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 it with your pay-rolls for permanent filing in the Pension Department.

08

GEORGIA, Fulton County.

I hereby authorize and constitute \_\_\_\_\_, of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 1927, through my deceased husband, \_\_\_\_\_, who was on the Pension Roll and paid from \_\_\_\_\_ County for 1927.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 1927.

Attested before me:

# CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Fulton County.

I, Thos H. Jeffries, Ordinary of said County, do certify that I personally know Mrs Ella Hatcher, the applicant, and that she is the lawful widow of T. R. Hatcher, who was on the Pension Roll of said Fulton County, and was paid a Pension from Fulton County for 1927, and at the time of his death on the \_\_\_\_\_ day of June, 1927, there was due to him and unpaid his Pension of 33 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 29 of July, 1927

(Seal of Ordinary)

Thos H. Jeffries, Ordinary  
Fulton County

County

Fulton

1927

## Application for Pension Due Deceased Soldier (UNDER ACT 1891)

(To be paid to his Widow or Dependent Children)

BY

Mrs. Ella Hatcher  
Widow of T. R. Hatcher  
Date of Marriage Feb 1920  
Date of Death June 28 - 1927

Approved and ordered paid.

John W. Talcott, 1927  
30 July 27

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 it with your pay-rolls for permanent filing in the Pension Department.

08

GEORGIA, Fulton County.

I hereby authorize and constitute \_\_\_\_\_, of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 1927, through my deceased husband, \_\_\_\_\_, who was on the Pension Roll and paid from \_\_\_\_\_ County for 1927.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 1927.

Attested before me:



and \_\_\_\_\_ were in due form of law married in the County  
of \_\_\_\_\_ in the State of \_\_\_\_\_ on  
the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, and that they were residing  
together as husband and wife at the time of his death on the \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_, and that she is his dependent widow.  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 1925.  
\_\_\_\_\_, Ordinary }  
\_\_\_\_\_, County }  
(Seal of Ordinary)

INSTRUCTIONS:

- 1st. This form is for widows of Service and Disabled Soldier pensioners, who died after November 1st. If pensioner died after January 1st, having dependent children but no widow, their guardian may use this form in their behalf.
- 2nd. Proof of marriage must be made.
- 3rd. Do not use the unnecessary large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.
- 4th. The Ordinary should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seal affixed, and that back of application, when filled, is filled in.
- 5th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.
- 6th. Return this application with your final settlement to the Pension Department.
- 7th. The widow or person holding her proper power-of-attorney receipts for this pension by signing name, as widow, opposite the name of husband on the under her name.
- 8th. Only this one pension is covered by this application. Take another application, on the white blank, to admit widow to rolls in her own right. November 1st is the last filing date for the next year's rolls.

and Miss Ella Hatcher were in due form of law married in the County  
of DeKalb in the State of Ga on  
the \_\_\_\_\_ day of Feb - 1927, and that they were residing  
together as husband and wife at the time of his death on the \_\_\_\_\_ day of Feb, 1926, and that she is his dependent widow.  
Sworn to and subscribed before me this 29 day of July, 1927.  
William B. Hatcher, Ordinary }  
Tulsa, County } J. J. Allen  
(Seal of Ordinary)

INSTRUCTIONS:

- 1st. This form is for widows of Service and Disabled Soldier pensioners, who died after November 1st. If pensioner died after January 1st, having dependent children but no widow, their guardian may use this form in their behalf.
- 2nd. Proof of marriage must be made.
- 3rd. Do not use the unnecessary large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.
- 4th. The Ordinary should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seal affixed, and that back of application, when filled, is filled in.
- 5th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.
- 6th. Return this application with your final settlement to the Pension Department.
- 7th. The widow or person holding her proper power-of-attorney receipts for this pension by signing name, as widow, opposite the name of husband on the under her name.
- 8th. Only this one pension is covered by this application. Take another application, on the white blank, to admit widow to rolls in her own right. November 1st is the last filing date for the next year's rolls.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County,

Myself John W. Lindsey hereby authorize  
C. A. Smith of Atlanta, Ga.

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

In Witness Whereof, I have hereunto set my hand and seal, this 29th  
day of June 1908.

John W. Lindsey [L.S.]

Executed in the presence of

John W. Lindsey  
Ordinary

To Those Heretofore Paid.

1908.

No. 78

## INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1908.

PAID TO

Mrs. Sophronia K. Lindsey  
OF Fulton County,

Widow of A. M.  
Co. 1st Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

1908

AND HANDLED TO

C. A. Smith

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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton County.

I, Mrs Sophronia Heathcock, hereby authorize  
C. A. Smith of Atlanta Ga  
to receive and receipt for the pension paid hereon, and request that he remit same to  
at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this 29th  
day of Jan 1908.

Sophonra Heathcock [L. S.]

Executed in the presence of

John R. Wilkinson  
Ordinary

Mrs Sophronia Heathcock  
Fulton Co. Ga

To Those Hereofore Paid.  
Dr. W. H. E. E.

1908  
Jan 29 - 1908

No. 758

**INDIGENT  
WIDOW'S PENSION,**  
For year ending Dec. 31, 1908.  
PAID TO  
Mrs Sophronia Heathcock  
or Fulton County,  
Widow of C. A. Smith  
C. A. Smith Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

**WARRANT ISSUED**  
1/2 1908  
AND PAID TO  
C. A. Smith

Wm. H. Lindsey, State Printer, Atlanta, Ga.

Form No. 1.

## FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Fulton

PERSONALLY COMES MRS.

} Sophronia Kattocock

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 8th Oct 1838. That she is the Widow ofA M Kattocock

who was a soldier in Company

1stRegiment of GeorgiaVolunteers, that he enlisted in said regiment on or about the month of April1862, and served in the Army up to June 1862. That he diedon the July 4 day of 1862Dead from effects of Malaria

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855.

I have been allowed an Indigent pension as a resident of Acworth

County, under Act 1900, for the year 1908, and now apply for the pension provided by law for the year ending December 31, 1908.

Sworn to and subscribed before me,

this 29th day of June 1908Sophronia Kattocock

Post Office

State of Georgia,

Fulton

County.

I, John R. Wilkinson

Ordinary of said County, certify that I am well acquainted with Mrs. Sophronia Kattocock who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 8th day of Oct 1838.

Given under my official signature and seal, this 29th day of June 1908.

Official  
Seal

John R. Wilkinson  
Ordinary of Fulton County.

NOTE.—All blanks must be filled.


Vouchers for this must be deposited in hands 1st, 1903.



Sworn to and subscribed before me,  
 this 29th day of June, 1908.  
John R. Wixson, Ordinary.  
 Post Office \_\_\_\_\_

State of Georgia,  
Fulton County.  
 I, John R. Wixson,  
 Ordinary of said County, certify that I am well  
 acquainted with Mrs. Sophonia Hutcherson, who made the above affidavit and  
 am satisfied that the facts therein stated are true, and I know she is the individual she represents  
 herself to be, and that she has continuously resided in this State since the 1st  
 day of Oct, 1898.

Given under my official signature and seal, this 29th day of June, 1908.  
John R. Wixson  
 Ordinary of Fulton County.



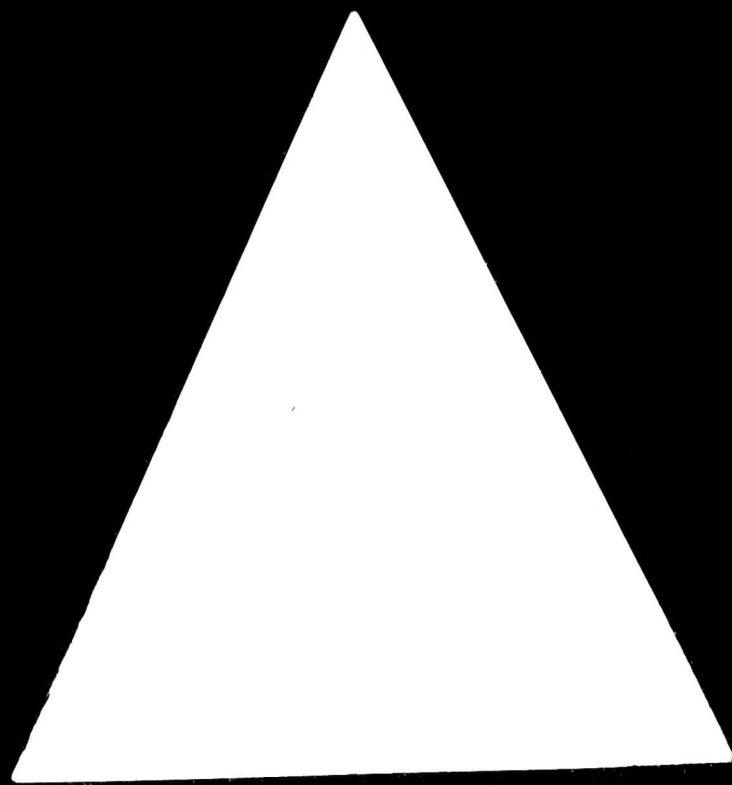
NOTE.—All blanks must be filled.  
 Vouchers ~~are~~ not to be paid after January 1st, 1903.

GEORGIA,

Hortolun County.

I Certify, That Mrs Sophonia Hutcherson  
 the holder of this Certificate, was widow of deceased Pensioner,  
 and paid the sum of \$60<sup>00</sup> Dollars  
 from this County, in 1907, and that he, or she, now resides in Fulton  
 County.

Given under my hand and official signature, this June 24th, 1908  
Thos A Hutcherson  
 ordinary



Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY

I, *Wm. H. Jeffries*, Ordinary of said County, do certify that I know *Mrs. Emma E. Hampton*, the applicant for pension. She is the person who represents herself to be and who is a bona fide permanent resident citizen of said County.

*Wm. H. Jeffries*

*Wm. H. Jeffries* was residing at said County and were duly sworn by *Wm. H. Jeffries* before signing the foregoing affidavit and that they both are lawful true

worthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this *10th* day of *Nov* 19*21*.

(SEAL) *Wm. H. Jeffries* Ordinary.

County

NOTES: 1. Before any pension is allowed, the Ordinary must examine applicant and the witness in the following words: "You do solemnly swear that you are all true persons and are entitled to one of the pensions above you and the evidence you shall give will be the truth. So help you God." 2. The Ordinary must be sworn in before he can act. 3. All affidavits must be made before the Ordinary in the presence of the person to be sworn and certified by him. 4. All affidavits must be made before the Ordinary in the presence of the person to be sworn and certified by him. 5. When certified copies of marriage licenses are made, the Ordinary must be sworn in before he can act.

*Hampton, Emma E.*  
Fulton County (Mrs.)  
No. *11-1921*

Widow's Pension

Under Act 1910—as Amended by Act of 1919

County *Fulton*  
Name *Mrs. Emma E. Hampton*  
Widow of *Peter Hampton*  
Company *Capt. Landry*  
Regiment *1st*  
Approved *Wm. H. Jeffries*

*Wm. H. Jeffries*  
*Nov. 10, 1921*

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

*10-13-1921*

Patron Of

Mrs. Emma E. Hampton.

Pension Office

2/17/22

Most Honor' and State when she would a  
Date of the report of J. W. Lindsey of husband's death, and prove  
this statement to be true.

J. W. Lindsey,  
Com. of Pensions.



*Kay's tin*  
*Clinton*  
*No. 1*  
**Widow's**  
 Under Act 1910-44 A

*Ful*  
 County  
 Name *Mrs. Mamie*  
 Widow of *John*  
 Company *Capt.*  
 Regiment  
 Approved

*10-7*

**Pension Office**  
 2/17/22

Fulton Co.,  
 Mrs. Mamie E. Mamptlin,  
 Must amend and state when she became a  
 bona fide resident of Ga., and date of husband's death, and prove  
 this statement to be true.

*Disapproved*

J.W. Lindsey,  
 Com. of Pensions.

- g. In what way was he prevented from going back to Command  
 h. Was he captured by the enemy at any time?  
 i. If so, when and where captured and where held as a prisoner, and when and for what cause released?  
 j. When and where did your first husband die?  
 k. Were you residing together when he died?  
 l. If not, how long had you resided apart?  
 m. Are you now a widow?  
 n. 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

*15* day of *Oct*, 192*2*

*Arthur R. ...* Ordinary  
 of *...* County

(SEAL)

*Hansen, Mary C.*  
*11/20/22 (Mo)*  
*Enlistment*  
*No. 152 9 2*

# Widow's Pension

Under Act 1910—as Amended by Act of 1919

County Tucker  
 Name Mary P. Hansen  
 Widow of Frederick Hansen  
 Company B  
 Regiment 1st S. C. Inf.  
 Approved John W. Colville  
Commissioner of Pensions  
11-152 9 2

J. W. LINDSEY,  
 Commissioner of Pensions.  
 Brd. Printing Co., State Printers, Atlanta.

*11/20 22*

## Ordinary's Certificate

STATE OF GEORGIA.

Hudson

COOPERT

11/20/22

I, Mary R. Hansen

(Ordinary of said County, do certify the applicant for pension. She

is the person who represents herself to be and she is a bona fide continuing resident citizen of said County

and was on the 4th November 1918 11/20/22

Myself that 11/20/22 that 11/20/22 now residing of said County and

is duly sworn by Myself before signing the foregoing affidavits and that 11/20/22 truthful

worthy, and their statements are verified to full faith and credit

Sworn under my hand and official seal of office this 18 day of 11 1922

(SEAL)

John W. Colville Ordinary  
Tucker County

NOTES: 1. Before any question is presented the Ordinary shall receive applicant and the witness in the following words: "You do solemnly swear that you will true and correct answers to the questions asked you and the evidence produced before you will be the truth. So help you God."  
 2. The Ordinary shall then ask the questions asked you and the evidence produced before you.  
 3. Only persons who married prior to January 1st, 1891, are entitled to a pension.  
 4. The Ordinary must be made before the Ordinary of the person to be sworn and certified by the Ordinary.  
 5. Affidavits certified copies of marriage license if admissible. If not prove marriage by some person, or by general reputation.

# Ordinary's Certificate

STATE OF GEORGIA,

Fulton COUNTY.

I, Mary R Hauser, Ordinary of said County, do certify that I know Mary R Hauser 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 she is now resident of said County and myself were duly sworn to before signing the foregoing affidavit 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 18 day of Sept 1922.  
 (SEAL) Mary R Hauser Ordinary,  
Fulton County.

NOTES: 1. Be it any question as 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. No help you God."  
 2. Addtional affidavits may be attached if black spaces are insufficient.  
 3. Only widows who married prior to January 1st, 1881, are entitled.  
 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.  
 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

## Widow's Pension

Under Act 1910-as Amended by Act of 1919

County Fulton  
 Name Mary R Hauser  
 Widow of Gottlieb Hauser  
 Company B  
 Regiment 1st S.C. Inf  
 Approve John W. Lindsey  
Commissioner of Pensions  
11-15-22

J. W. LINDSEY  
 Commissioner of Pensions  
 2007 Printing Co. State Printing, Atlanta.

10/25/22

## 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 Mary Rebecca Hauser 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? Mary Rebecca Hauser, 8 Grady Ave Atlanta, Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? All my life
3. When, where and to whom were you married? Nov. 17 1878 Athens, Ga. to Gottlieb Hauser
4. Have you married since the death of first and soldier husband? No
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) July 20 1861 at Camp Plakens, Ga. in Co. "B" 1st Reg. Inf. S.C. known as Orr's Rifles
6. When and where did the commands of your husband surrender or discharge from the army? Dont know
7. Was your husband personally present at the time of the surrender or discharge of this command? No
8. If he was not present state clearly where he was? He was wounded June 27, 1862 at Gaine's Mill which caused the loss of his right leg below the knee.
9. For what cause did he leave his command? Required honorable discharge
10. By whose authority did he leave his command? Columbia SC on April 17, 1863
11. For how long was he granted leave of absence? Never able to return to military duty
12. What was his physical condition when he left his command? Never able to return to military duty
13. What effort did he make to return to his command? Never able to return to military duty
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 first husband die? Athens, Ga., July 28, 1908
18. Were you residing together when he died? Yes
19. If not, how long had you resided apart? Never resided apart
20. Are you now a widow? Yes
21. Have you or your husband heretofore been paid a pension by the State? Yes
22. If so, when and for what cause were you or your husband placed on the roll? On disabled roll of Clarke County, Ga. and transferred to Bullock in 1907

Sworn to and subscribed before me this the

27 day of March 1922  
Mary R Hauser Ordinary  
 of Fulton County.  
 (SEAL)

STATE OF GEORGIA.  
COUNTY OF FULTON.

Personally before the undersigned authority now comes  
Mary Rebecca Hauser, who upon oath says:

That she is the widow of Gottlieb Hauser, deceased, who  
was on the disabled roll of Clarke County and transferred to Bullock  
County, Georgia, in the year 1907. That she has made every effort to  
locate some member of his company and regiment and has been unable to  
do so and she knows of no living member of said company and regiment.  
She attaches hereto record received from the U. S. War Department and  
requests that same be accepted as proof of the service of her husband  
in the Confederate Army.

Sworn to and subscribed before me  
this March 27, 1922.

C. C. Ordinary  
C. C. ORDINARY FULTON COUNTY, GA.

### Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

COUNTY.

Personally before me comes ..... 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? .....
2. How long and since when have you known ..... applicant?
3. How long and since when has she continuously resided in this State? (Give date.) .....
4. When and to whom was she married? ..... How do you know?
5. How long and since when did you know ..... her husband?
6. When and where did ..... the husband of applicant, die?
7. Were the applicant and her husband living together as husband and wife at the date of his death?
8. If not, how long did they live apart before his death? .....
9. When, where and in what Company and Regiment did ..... enlist?
10. Were you a member of the same Company? .....
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? .....
12. When and where did his Command surrender, and was discharged? .....
13. Were you personally present when it was surrendered? ..... If not, where were you ..... and how came you there? .....
14. Was the husband of applicant personally present at surrender? ..... If not where was he? ..... When, where and for what cause did he leave Command? (Give date.) ..... By whose authority did he leave his Command? ..... And how long was he granted leave? ..... How do you know all this?
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? .....
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? .....

Sworn to and subscribed before me this the

..... day of ..... 19.....

Ordinary

of ..... County.  
(SEAL)



...by whose authority did he leave his Command? ... And how long was he granted leave? ... How do you know all this?

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

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

Sworn to and subscribed before me this the

... day of ... 19...

Ordinary

of ... County.  
(SEAL)

For Fulton County

1929

### Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Thos H. Jeffries Ordinary

For Henry R. Hansen

Date of Death Nov 28 1928

Amount \$ 100.00

Approved and ordered paid 47

John W. Clark  
JOHN W. CLARK,  
Commissioner of Pensions.  
Feb 29

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.

Sworn to and subscribed before me, this the

... day of ... 191...

Ordinary

County

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

STATE OF GEORGIA,

Clarke County

Personally before me come ... known to be responsible and truthful persons, residing in said County, who after having duly sworn on or he, say that of their own personal knowledge Mrs. M. B. Barnes made the foregoing affidavit as the lawful widow of M. B. Barnes who died in Clarke County in said State of Georgia on the 17 day of July 1917 and that she has not since remarried. That she became the wife of M. B. Barnes on the 17 day of Nov. 1875 and that she and he had resided together as man and wife continuously since Mar 6 1875 and that the son of M. B. Barnes was the same man who was on the pension roll of said State from Clarke County when he died.

Sworn to and subscribed before me, this the

27 day of January 1922

Ordinary

of Clarke County.

# 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, with  
H. M. Patterson Son of said County, who, after being sworn, on oath  
says that he knew Mrs. Mary R. Hauser 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 8  
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 \$ 187.57, per sworn statements fully and completely  
ITEMIZED hereto attached.

Sworn to and subscribed before me,

William R. Burchette Ordinary  
Fulton County  
(Seal of Ordinary)

R. Lee Miller

## CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos H. Jeffries Ordinary of said County, do certify  
that I personally know R. Lee Miller, with H. M. Patterson Son 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. Mary R. Hauser 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 192 8, 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 at-  
tached hereto.

Given under my hand and official seal, this

(Seal of Ordinary)

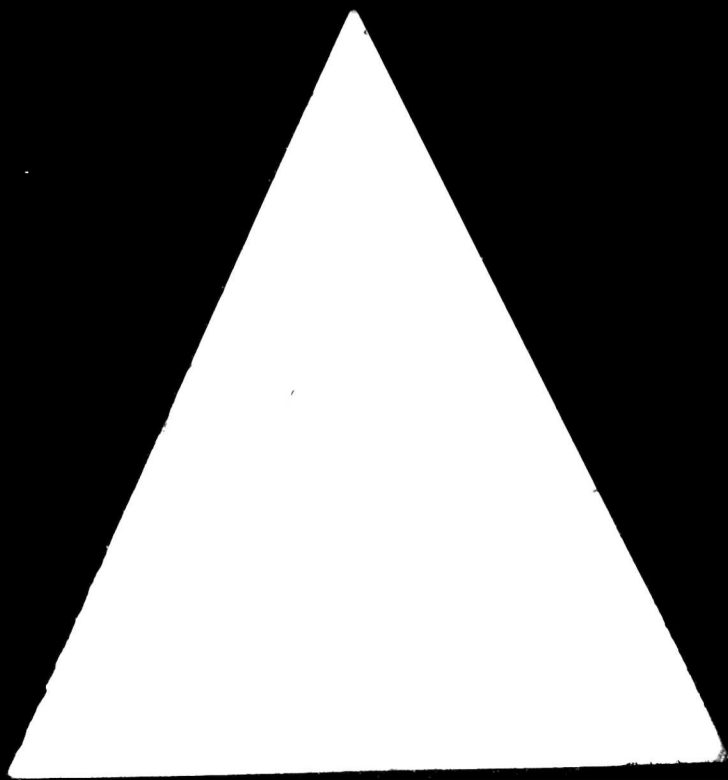
8 day of May, 192 9  
Thos H. Jeffries Ordinary  
Fulton County

### 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 neatly to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

8th. Ordinary should see that the back of this blank, when folded, is filled out.

Personally appeared before me F. W. Patterson who, on oath, swears that the above account is true and correct.



FILED

County Tulsa  
Name Mollie C. Harris  
Widow of Eduard Bacon Harris  
Date of Marriage Jan 1 1867  
Company C. H. 1st Ala Inf  
Regiment 1st Ala Inf  
Approved \_\_\_\_\_

JOHN W. CLARK,  
Commissioner of Pensions

STATE OF GEORGIA.

1. Urban

1. I had 13 left over  
that I know now 19

she is the person she represents herself to be, and that she is a citizen of said State since January 1st, 1920; that

Cooney and wife sworn by the before signing  
ful and trustworthy and their statements are entitled

(Given under my hand and official seal of office)

(SEAL OF ORDINARY)

### INSTRUCTIONS

[illegible]

APPROVED  
FOR AUGUST 1936

Widow's Application

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

County Name  
Widow of Mollie Collins Harris  
Date of Marriage 1867  
Company 1st Cavalry  
Regiment 30th  
Approved

JOHN W. CLARK,  
Commissioner of Pensions.

Ordinary's Certificate

STATE OF GEORGIA,  
FULTON COUNTY

I, John W. Clark, Ordinary of said County, do certify that Mollie Collins Harris the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident of said State since January 1st, 1920. that I also know she is the widow of her 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 1st day of August, 1936.  
(SEAL OF ORDINARY)  
John W. Clark 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, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

APPLICATION FOR PENSION BY A WIDOW

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Fulton COUNTY.

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

1. What is your name, and where do you reside? (Give Post Office and County)  
Mollie Collins Harris, 658 Harrison and Myrtle St. N.E.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Since 1917
3. When, where and to whom were you married? Jan. 1, 1867 to Edward Harris, Harris is deceased.
  - a. Have you married since the death of first and soldier husband? no
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service, and give name of Colonel and Captain.) Feb. 15, 1862 at Louisa, Va. Co 1st Ala Inf.
  - a. When and where did the commands of your husband surrender or discharge from the Service? Don't know
  - b. Was your husband personally present with his command when it was surrendered or discharged? no
  - c. If he was not present, state specifically and clearly where he was? He was at Fort Hudson, La.
  - d. When did he leave the Command? July 1st 1863. Fort Hudson, La.
    - a. For what cause did he leave? captured
    - b. By whose authority did he leave? "
  - e. For how long was his leave of absence granted? In what way?  
Captured at Fort Hudson, La. on July 9, 1863
  - f. What was his physical condition when he left his command? Don't know
  - g. What effort did he make to return to his Command? he made no effort
  - h. In what way was he prevented from going back to Command? at that time
  - i. Was he captured by the enemy at any time? yes
  - j. If so, when and where? In what prison was he held and when was he released? at Ft. Mifflin, Pa. where he took oath of allegiance after the surrender of Ft. Mifflin, Pa. in 1863
  - k. When and where did your first husband die? at Birmingham Ala. Dec 1914
  - l. Were you residing together when he died? yes
  - m. If not, how long have you resided apart? have resided apart
  - n. Are you now a widow? yes
  - o. 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?  
never applied  
Sworn to and subscribed before me, this the 1st day of Aug, 1936.  
John W. Clark Ordinary.  
of Fulton County.  
(SEAL OF ORDINARY)  
Mollie C. Harris Applicant.

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, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

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

13<sup>th</sup> day of July, 1936.  
Ed. Batten, Ordinary  
of Fulton County.  
(SEAL OF ORDINARY)

Mrs. Mollie C. Havis  
Applicant.

FULTON COUNTY



GEORGIA

THOMAS H. JEFFRIES  
JUDGE OF THE  
Judge of the Ordinary of Fulton County  
ATLANTA, GA.  
August 2, 1936.

Hon. A. L. Henson,  
Veterans Service Office,  
State Capitol,  
Atlanta, Ga.

Dear Sir:

I am enclosing herewith application for Widow's Pension filed by Mrs. Mollie C. Havis, of 688 Cumberland Circle N.E., this city.

Mrs. Havis is 88 years of age and her memory regarding her husband's service in the Confederate Army is very vague, altho she apparently was, at one time, in possession of definite information regarding his service. Her grandson has written to Atlanta for some record of his service, and has also written to Opelika, Ala. for a certified copy of the marriage record. When these papers have been returned, I will forward them to you to be attached to the enclosed application.

Mr. Havis, the grandson, states that he has conferred with Mr. Anker and that Mr. Anker requested that the application be handled in this manner so that proof of service and of the marriage could be sent in later.

Very truly yours,

Thomas H. Jeffries  
Ordinary.

A. L. HENSON,  
DIRECTOR

C. ARTHUR CHEATHAM,  
ASST. DIRECTOR

MISS LILLIAN HENDERSON,  
ASST. DIRECTOR



## THE VETERANS SERVICE OFFICE

STATE CAPITOL

ATLANTA

State of Georgia,  
County of Fulton.

Before me, an officer of said State duly authorized by law to administer oaths, comes E. H. Havis, who, after being duly sworn, deposes and says:

That he is the grand-son of the marriage of Mollie (Collins) Havis and Edward Bacon Havis, and that this affidavit is being made to prove the marriage referred to, in order that said Mollie Collins Havis may be admitted to the pension roll of the State of Georgia, under an application made by her, before the Ordinary of Fulton County, August 1st, 1936;

That the photostat attached herewith is an exact copy of a page taken from Diary of Stephen Hodge, who was a cousin of said Mollie Collins Havis and whose death occurred in Columbia, South Carolina, more than twenty years ago, on which page appears the following, under the date of January 1st, 1867:

"Miss Mollie Collins, my cousin, entered into the holy bonds of matrimony with Mr. Ed Havis and he hastened away with her to a festival at his home in Loachapoka."

That the Diary herein referred to is the property of, and in the possession of, deponent.

E. H. Havis

Sworn to and subscribed before

me, this the 10 day of August, 1936.

James E. Croghan

*Frank J. [unclear]*

*James E. [unclear]*

A. L. HENSON  
DIRECTOR

C. ARTHUR CHEATHAM,  
ASST. DIRECTOR

MISS LILLIAN HENDERSON,  
ASST. DIRECTOR



## THE VETERANS SERVICE OFFICE

STATE CAPITOL  
ATLANTA

IN RE: Application for pension for

Mrs. Mollie C. Havis, widow of  
Edward B. Havis, Fulton County:

It appearing that the late husband of this applicant, Edward B. Havis, performed more than six months of actual military service as a Confederate soldier and was honorably accounted for in such service until the end of the War; and it further appearing that applicant was married to said Confederate veteran prior to the year 1891, and that she lived with her said husband to the date of his death and has not remarried, this application is approved, and it is ordered that she be enrolled as a pensioner of Fulton County, Georgia, for the month of August, 1936, and thereafter.

This the 14th day of August, 1936.

*A. L. Henson*  
Director

### WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE  
WASHINGTON

August 5, 1936.

IN REPLY  
REFER TO

Respectfully returned to

E. H. Havis,  
658 Cumberland Circle, N. E.,  
Atlanta, Georgia.

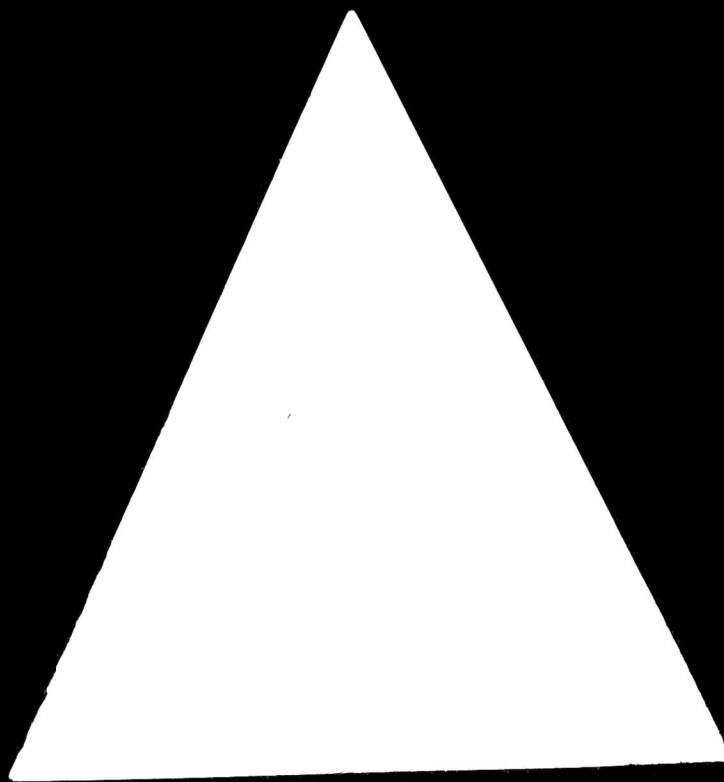
The records show that Edward B. Havis, not found as Edward Bacon Havis, Sergeant and 2nd Lieutenant, Company E, 1st Regiment Alabama Infantry, Confederate States Army, enlisted February 15, 1862, at Leonapoka, Alabama. He was captured at Island No. 10, April 8, 1862, imprisoned at Camp Butler, Springfield, Illinois and was sent to Vicksburg, Mississippi September 23, 1862, for exchange.

He was again captured July 9, 1863, at Fort Hudson, Louisiana, imprisoned at New Orleans, Louisiana, Johnson's Island, Ohio and Fort Delaware, Del., being released at the latter place June 12, 1865, on Oath of Allegiance to the United States. His residence at that time was stated as Macon, Alabama, light complexion, light hair, blue eyes, height 5 feet 10 inches.

*E. T. [unclear]*  
Major General,  
The Adjutant General,  
Wm. 2



Handwritten text, likely bleed-through from the reverse side of the page. The text is illegible due to the high contrast and dark background.



*Lawson, Annie I. Hawes*  
*Received at Fulton*  
*1938*

# Widow's Application

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

County Fulton  
 Name Mrs. Annie I. Hawes  
 Widow of B. F. Hawes  
 Date of Marriage Dec. 15, 1889  
 Date of Husband's Death Feb. 28, 1912  
 Company G  
 Regiment 3rd Reg. Inf.  
 Approved DEC 27 1937  
W. Thos. Hillen  
 Director.

State Dept. Public Welfare,  
 Atlanta, Sept. 18, 1937.

Benjamin Franklin Hawes was appointed Sergeant, Co. E, 31st Regt. Ga. Inf. Nov. 13, 1861. ... Promoted Lt. Feb. 11, 1863. Captured, Gettysburg, Va., May 12, 1863. Released, Del. June 16, 1865.

*William H. Hillen*  
 Director Confederate Records Div.

## Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY.

I, Thomas H. Jefferson, Ordinary of said County, do certify that I know Mrs. Annie I. Hawes 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. Geo. F. Traction

the witness who swears to the ~~marriage~~ 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 30th day of July, 1937.

(SEAL OF ORDINARY)

*Thomas H. Jefferson*  
 Ordinary.  
 Fulton County.

### INSTRUCTIONS

1. Before any questions are answered the Ordinary shall read applicant and the witness in the following words: "You are making an affidavit for the purpose of obtaining a pension for your husband, Benjamin Franklin Hawes, who was killed in the war between the States. He was a member of the Confederate Army, and you are now applying for a pension for him. Do you understand?"
2. The applicant and the witness shall then answer the questions asked you and the evidence you shall give will be taken into consideration by the Ordinary.
3. Additional affidavits may be attached if blank spaces are indicated.
4. 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.
5. The Ordinary of the County of marriage license if desirable. If not, prove marriage by some person or by general reputation.
6. Do not use the back of the application card.
7. Fill out the back of the application card.
8. Do not take an application from any witness who is already receiving a pension.

State Dept. Public Welfare,  
Atlanta, Sept. 13, 1937.

Benjamin Franklin Hawes was ap-  
pointed 5th Sergeant, Co. E, 31st  
Regt. Ga. Inf. Nov. 13, 1861.  
...Elected Lt. Feb. 11, 1863.  
Captured, Captivity, Va.,  
Sept. 22, 1864. Released,  
Delaware, Oct. 16, 1865.

Director Confederate Records Div

### Widow's Application

Under Act of 1910 As Amended by Act of  
1913, and Constitutional Amendments  
of 1920 and 1937.

County	Fulton
Name	Mrs. Annie I. Hawes
Widow of	E. F. Hawes
Date of Marriage	Dec. 15, 1889
Date of Husband's Death	Feb. 28, 1912
Company	
Regiment	
Approved	DEC 27 1937
Director	

### Ordinary's Certificate

STATE OF GEORGIA.

Fulton

COUNTY.

I, **Thomas H. Jeffries**, Ordinary of said County, do certify  
that I know **Mrs. Annie I. Hawes** 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 **Mr. Geo. F. Traffon**  
the witness who swears to the ~~marriage~~ 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 **30th** day of **July**, 1937.

(SEAL OF ORDINARY)

Ordinary.

### 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. Only widows who married prior to January 1st, 1920, are entitled.
3. Additional affidavits may be attached if blank spaces are insufficient.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

## APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

### QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

FULTON

COUNTY.

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

### SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County)  
**Mrs. Annie I. Hawes, 886 Millidge Ave. S.E. Atlanta, Ga. Fulton County**
2. How long and since when have you been, continuously, a bona fide resident citizen of the State  
of Georgia? **All my life**  
Give date, or year, of your birth. Age? **78**
3. (1) When, (2) where and (3) to whom were you married?  
**Dec. 15, 1889, Lumpkin, Georgia, E. F. Hawes**
  - a. Have you married since the death of first and soldier husband? **No**
  - b. When and where did your first husband die? **Feb. 28th, 1912, Lumpkin, Ga.**
  - c. Were you residing together when he died? **Yes**
  - d. If not, how long had you resided apart?
  - e. Are you now a widow? **Yes**
  - f. Have you or your husband heretofore been paid a pension by the State? **No**
  - g. 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.  
**Nov. 12, 1861, 5th Sert. Co.-E- 31st. Regt. Ga. Infantry**  
**(Enlisted Stewart Co. Ga.)**
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? **Prisoner at Ft. Delaware, Del.**
5. When did he leave the Command?
  - a. For what cause did he leave? **Released from prison June 16, 1865**
  - 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? **War over when released.**
9. Was he captured by the enemy at any time? **Yes**
10. If so, when and where? In what prison was he held and when was he released?  
**June 16, 1865 at Ft. Delaware, Del.**

Sworn to and subscribed before me, this

**30th** day of **July**, 1937.

**Thomas H. Jeffries** Ordinary

of **Fulton** County.

(SEAL OF ORDINARY)

**Mrs. Annie I. Hawes**  
Applicant.

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

Given under my hand and seal of office this 30th day of July, 1937.

(SEAL OF ORDINARY)

of Fulton County, Ordinary.

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.

- e. What was his physical condition when he left his Command?
- f. What effort did he make to return to his Command?
- g. In what way was he prevented from going back to his Command? War over when released.
- h. Was he captured by the enemy at any time? Yes
- i. If so, when and where? In what prison was he held and when was he released?  
June 16, 1865 at Ft. Delaware, Del.

Sworn to and subscribed before me, this the

30th day of July, 1937.

of Fulton County, Ordinary.

(SEAL OF ORDINARY)

Applicant

STATE DEPARTMENT OF PUBLIC WELFARE

POST BUILDING

ATLANTA

Re: Thos. F. Jeffries, Ordinary,  
Fulton County,  
Atlanta, Georgia.

WHEREAS:

Mrs. ANNIE I. HAWES, WIDOW OF R. F. HAWES,

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 discharged 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.

A. J. Allen  
Director, Confederate Division  
State Department of Public  
Welfare

STATE OF GEORGIA  
FULTON COUNTY

TO WHOM IT MAY CONCERN:

This is to certify that I have known Mrs. Annie I. Hawes for thirty-five years, and that she has never married since the death of her husband, R. F. Hawes, a deceased Confederate Veteran.

x Mrs. Geo. E. Trafton

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

G. C. Ordinary

STATE DEPARTMENT OF PUBLIC WELFARE

COURT BUILDING

ATLANTA

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

WHEREAS:

MRS. ANNIE I. HAWES, WIDOW OF B. F. HAWES,

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 discharged from such service; and that applicant was married to said soldier prior to January 1st, 1900, 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, 19 38, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 19 37.

*R. H. Allen*  
Director, Confederate Division  
State Department of Public  
Welfare

STATE OF GEORGIA  
FULTON COUNTY

TO WHOM IT MAY CONCERN:

This is to certify that I have known Mrs. Annie I. Hawes for thirty-five years, and that she has never married since the death of her husband, B. F. Hawes, a deceased Confederate Veteran.

*x Mrs. Geo. F. Crafton*

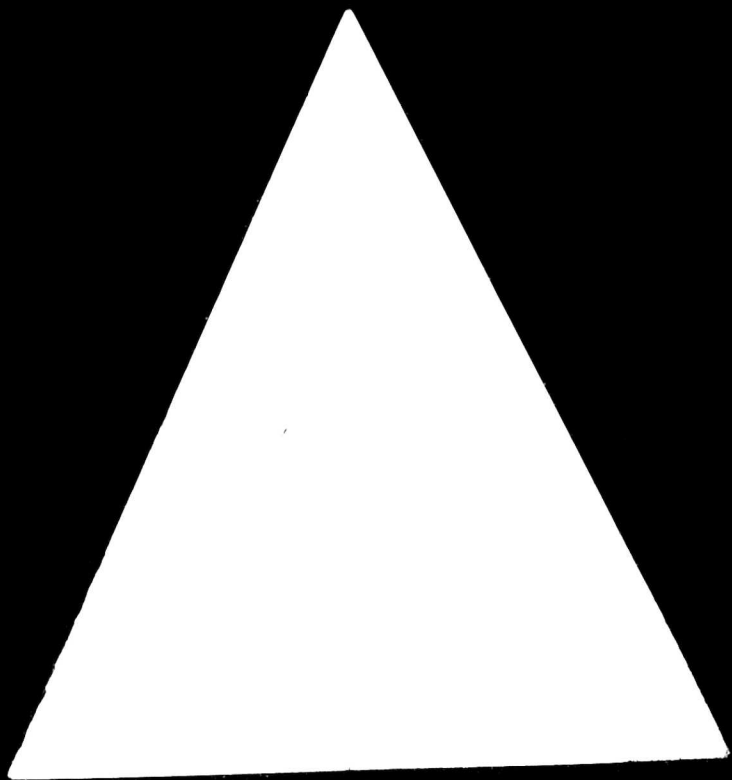
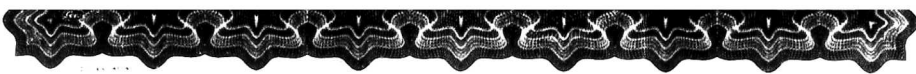
Sworn to and subscribed before me,  
this 28th day of July, 1937

*R. H. Allen*  
O. C. Ordinary

This, the 27th day of December 1937.

*R. H. Allen*  
Director, Confederate Division  
State Department of Public  
Welfare





May 1, 1862.  
Wounded, Wilderness, Va.  
May 6, 1864. Home, wounded at  
Close of War.

Dear Mr. Stewart - I am very  
 glad to find a young and energetic  
 man in the position of a citizen of this country  
 who has the heart  
 to take any hard road to Africa  
 for the sake of the  
 world.

James A. Sullivan  
No. 7 Fulton Co.

## Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Fulton  
Name Mrs A. L. Hawes  
Widow of A. L. Hawes  
Company E  
Regiment 3rd Reg  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-31-1919

[illegible]



## STATE OF GEORGIA.

Tuelson COUNTY.

Sworn under my hand and official seal of office this 24 day of Oct 1919  
 SEAL W. A. [Signature] Ordinary,  
W. A. [Signature] County.

Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "I do solemnly swear that you will true answers make to each of the questions asked you and the evidences asked you and will give will be the truth as help you do."

Additional affidavits may be attached if blank space are insufficient.

Such witness who married prior to January 1st, 1881, are entitled.

All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.

Each 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 Franklin  
Name Wm A L Howard  
Widow of A L Howard  
Company E  
Regiment 34th Reg  
Approved \_\_\_\_\_

**J. W. LINDSEY,**  
**Commissioner of Pensions.**

10-31-1919

### Questions for Applicant

STATE OF GEORGIA.

Fulton COUNTY.

Personally before me comes, 1 Mrs. U. L. Hawley 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? *Walter L. Mawca, 427 S. Combs and 1/2 Atlantic Ave. S.W.*
2. How long and since when have you been a continuing resident of the State of Georgia? *All my life - (Continuously)*
3. When, where and to whom were you married? *Oct. 10, 1877 - Pleasant Coe, Ga., to Augusta Jayette Turner*
4. Have you married since the death of first and soldier husband? *No.*
5. 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 3 - 1864 - Vaughan's Co., Co. C - 1st Regt. Tenn. Inf. - Confederate Army*
6. When and where did the commands of your husband surrender or discharge from the army? *Ch. Appomattox*
7. Was your husband personally present at the time of the surrender or discharge of this command? *No.*
8. If he was not present state clearly where he was *Battle of Appomattox*
9. Where was his command when he left? *At Appomattox*
10. For what cause did he leave his command? *He was badly wounded*
11. By whose authority did he leave his command? *His own & that of the commanding officer*
12. For how long was he granted leave of absence? *Permanently disabled*
13. What was his physical condition when he left his command? *Just as good as new*
14. What effort did he make to return to his command? *He entered service in Co. B*
15. In what way was he prevented from going back to the command? *He was badly wounded again*
16. Was he captured by the enemy at any time? *No*
17. If so, when and where captured and where held as a prisoner, and when and for what cause released?

- j. When and where did your first husband die? At Kansas died July 17, 1903 San Francisco  
 k. Were you residing together when he died? Yes  
 l. If not, how long had you resided apart? \_\_\_\_\_  
 m. Are you now a widow? Yes  
 n. 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  
William B. Maibach Ordinary  
of Freedom County.  
(SEAL)

# Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

*Stewart* COUNTY }

Personally before me comes *W. B. Simpson* 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. B. Simpson resides in Hampton Ga. Stewart Co.*
2. How long and since when have you known *A. L. Hawley* applicant? *For 40 years or over*
3. How long and since when has she continuously resided in this State? (Give date.) *All her life*
4. When and to whom was she married? *A. L. Hawley Dec 13, 1877* How do you know?
5. How long and since when did you know *A. L. Hawley* her husband? *For over 40 years*
6. When and where did *A. L. Hawley* the husband of applicant, die? *July 17th 1903 Cambridge 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* Were they divorced? *No*
9. When, where and in what Company and Regiment did *A. L. Hawley* enlist? *Company E 1st Regt. Ga. Inf. 1864*
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?
12. When and where did his Command surrender, and was discharged? *At Appomattox Va.*
13. Were you personally present when it was surrendered? *No* If not, where were you? *I was at home* and how came you there? *Paroled Prisoner*
14. Was the husband of applicant personally present at surrender? *No* If not where was he? *He was at home* When, where and for what cause did he leave Command? (Give date.) *Wounded* By whose authority did he leave his Command? *Commanding Officer* And how long was he granted leave? *I belonged to some Company & Regt. I was paroled from the Prisoner - he was on parole & wounded and on parole*
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? *Wounded & disabled*
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

*4* day of *October* 191*8*

*H. J. Fox* Ordinary

of *Stewart* County.

(SEAL)

10. For what cause, if you know in your own knowledge, was he prevented from returning to his Command? Murdered & disabled  
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

6 day of October 1919

A. J. Fort Ordinary  
of Stewart County.

(SEAL)

MARRIAGE LICENSE

of

A. L. Hawes

AND

Mattie Davis

Issued Dec 11 1919

and Recorded on Page 257 Book

C of Marriage Licenses

A. J. Fort  
Ordinary

GEORGIA STEWART COUNTY.

I, A. J. Fort, Ordinary and Ex-Off Clerk Court of Ordinary, do hereby certify that the within is a true copy of the marriage of A. L. Hawes and Mattie Davis as taken from the records of the Ordinary's office said County.

Witness my hand and seal of office this September 4th 1919.

A. J. Fort Ordinary  
And Clerk Court of Ordinary

**MARRIAGE LICENSE**

OF

*A. L. Hawes*

AND

*Mattie Davis*

Issued *Dec 11 1919*

and Recorded on Page *257* Book

*C* of Marriage Licenses

*A. J. Fort* Ordinary

GEORGIA STEWART COUNTY.

I, A. J. Fort, Ordinary and Ex-Off Clerk Court of Ordinary, do hereby certify that the within is a true copy of the marriage of A. L. Hawes and Mattie Davis as taken from the records of the Ordinary's office said County.

Witness my hand and seal of office this September 4th 1919.

*A. J. Fort* Ordinary  
And Clerk Court of Ordinary

hereby certify that the within is a true copy of the marriage  
of A.L.Hawes and Mattie Davis as taken from the records of the  
Ordinary's office said County.

Witness my hand and seal of office this September 4th 1919.

*A. J. Fort* Ordinary  
And Clerk Court of Ordinary



TO ANY AND ALL JUSTLY CONCERNED PARTIES OF THE GOSPEL.  
You are hereby authorized to  
*A. L. Hawes* and *Mattie Davis*  
in the Holy State of Matrimony according to the Constitution  
and Laws of this State and for so doing this shall be your License.  
And you are hereby required to return this License to me  
with your Certificate hereon of the fact and date of the Marriage.  
Given under my hand and seal this *11<sup>th</sup>* day of  
*December 1877* *J. B. Latimer* Ordinary (L.S.)

STATE OF GEORGIA **CERTIFICATE** COUNTY OF STEWART  
I Certify that *A. L. Hawes* and *Mattie Davis*  
were joined in Matrimony by me this *12* day of *December* *Eighteen Hundred*  
and *Seventy Seven* 1877.  
Recorded Dec 13 1877  
*J. B. Latimer* Ordinary *J. E. Godfrey M. G.*

Ordinary's office said County.

Witness my hand and seal of office this September 4th 1919.

*A. J. Fort* Ordinary  
And Clerk Court of Ordinaries

**MARRIAGE LICENSE**  
STATE OF GEORGIA, COUNTY OF STEWART

TO ALL WHOM THESE PRESENTS SHALL COME, I, J. B. LATIMER, MINISTER OF THE GOSPEL.

You are hereby authorized to join in Holy Matrimony, according to the Constitution and Laws of this State and for so doing this shall be your License.

And you are hereby required to return this License to me with your Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal this 11<sup>th</sup> day of December 1877.

*J. B. Latimer* (L.S.)  
Ordinary

STATE OF GEORGIA, COUNTY OF STEWART

I Certify that *A. L. Hawes* and *Mattie Davis* were joined in Matrimony by me this 12 day of December, Eighty Seven 1877.

Recorded Dec. 13 1877

*J. E. Godfrey M. G.*  
*J. B. Latimer* Ordinary

and Seventy Seven 1877.  
Recorded Dec. 13 1877  
J. B. Latham Ordinary  
J. E. Godfrey M. G.

# ORDINARY'S CERTIFICATE

STATE OF GEORGIA.

Frederick COUNTY

I, Thos. S. Jeffries

(Ordinary of said County, do certify that I

know Mrs. Frances Hawkins 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 9 day of March 1920

That I also know

Mrs. R. H. Lowman

(Witness to foregoing, and I also know

that both of the foregoing were duly sworn by me and before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 28 day of Oct 1920

(SEAL)

Thos. S. Jeffries Ordinary  
Frederick County

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "I, the undersigned, do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give will be true and correct." 2. Additional affidavits may be attached if their sworn are insignificant. 3. Affidavits must be sworn before the Ordinary of the county of residence. 4. Only widows who married prior to the 11th day of July, 1910, are eligible for pension. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general service because he made no proof of service and was not required to do so. 6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service because he made no proof of service and was not required to do so.

## Widow's Application

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

County Frederick

Name Mrs. Frances Hawkins

Widow of Dayton Hawkins

Company \_\_\_\_\_

Regiment \_\_\_\_\_

Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-30-1920



# ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Fulton COUNTY }

I, Thos H Jeffries Ordinary of said County, do certify that I

know Mrs Frances Hawes 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 7 day of March 1928

That I also know \_\_\_\_\_ witness as to marriage, and I also know

Mrs L H Lornigan that both of the foregoing were duly sworn by me Clark

before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit

Sworn under my hand and official seal of office this 28 day of Oct 1928

SEAL: \_\_\_\_\_ Ordinary  
Fulton County.

- NOTES: 1 Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
- 2 Additional affidavits may be attached if blank spaces are insufficient.
- 3 All affidavits must be made before the Ordinary of the county of residence.
- 4 Only widows who married prior to first January, 1861, are entitled.
- 5 Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
- 6 Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service because he made no proof of service and was not required to do so.

Hawes, Frances  
(Mrs)  
Thos H Jeffries  
Ordinary  
No. Fulton Co

## Widow's Application

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

County Fulton  
Name Mrs Frances Hawes  
Widow of Thos H Jeffries  
Company \_\_\_\_\_  
Regiment \_\_\_\_\_  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Printed by the State Printer, Atlanta.

10-20-1920

HAWES, FRANCES (Mrs.)

For Fulton County

1928

## Application for Pension Due Deceased Pensioner

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

Thos H Jeffries Ordinary  
For Mrs Frances Hawes

Date of Death Jan 27 1928

Amount \$100.00

Approved and ordered paid

John W. Clark  
20 April 1928  
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.

Od ✓

# WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Fullon COUNTY.

Personally before me comes Mrs Frances Hawes of said County, who, after being duly sworn, says that she is the widow of Payton L. Hawes to whom, in the County of Carroll State of Ga she was married on the 4 day of Dec 1864, and that she remained his wife, and resided with him to the date of his death in Feb 1920 and that she has not since his death remarried. At the time of his death he was a resident of Fullon County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$2.00 in Fullon County for 1920 per annum, on account of being a soldier in Company \_\_\_\_\_ Regiment \_\_\_\_\_ (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Fullon and she has continuously resided since 15 day of March 1920

Sworn to and subscribed before me, this

9 day of March 1920  
Arthur R. Mauldin Ordinary  
of Fullon County

SEAL

## Affidavit of Witnesses to Prove Marriage and to Whom.

Date of Death of Husband

STATE OF GEORGIA,

Fullon COUNTY.

Personally before me comes Mrs L. H. Jennings known to be respectable and truthful persons, residing in said County, who after having been duly sworn, say: that of her own personal knowledge Mrs. Frances Hawes, who made the foregoing affidavit, is the lawful widow of Payton L. Hawes who died in Fullon County in said State of Ga on 14 day of Feb 1920 and that she has not since remarried. That she became the wife of Payton L. Hawes on the 4 day of Dec 1864, and that she and he had resided together as man and wife continuously since 4 day of Dec 1864, and that the 14 day of Feb 1920 was the same man who was on the pension roll of said State Ga from Fullon County \_\_\_\_\_ when he died.

Sworn to and subscribed before me, this

15 day of March 1920  
Arthur R. Mauldin Ordinary  
of Fullon County.

(SEAL)

*Proof of marriage filed Mch 5-1919, for or will claim for money due deceased husband*

## 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, Fullon County.

Personally before me, the Ordinary of said County, comes Rhea Miller, wife of H. M. Patterson, Son of said County, who, after being sworn, on oath says that he knew Mrs P. L. Hawes of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Fullon County, in this State, on the 11 day of Jan 1928 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 \$794.70, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

Arthur R. Mauldin Ordinary  
Fullon County  
(Seal of Ordinary)

A. L. Miller

## CERTIFICATE OF ORDINARY

GEORGIA, Fullon County.

I, Thos. H. Jeffries Ordinary of said County, do certify that I personally know R. H. Patterson, Son, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs Frances Hawes, while in life and that this was the same person whose name appears on the Pension Roll of Fullon County, and was paid a Pension of Two Hundred (\$200) Dollars in said County for 1927, 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

(Seal of Ordinary)

17 day of Feb 1928  
Thos. H. Jeffries Ordinary  
Fullon County

### INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)
- "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of \_\_\_\_\_ who died without owning sufficient property to pay this bill.
- 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

Sworn to and subscribed before me, this the

Urban R. Lyarbute Ordinary

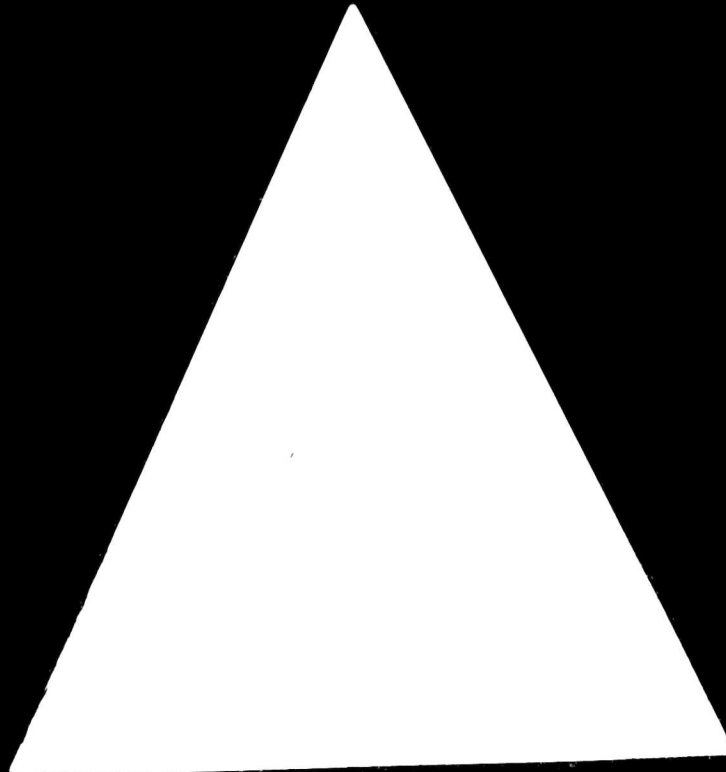
of Fuller County

(SEAL)

### INSTRUCTIONS

- M. H. Bowen*  
Notary Public, Atlanta, Ga.  
State at Large

1928. *M. H. Bowen*  
Notary Public, Atlanta, Ga.  
State at Large



*James Peyton*  
*Fulton*  
No. *6014*

INDIGENT PENSION,

**1900.**  
*1901*

Name *Peyton & Hoar*

County *Fulton*  
*Co. A - 9th Battalion*

Approved *4/28 - 1902* 1900

JOHN W. LINDSEY,  
*4/28*  
Commissioner of Pensions.

WARRANT HANDED TO

*44*  
*127 - 1902*  
*2/5 - 1901*  
*44 - 1901*

*J. W. Lindsey*  
Comm. of Pensions

STATE OF GEORGIA,

Power of Attorney.

County. *1*

to receive and receipt for the person allowed and request that he return same to

Witness my hand and seal, this

Extended in presence of

day of

1900.

[L. S.]

hereby authorize

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Fulton

COUNTY

Personally came before me, J. R. Cox M.D. and Wm. D. Clark, M.D., both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Payton L. Hawes, applicant for pension under Section 1254, Code, and after said personal examination say that his present physical condition is as follows:

General disability, nervous, sufficient to render him unable to labor at any regular, intellectual, or manual occupation, and that he is unable to support himself and that he has no interest in said pension.

They further say in oath that the present condition of applicant renders him unable to labor at any regular, intellectual, or manual occupation, and that he has no interest in said pension.

Witness my hand and seal of office this 11th day of May, 1907. J. R. Cox M.D. Wm. D. Clark M.D. Physicians

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Fulton

COUNTY

I, John R. Wickham, Ordinary in and for said County, hereby certify that Payton L. Hawes resides in said County, and has been in said County for the past 25 years, and that he is unable to support himself, and that the text of the affidavit was read to the applicant, and that the same was signed.

I further certify that the foregoing statement is true to the best of my knowledge, and that the text of the affidavit was read to the applicant, and that the same was signed.

I further certify that the foregoing statement is true to the best of my knowledge, and that the text of the affidavit was read to the applicant, and that the same was signed.

Witness my hand and seal of office this 11th day of May, 1907. John R. Wickham Ordinary, Fulton 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. Addition of affidavits may be attached if bona fides are sufficient.

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.

Fulton County.

Payton L. Hawes, of said State and County, do hereby swear true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? I live in Fulton County and my name is Payton L. Hawes. I was born March 28, 1881 in Georgia.
2. How long and since when have you been a resident of this State? I have lived here all my life and was born and raised in Fulton County, Ga.
3. When and where were you born? I was born on March 28, 1881 in Georgia.
4. When and where and in what company and regiment did you enlist or serve? I was born March 28, 1881, at Atlanta, Ga. in Co. A, 4th Battalion, 1st Regt. Commanded by Major H. H. H.
5. How long did you remain in such company and regiment? I remained with my Company the balance of the time during the war, and I was with my Company at Appomattox at the Surrender.
6. When and where was your company and regiment surrendered and discharged? On the 9th of April, 1865, at Appomattox in Virginia, with the Army surrendered to General R. E. Lee.
7. Were you present with your company and regiment when it was surrendered? Yes, Sir.
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was with my Company at the Surrender.
9. How much can you earn (gross) per annum by your own exertions or labor? \$100.00
10. What has been your occupation since 1865? Laborer & 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"? 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? I am about 50 years old. I was injured in a fall, in my back, about 18 years ago. I am unable to do any hard labor, and if I try any hard work, it lays me up.
13. What property, real or personal, or income, do you possess, and its gross value? I have no property of value, and no income. Only some household stuff.
14. What property, real or personal, did you possess in 1864, 1865, 1866, 1867, 1868 and 1869, and what disposition, if any, by sale or gift, have you made of same? I did not own any property in any of those years, and have not sold or given away any property.
15. In what County did you reside during those years, and what property did you then return for taxation? I resided part of time in Winnetta Co. in Illinois, and part in Georgia.
16. How were you supported during the years 1898 and 1899? By what I could do, and by my children.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? About \$100.00 a year. About \$50.00 a year.
18. What was your employment during 1898 and 1899? What pay did you receive in each year? I did some carpenter work. Pay was very small. About \$50.00 a year.
19. Have you a family? If so, who composes such family? Give their means of support? Yes, Sir. Wife - Francis - 7 children. Three of my children are married now. My children at home are 40, 35, and 30, and not able to earn a support.
20. Are you receiving any pension? If so, what amount and for what disability? No, Sir.
21. Have you ever made an application for pension before? Never did.
22. How many applications have you ever made and under what class? None at all.

Sworn to and subscribed before me this 31st day of January, 1907. John R. Wickham Ordinary, Fulton County.

Every Question MUST be Answered.

BALTIMORE, MD. - J. M. 1907.

# Power of Attorney.

STATE OF GEORGIA,

County, \_\_\_\_\_

hereby authorize

to execute and record this power of attorney and request that he remit same to

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1900.

\_\_\_\_\_

—[L. S.]

Executed in presence of \_\_\_\_\_

STATE OF GEORGIA,

County, \_\_\_\_\_

A. G. Talley

of said State and County, having been presented to a witness in support of the application of Payton L. Harvey for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? A. G. Talley  
Atlanta
2. Are you acquainted with Payton L. Harvey, the applicant; if so, how long have you known him? March 1862
3. Where does he reside, and how long and since when has he been a resident of this State? in Atlanta Ga Born & Raised here
4. When, where and in what company and regiment did he enlist, and how do you know? See 4<sup>th</sup> Ga Battalion Enlisted March 1862
5. Were you a member of the same company and regiment? Yes Captain
6. How long did he perform regular military duty? Till 1864 or 1865
7. When and where was his command surrendered? at Appomattox Court House Virginia
8. Were you present when it surrendered? Yes I was not - I did not see him
9. Was applicant present? Yes I do not know
10. If he was not present, where was he? Present I do not know  
When did he leave his command? See Records  
By what authority he left? How do you know all of this?  
was Present

11. What property, effects or income has the applicant? (Give your means of knowledge.) Don't 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? none as I know of
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? Don't know
14. What is the applicant's occupation and physical condition? don't know
15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes & father hurt with Rheumatism
16. How was he supported during the years 1898 and 1899? Don't know
17. What portion of his support for these two years was derived from his own labor or income? Don't know

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He was hurt from a fall received from a Runaway pair of mules while on a horse of color

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

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ 1900

John W. McKinsey Ordinary.

A. G. Talley  
Witness.  
J. F. McCarley  
J. S. McCarley

Pension Office - 8-27-1900

Application is not at issue with the pension office. It is not a matter of fact, but a matter of law. It is not a matter of fact, but a matter of law. It is not a matter of fact, but a matter of law.

J. F. McKinsey,  
Gen. of Pensions.

INDIGENT PENSION,

1900.

1901

Payton L. Harvey

John W. McKinsey

John W. McKinsey

John W. McKinsey

John W. McKinsey

John W. McKinsey

John W. McKinsey

John W. McKinsey

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John W. McKinsey

John W. McKinsey

John W. McKinsey

John W. McKinsey

# 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 \_\_\_\_\_

(FOR THOSE ALREADY ENROLLED)

No. 124

INDIGENT

SOLDIER'S PENSION  
1903.

Name *R. L. Krause*

County

Co. *A*

Regiment *9th*

*1st Batt*

WARRANT ISSUED

1903

*120*

JOHN W. LINDSEY,

(Commissioner of Pensions)

WARRANT HANDED TO

*W. H. H.*

USE HEREIN: "SOLDIER'S PENSION" ACT, 1903.

*no date*

*Hawley, Peyton B.*  
*Fulton Co.*

(FOR THOSE ALREADY ENROLLED)

No. *37*

INDIGENT

SOLDIER'S PENSION  
1904.

Name *P. L. Lindsey*

County *Fulton*

Co. *C*

Regiment *7th*

*1st Batt*

WARRANT ISSUED

1904

*120*

JOHN W. LINDSEY,

(Commissioner of Pensions)

WARRANT HANDED TO

*W. H. H.*

USE HEREIN: "SOLDIER'S PENSION" ACT, 1903.

*no date*

# POWER OF ATTORNEY.

STATE OF GEORGIA.

County. }

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

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1904.

[L. S.]

Executed in the presence of \_\_\_\_\_



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears R. L. Hawes 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 March 1845; that he is        years old and by occupation a Carpenter, that he enlisted in the military service of the Confederate States for of the State of        during the war between the States, and served for the term of 3 yrs in Company G, of 9th Regiment of 1st Ball Artillery Capt. Leavelle, that his physical condition is as follows: I x 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 the        day of Jan, 1903.

Ordinary.

STATE OF GEORGIA,

Fulton County.

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with R. L. Hawes 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.

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        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        1845; that he is        years old and by occupation a       , that he enlisted in the military service of the Confederate States for of the State of        during the war between the States, and served for the term of        in Company        of        th Regiment of        Artillery Capt. Leavelle, 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        day of JAN 20, 1904.

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 20 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, 1903.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY }

I, \_\_\_\_\_ hereby authorize

of

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

by \_\_\_\_\_

WITNESS my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1905.

[L. S.]

Executed in the presence of \_\_\_\_\_

*Harvey Peyton S.*  
*Fulton County*

(FOR THOSE ALREADY ENROLLED.)

No. *50*

INDIGENT

**SOLDIER'S PENSION  
1905.**

Name *Peyton S. 1421146*

County

Co. *A Regiment 1st Regt.*

WARRANT ISSUED

*448* 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

*448*

THE FUGITIVE SERVICE AND PENSION DIVISION, ATLANTA, GA.

*no date*

*Harvey Peyton S.*  
*Fulton Co.*

(FOR THOSE ALREADY ENROLLED.)

No. *33*

INDIGENT

**SOLDIER'S PENSION  
1906.**

Name *Peyton S. Harvey*

County

Co. *A Regiment 1st Regt.*

WARRANT ISSUED

*447* 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

*447*

THE FUGITIVE SERVICE AND PENSION DIVISION, ATLANTA, GA.

*no date*

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY }

I, \_\_\_\_\_ hereby authorize

of

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

at

by \_\_\_\_\_

WITNESS my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1906.

[L. S.]

Executed in the presence of \_\_\_\_\_

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears Lynton L. Harves 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 3 yrs in Company A, of 9th Regiment of La. Batts. Artillery (Capt. Seydun) 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.

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 day of 1905, Lynton L. Harves Ordinary.

STATE OF GEORGIA,

County.

I, Lynton L. Harves 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 day of 1905.

Lynton L. Harves Ordinary, Fulton 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 Lynton L. Harves 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 *all life* 18; 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 Georgia) during the war between the States, and served for the term of 3 yrs in Company A, of 9th Regiment of La. Batts. Artillery (Capt. Seydun) 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.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of Fulton, County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the day of 1906, Lynton L. Harves Ordinary.

State of Georgia,

Fulton County.

I, Lynton L. Harves 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 day of 1906.

Lynton L. Harves 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.

1

, hereby authorize

of

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

40

by . . .

WITNESS my hand and seal this

day of

1907

Executed in presence of

[11, 5,]

James Peyton & L  
Fulton Co

**CODES SECTION 1204.**  
**(FOR THOSE ALREADY ENROLLED)**

No. 100

# INDIGENT SOLDIER'S PENSION 1907.

Name \_\_\_\_\_

County

Regiment

Regiment

Regiment

WARRANT ISSUED

1907

JOHN W. LINDSEY

*Commissioner of Pensions*

WARRANT HANDED TO

1820. W. HARRISON, PLATE PRINTER, ATLANTA.

date

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

County.

Personally appears Lytle Harvey 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 1864 18, that he is 62 years old  
and by occupation a Retired Soldier, 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 for the term of 3 1/2 years in Company Y of 1st Regiment  
of Georgia Infantry, and his physical condition is as  
follows: inferior & unable to

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 \_\_\_\_\_  
County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1907.  
John R. Wilson Ordinary.

State of Georgia,

County.

I, John R. Wilson Ordinary of said County,

do certify that I am well acquainted with Lytle Harvey  
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 \_\_\_\_\_ JAN 27 1907.

John R. Wilson  
Ordinary \_\_\_\_\_  
County.

AM  
2007  
JAN  
27

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

Georgia. } In person comes  
Milton Co. } John H. Woodruff  
of said State & County  
and being duly sworn, on oath says:  
that he knows Peyton R. Hawes, and  
knew him in the Confederate army  
in Virginia; that Affiant and Hawes  
were together in the army and served  
in the same Battalion, Hawes was in  
Company A, in the 9<sup>th</sup> Ga. Battalion  
of Artillery, commanded by Major F.  
Reyden, or as the boys used to say in  
the army — "Mr. Reyden's Cannon Company".  
That Peyton R. Hawes was a regular &  
good soldier, went in the service in  
1862, and remained in duty till  
the surrender. Affiant does not  
know of the said Peyton R. Hawes  
having any property.  
Sworn to & subscribed } J. H. Woodruff  
before me Jan'y 31st 1902  
John R. Wilkinson  
Ordinary.

Georgia. } A. L. Queen, of Cobb County  
Milton Co. } Ga, comes as a witness in sup-  
port of the application of Peyton  
R. Hawes for Pension of the State, and being  
duly sworn, on oath, says that his name  
is A. L. Queen (Known as Al. Queen),  
resides near Mableton, in Cobb County, Ga, is  
well acquainted with Peyton R. Hawes;  
Known him over 45 years, he, Hawes, has  
resided in Georgia all his life; witness also  
resided in Georgia all his life, is now 65 years  
old, knew each other as boys and young men;  
Hawes and witness served together in the Con-  
federate army, in Reyden's Battalion of Artil-  
lery, Hawes in Company "A" and Affiant in  
Co. "E" of same battalion; went in service in  
1862, and remained in service till Surrender  
at Appomattox, in April, 1865, they were present  
with their respective companies and in the battalion  
at the time of the surrender; Hawes has no prop-  
erty so far as Affiant knows; and so far as he  
knew, or knows now, Hawes had no property or income  
in 1896-1897-98-99; Hawes is a carpenter, and his  
physical condition is feeble, and unable to support  
himself and family by his labor.  
Sworn to & subscribed } A. L. Queen  
before me Jan'y 24<sup>th</sup> 1902  
John R. Wilkinson  
Ordinary

Georgia. In the matter of the  
Estate of C. H. Haves for Estate Division.

My personal comers John W. Jones,  
and Thomas H. Jones, and both being  
duly sworn on oath, they say that they  
know Peyton C. Haves, they have known  
him for 47 and 37 years respectively,  
that they know that he has no property  
effects, or income, that he has no property  
effects or income in the years 1876, 1877,  
1878, and 1879, and had nothing that he could  
dispose of as material property; that he has  
not conveyed away any property in the last  
four years; that he is unable to support himself,  
that his physical condition is feeble; that  
he is a feeble old man; he was supported, in  
the years 1876, 1877, 1878, and 1879, by such little work as he was  
able to do for the necessity of his children who have to  
work for their own support; that the portion  
he contributed was very small in those years  
or since then by his own labor or income;  
that they, Affiants, are brothers, and  
they know the facts stated of their own  
knowledge as to Peyton C. Haves,  
Sworn to and subscribed  
at Montgomery, Jan'y 25-1902  
John W. Jones  
Thomas H. Jones  
Ordinary.

J. W. Jones  
T. H. Jones

the court was very small in those years  
or since then by his own labor or income;  
that they, Affiants, are brothers, and  
they know the facts stated of their own  
knowledge as to Peyton L. Abner.

Sworn to & subscribed  
before me Jan'y 25-1902

John Williamson  
Ordway,

J. W. Jones  
Clerk



*Approved*  
*Hawthorn 29 (Mrs)*  
**WIDOW'S APPLICATION**

To Be Put on Roll in Her Own Right When  
 Husband Was on the Pension Roll  
 of Georgia.

County *Fulton*  
 Name *Mrs. Eliza Hawthorn*  
 Widow of *James Hawthorn*  
 Company *H.*  
 Regiment *4th State Troops*  
 Date of Husband's Death *Feb 4, 1869*  
 Date of Marriage *Oct 7, 1869*  
 Approved *John W. Clark*  
*4-3-29*

JOHN W. CLARK,  
 Commissioner of Pensions.

*3-1-29*

**ORDINARY'S CERTIFICATE**

STATE OF GEORGIA

*Fulton* COUNTY.

I, *Thos H. Johnson*  
*Eliza Hawthorn*

Ordinary of said County, do certify that I know Mrs. *Eliza Hawthorn*, the applicant for pension; that she is the person she represents herself to be, and that she is entitled to file resident of said County since January 1st, 1890; that I also know *James Hawthorn*, the witness as to marriage, and that both the foregoing were duly sworn to before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this *29* day of *Feb*, 192*9*  
 (SEAL OF ORDINARY) *Thos H. Johnson* Ordinary,  
*Fulton* County

**Instructions:**

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You 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. Affidavits must be made before the Ordinary of the county of residence.
4. Only widows who are married prior to 1869 are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God?"
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who are married prior to first January, 1961, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

# Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, Fulton County:  
Before me, the Ordinary of said County, comes Mrs. J. L. Milam  
of said County, who, after being duly sworn, on oath says  
that he knew Mrs. Elzie Hawk late of said County, a Confed-  
erate pensioner, and that said person is the identical person named and described in the attached  
certified copy of burial certificate, and that said pensioner LEFT NO ~~WIFE OR ESTATE~~ ESTATE of  
ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted  
to the sum of \$ 378.00, as shown by sworn statements FULLY and COMPLETELY  
ITEMIZED, hereto attached.

Sworn to and subscribed before me,  
this the 12 day of Feb, 1929.  
W. J. L. Milam Ordinary.

## CERTIFICATE OF THE ORDINARY

GEORGIA, Fulton County.  
I certify that Mrs. J. L. Milam who subscribed  
to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and  
credit. I further certify that I knew Mrs. Elzie Hawk the deceased  
pensioner referred to in the foregoing affidavit and that said deceased was at the time of death  
regularly enrolled as a pensioner on the records of file in my office. I further certify that said de-  
ceased pensioner is the identical person named and described in the attached certified copy of burial  
certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses  
of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 12 day of Feb, 1929.  
(Seal of Ordinary) W. J. L. Milam Ordinary.

### INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:  
"The above and foregoing account is rendered for services in the last illness (or funeral) expenses, as the case may be) of                      who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

# APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia.

STATE OF GEORGIA,

Fulton COUNTY.  
Personally before me comes Mrs. Elzie Hawk of said County,  
who, after having been duly sworn, says that she is the widow of Jacob Hawk  
to whom, in the County of Fulton State of Ga she was married on  
the 7 day of Oct, 1869, and that she remained his wife, and resided with him to  
the date of his death in Feb, 1919, and that she has not since his death remarried; at  
the time of his death he was a resident of Fulton County, in said State  
of Georgia, and he was on the Pension Roll of the State and paid a pension of \$ 200.00  
in Fulton County for 1928, on account of being a soldier in Company H  
1st Regt St Regt (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of Ga and she  
has, continuously, resided there since 25 day of Feb, 1929.

Sworn to and subscribed before me, this the  
25 day of Feb, 1929.  
W. J. L. Milam Ordinary  
of Fulton County.

Mrs. Elzie Hawk  
(Applicant)

(SEAL OF THE ORDINARY.)

## Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA,

Fulton COUNTY.  
Personally before me comes Mrs. Sallie R. Donaldson known to be  
a responsible and truthful person, residing in said County, who after having been duly sworn, says  
that of deponent's own personal knowledge, Mrs. Elzie Hawk, who made the foregoing  
affidavit, is the lawful widow of Jacob Hawk who died in Fulton  
County in said State of Ga on the Feb day of Feb, 1919,  
and that she has not since remarried; that she became the wife of  
                     on the 12 day of Feb, 1929, that she and he had resided together as husband  
and wife, continuously, since                      and that  
was the same man who was on the pension roll of said State Ga from Fulton  
County                      when he died.

Sworn to and subscribed before me, this the  
25 day of Feb, 1929.  
W. J. L. Milam Ordinary  
of Fulton County.

Mrs. Sallie R. Donaldson

(SEAL OF ORDINARY)

(Seal of Ordinary)

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:  
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of \_\_\_\_\_, who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

that of deponent's own personal knowledge, Mrs. Elizabeth Hawk, who made the foregoing affidavit, is the lawful widow of Jacob Hawk, who died in Fulton County in said State of Georgia on the 4 day of Feb, 1929, and that she has not since remarried; that she became the wife of \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_; that she and he had resided together as husband and wife, to my personal knowledge for more than 55 years and this \_\_\_\_\_ was the same man who was on the pension roll of said State Ga. from Fulton County \_\_\_\_\_ when he died.

Sworn to and subscribed before me, this the 15 day of Feb, 1929.

William R. Donaldson Ordinary Mrs. Sallie R. Donaldson  
of Fulton County.  
(SEAL OF ORDINARY)

Established 1888

H. M. PATTERSON & SON

Spring Hill at Fifth

ATLANTA, GA.

Sold to	Funeral Expenses of Mrs. Elsie Hawk	May 10, 1930.
	To Our Complete Service Including Casket	\$275.00
	SPECIAL DISBURSEMENTS FOR YOUR CONVENIENCE	
	Steel Vault	70.00
	Dress	25.00
	Hose	1.00
	Musician	5.00
		\$376.00

State of Georgia)  
County of Fulton)

This is to certify that bill is true and correct and was paid on July 4, 1931 by Mrs. J. L. Milam, daughter.

H. M. Patterson & Son

by \_\_\_\_\_  
Member of firm



CERTIFICATE OF DEATH  
GEORGIA STATE BOARD OF HEALTH  
Bureau of Vital Statistics

1. PLACE OF DEATH		Registered No. 8077	
County <b>Fulton</b>	Millite District (Number and Name) <b>1061</b>	State of Georgia	
City or Town <b>Atlanta</b>	Length of residence in this city or town: Yrs. Mos. Da. <b>NON-RESIDENT (Yes or No.)</b>		
Street and Number (No. <b>138</b> )	Street <b>12th St. N.E.</b>	Ward	
(If death occurred in a hospital, give its name instead of street and number)			
2. FULL NAME <b>Mrs. Elsie Hawk</b>			
Residence (City or Town) <b>138 12th St. N.E.</b>		(State)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <b>Female</b>	4. COLOR or RACE <b>White</b>	5. Single, Married, Widowed, Divorced (with the word) <b>widowed</b>	
6. Wife of <b>Jacob Hawk</b>		7. DATE OF BIRTH (month, day, year) <b>10/8/1888</b>	
8. AGE <b>76</b>	Years <b>7</b> Months <b>3</b> Days <b>3</b>	If less than one day	
9. OCCUPATION			
(a) Trade, profession or particular kind of work done, as engineer, sawyer, bookkeeper, etc. <b>None</b>			
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.			
(c) Date deceased last worked at this occupation (month and year)			
(d) Total years spent in this occupation			
10. BIRTHPLACE <b>Ga.</b>			
(P. O. Address)			
11. NAME <b>Matthew Almond</b>			
12. BIRTHPLACE <b>Ga.</b>			
(P. O. Address)			
13. MAIDEN NAME <b>Clennie Wood</b>			
14. BIRTHPLACE <b>Ga.</b>			
(P. O. Address)			
15. INFORMANT <b>J. L. Hawk</b>			
(Address) <b>1080 Spring St.</b>			
16. BURIAL PLACE <b>Serdis Ch. Cem.</b>			
(Cemetery) <b>8/10/80</b>			
(Date)			
17. UNDERTAKER <b>H.M. Patterson &amp; Son</b>			
(Address) <b>67 S.W. 2nd St.</b>			
MEDICAL CERTIFICATE OF DEATH			
18. DATE OF DEATH <b>May 8, 1930</b> at <b>11 P.</b>			
(Month, Day, Year) (Hour)			
19. I HEREBY CERTIFY That I attended the deceased from <b>Jan'y., 1928</b> to <b>5/8/1930</b>			
I last saw him <b>OR</b> alive on <b>5/8/1930</b> death is said to have occurred on the date and hour stated above.			
The principal cause of death and related causes of importance in the order of onset and duration of each:			
<b>Acute dilatation of heart</b>			
<b>sudden death</b>			
Other contributory causes of importance:			
<b>Chronic interstitial nephritis</b>			
What test confirmed diagnosis? <b>clinical</b>			
(Specify whether autopsy, operation, laboratory, or clinical)			
If death was due to external causes (violence) All in also the following:			
Was injury an accident, suicide, or homicide?			
Where did injury occur?			
(Specify city or town, if outside of limits, the county, and also the state)			
Did injury occur in a home, public place or industry?			
Manner of injury			
Nature of injury			
(Signed) <b>M. P. Pentecost</b> M. D.			
(Address) <b>Candler Bldg.</b>			
18. FILED <b>May 8, 1930</b>			
(Signed) <b>L. Horton</b>			
(Local Registrar)			

OFFICE OF THE REGISTRAR OF VITAL STATISTICS  
For the City of Atlanta

Atlanta, Ga., 8/12/35

GEORGIA,  
FULTON COUNTY.

I hereby certify that the foregoing is a true and correct copy of the record of death Number 8077

of the series of 1930 for **Mrs. Elsie Hawk**  
as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

(Signed)

SEAL

LOCAL REGISTRAR

I hereby certify that the foregoing is a true and correct copy of the record of death Number 2077  
of the series of 1950 for Mrs. Elsie Hawk  
as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.  
(Signed) L. Shornton  
SEAL LOCAL REGISTRAR

Received of Thomas R. Jeffries, Ordinary, \$ 78<sup>00</sup>  
for the account of Mrs. Elsie Hawk. This amount  
has not previously been paid and is now owing to me.  
March        1925.

Jos. L. Gilman

GEORGIA, FULTON COUNTY.

Personally appeared Mrs. Emma Malcom who swears that she was  
present at the marriage of Miss Elsie Almand to Jacob Hawk, and that  
said marriage occurred in Morgan County, on the 7th day of October,  
1869.

Sworn to and subscribed before me,  
this 28th day of February, 1929.

William R. Unadout  
Clerk Court of Ordinary

Mrs. Emma Malcom

present at the marriage of Miss ELIE ALMEDA to JACOB HAWK, and that  
said marriage occurred in Morgan County, on the 7th day of October,  
1869.

Sworn to and subscribed before me,  
this 28th day of February, 1929.

William R. W. W. W.  
Clerk Court of Ordinary

Wm. E. W. W. W.

# Ordinary's Certificate

STATE OF GEORGIA.

*Walter*

COUNTY

*E. A. Duncan*

Ordinary of said County certify that I know

the applicant *Jacob Hawk* for pension is the person he represents himself to be and resides in *Fulton* County. That I also know *E. A. Duncan* the witness swearing to the

*fact that Jacob Hawk is a soldier's widow as per the records of the State* 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 *before* my hand and official seal of office this *2* day of *Sept* 1919.

*E. A. Duncan*

Ordinary

of *Walter* County

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You shall be the whole truth, the whole fact, the whole truth and nothing but the whole truth, so help me God."

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

3. This certificate must be certified by each Ordinary.

STATE OF GEORGIA, FULTON COUNTY. Ordinary of said County certify that I know the applicant *Jacob Hawk* for pension is the person he represents himself to be and resides in *Fulton* County; that he was duly sworn by me before signing the foregoing affidavit; that he is truthful and trustworthy and his statements are entitled to full faith and credit. Sworn under my hand and official seal of office this *2* day of *Sept* 1919.

Ordinary, Fulton Co., Ga.

*Hawk, Jacob*  
*Fulton County*

## Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1918.

County *Fulton*

Name *Jacob Hawk*

Company *H*

Regiment *4th Ga. Reg. And Brigade*

Approved *initialed*

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-23-1919



# Ordinary's Certificate

STATE OF GEORGIA,

*Walton*  
*G. L. Gania*

COUNTY

Ordinary of said County, certify that I know

the applicant *Jacob Hawk* for pension is the person he represents himself to be and  
resides in *Fulton* county. That I also know *A. P. Mitchell* the witness swearing to  
*that Hawk is a resident of Fulton Co*  
service that *these 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 *2* day of *Sept*, 19*19*

*G. L. Gania*

Ordinary

*Walton*

County

(SEAL)

NOTES: 1. If to any questions are answered the Ordinary shall accept applicant and witnesses in the following words:  
"You solemnly swear that you will true answers make to each of the questions asked you and the evidence  
before you shall be the whole truth. So help you God."  
2. 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.

I, *G. L. Gania*, Ordinary of said County, certify that I  
know the applicant for pension, *Jacob Hawk*, is the person he represents him-  
self to be and that he resides in said County; that he was duly sworn by  
me before signing the foregoing affidavit; that he is truthful and  
trustworthy and his statements are entitled to full faith and credit.  
Sworn under my hand and official seal this *2* day of *Sept*, 19*19*.

Ordinary, *Fulton Co., Ga.*

J. W. LINNEY,

Commissioner of Pensions,

Bond Printing Co. State Printers, Atlanta.

*10-25-1919*

**Confederate**

**Soldier's Application**

Under Act 1910-As Amended by Act of 1919

County *Fulton*

Name *Jacob Hawk*

Company *R*

Regiment *4th Is. Reg. and Brigade*

Approved

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

### Questions For Applicants to Answer

STATE OF GEORGIA,

*Fulton* COUNTY

*Jacob Hawk*

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) *Jacob Hawk*  
*46 E. 12th St.*
2. How long and since when have you been a continuous resident citizen of this State?  
*All my life*
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from  
1861 to 1865? *Yes*
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of  
Service) *In June 1864, in Monroe, Walton Co., Ga., Co. H, 4th Ga. Reg., 2nd Brig.*
5. How long did you remain in the actual military service with said Company and Regiment? (Give  
date of discharge) *Until surrender in 1865*
6. When and where was your Company and Regiment surrendered or discharged from the Service?  
*In South Carolina, April 9, 1865, about 15 mi. from 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
- a. Where was your command when you left it? *In South Carolina near Columbia*
- b. When did you leave the command? *After surrender*
- c. For what cause did you leave? *Surrender*
- d. By whose authority did you leave?
- e. For how long was your leave granted? In what way?
- f. Why did you not return to your command after leave expired?
- g. In what way were you prevented? *General surrender*
- h. What effort did you make to return?
- i. Were you captured during the war? *No*
- j. If so, when, and where? In what prison were you held and when were you released?
9. Are you drawing a pension of any amount from this State or the United States? *No*
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was  
not allowed? *No*

Sworn to and subscribed before me, this the

*2* day of *September*, 19*19*

*William R. McCallister*

Ordinary

of *Fulton* County

(SEAL)

# Questions for Witness as to Service

STATE OF GEORGIA,

Walton COUNTY.

W. H. Malcom of said State and County is hereby presented as a witness in support of the application of Jacob Hawk for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? W. H. Malcom Moulse  
Walton Co Ga
2. How long and since when have you known Jacob Hawk the applicant?  
76 years have known him since birth
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 been a resident of this State all his life
4. When, where and in what Company and Regiment did Jacob Hawk enlist during war from 1861 to 1865? (Give date and place.) June 1861 Moulse Co N. Y. Reg
5. How did you obtain your information of this Service? I was with him in all of this service
6. How long within your own personal knowledge did he perform actual military service with this company and Regiment? (Give date.) June 1864 to Sep. 1865
7. When and where was his command surrendered or discharged (give date and place)?  
in South Carolina 1865 from Augusta 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? all went to Ga. then Augusta Ga Where was his command when he left it? Savannah  
For what cause did he leave? Savannah  
By whose authority did he leave? Savannah and how long was he granted leave? Savannah How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically. I know all I have stated - my personal knowledge
13. In what way was he prevented from returning to his command? Savannah  
How do you know? I was there
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? no and when released

Sworn to and subscribed before me, this the

19th day of Sept 1919.

W. H. Malcom Ordinary

of Walton County

(SEAL)

# Questions for Witness as to Service

STATE OF GEORGIA,

Walton COUNTY.

G. T. Mitchell of said State and County is hereby presented as a witness in support of the application of Jacob Hawk 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? G. T. Mitchell Moulse  
Walton Co
2. How long and since when have you known Jacob Hawk the applicant?  
I have known Jacob Hawk 80 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 been a continuing resident of this State all his life
4. When, where and in what Company and Regiment did Jacob Hawk enlist during war from 1861 to 1865? (Give date and place.) June 1861 Moulse Co N. Y. Reg
5. How did you obtain your information of this Service? I saw him in service almost every day
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date.) June 1864 to Sep. 1865
7. When and where was his command surrendered or discharged (give date and place)? I don't know
8. Were you personally present at the surrender? no
9. If not, where were you and how came you there? I was at home on furlough
10. Was the applicant personally present with his command at surrender? he says he was
11. If not where was he and how came him there?
12. When did he leave his command? Savannah Where was his command when he left it? Savannah or what cause did he leave? Savannah  
By whose authority did he leave? Savannah and how long was he granted leave? Savannah How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically. personal knowledge and what applicant told me
13. In what way was he prevented from returning to his command? Savannah  
How do you know? the war was on
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

2nd day of Sept 1919.

G. T. Mitchell Ordinary

of Walton County.

(SEAL)

# Ordinary's Certificate

STATE OF GEORGIA.

Walton COUNTY }

I, E. A. Garner Ordinary of said County, certify that I know

the applicant Asa H. Hawk for pension is the person he represents himself to be and

resides in Walton county. That I also know W. H. Malcom the witness swearing to the

service; that they are both residents of said county, and were duly sworn by me before signing the forego-

ing 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 10 day of Sept 1919.

E. A. Garner Ordinary }

of Walton County }

(SEAL)

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

No.

## Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County

Name

Company

Regiment

Approved

J. W. LINDSEY,  
 Commissioner of Pensions.

State Printing Co., State Printers, Atlanta.

NAME **Rank, Jacob** YEAR **1880** COUNTY **Fulton.**

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

ENLISTED WHEN AND WHERE? **June 1864 at Monroe, Walton Co., Ga.**

RANK:

COMPANY AND REGIMENT? **Co. E 4th Ga. Regt. 2nd Brigade Militia.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? **April 9, 1865 about 15 miles from Augusta in South Carolina.**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: **W.H. Wilson-----Same Command-----no data.**  
**A.T. Mitchell-----Personal Knowledge-----no data.**

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: **W.H. Wilson-----Sgt. Command-----no date.**  
**A.V. Mitchell-----Personal Knowledge-----no date.**

THE END

# MICROFILMED FOR

GA. DEPT. OF  
ARCHIVES AND HISTORY

(PENSION APPLICATIONS OF CONFEDERATE SOLDIERS AND WIDOWS WHO APPLIED FROM GEORGIA)

Title HAM, (MRS) BELLE THRU HAWK, JACOB  
( J. B. )

FULTON COUNTY

FULTON COUNTY

Volume
GCP 192
GCP

Number
2892139-192
2892139

I CERTIFY I WAS THE OPERATOR WHO  
PHOTOGRAPHED THIS FILM.  
IN ATLANTA, GEORGIA, AUGUST 31, 1962

Operator  
J. P. SURLS

15X - V

DATE

1128

MANN FILM LABORATORIES

**END**



A  
Microfilm Publication  
of the  
State of Georgia  
Department of Archives  
and History

Ben W. Fortson, Jr.  
Secretary of State  
Mrs. Mary Givens Bryan  
Archivist



GREENSBORO, NORTH CAROLINA.

May 21 1865.

In accordance with the terms of the Military Convention, entered into on the twenty-sixth day of April, 1865, between General JOSEPH E. JOHNSON, Commanding the Confederate Army, and Major-General W. T. SUMNER, Commanding the United States Army in North-Carolina:

*G. Harrison* *Dr. Co. 1st La. Battalion*  
has given his solemn obligation not to take up arms against the Government of the United States until properly released from this obligation; and is permitted to return to his home, not to be disturbed by the United States authorities so long as he observe this obligation and obey the laws in force where he may reside.

*W. T. Sumner*  
W. T. SUMNER,  
Special Commissioner.

*J. E. Johnson*  
J. E. JOHNSON,  
C. S. A.,  
Commanding.

## United States of America.

GEORGIA.

FORSYTH COUNTY.

I do solemnly swear, or affirm, in the presence of Almighty God, that I will henceforth faithfully support, protect, and defend the Constitution of the United States and the union of the States thereunder, and that I will, in like manner, abide by and faithfully support all laws and proclamations which have been made during the existing rebellion with reference to the emancipation of slaves—SO HELP ME GOD.

Sworn to and subscribed before me at

this 21 day of May 1865.

I DO CERTIFY that the foregoing is a true copy of the original oath administered by me to the foregoing deponent, the day and date above written.

Atlanta Intelligencer Press

Sworn to and subscribed before me at

this 14 day of Sept 1963

*James H. [illegible]*

I DO CERTIFY that the foregoing is a true copy of the original oath administered by me to the foregoing deponent, the day and date above written.

*James H. [illegible]* Ordinary

Atlanta Intelligence Print

*Harrison, Tenn*  
*Fulton Co 62*

*8/24/1917*

No. ....

*Wm. J. Reed*  
**Confederate**

**Soldier's Application.**

UNDER ACT 1910.

*60/*

County *Fulton*

Name *Wm. J. Reed*

Company *A. K.*

Regiment *1st Tenn Only*

Approved .....

J. W. LINDSEY,  
Commissioner of Pensions.

CHAS. F. BYRD, State Printer, Atlanta.

*2/14 - 1916*

# APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

## Questions for Applicants to Answer.

STATE OF GEORGIA.

Duluth County.

Gunn Harrison 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)  
Gunn Harrison 110 Duquesne Ave. Atlanta Ga.
2. How long and since when have you been a continuous resident citizen of this State?  
Since Sept. 1911
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 1862 Co. K 156th Infantry, Dalton, Ga.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)  
to surrender
6. When and where was your Company and Regiment surrendered or discharged from the Service?  
at Greensboro N.C. Company surrendered to the Union 4th Nov. 1864
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?
  - 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?
  - h. What effort did you make to return?
  - i. Were you captured during the war?
  - j. If so, when, and where? In what prison were you held and when were you released?
9. 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.)  
None
10. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?  
None
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).  
None
12. What annual or monthly income or earnings of yourself and the source derived have you?  
None
13. Are you drawing a pension of any amount from this State or the United States?  
No
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?  
No

Sworn to and subscribed before me, this the

14 day of Sept 1912

Charles Edmund Ordinary of Duluth County.

## Soldier's Application.

Confederate

UNDER ACT 1910.

No. 814 1911  
Gunn Harrison  
Duluth Ga.  
County Duluth  
Name Gunn Harrison  
Company K  
Regiment 156th Inf.  
Approved

J. W. LINSEY,  
Commissioner of Pensions.

CHAS. F. BIRCH, CLERK, ALBANY.

10. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? No answer

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). No answer

12. What annual or monthly income or earnings of yourself and the source derived have you? No answer

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

14 day of Sept, 1916  
Charles Harrison Clerk, Court of Ordinary  
of Fulton County.

Gum Harrison

GEORGIA.  
FULTON COUNTY.

Personally appeared before the undersigned,  
Clerk Court of Ordinary, GUM HARRISON, who, being duly sworn,  
deposes and says under oath:

That he was a member of Co. K, 1st East Tennessee Cavalry, with Col. James Carter, Commanding.

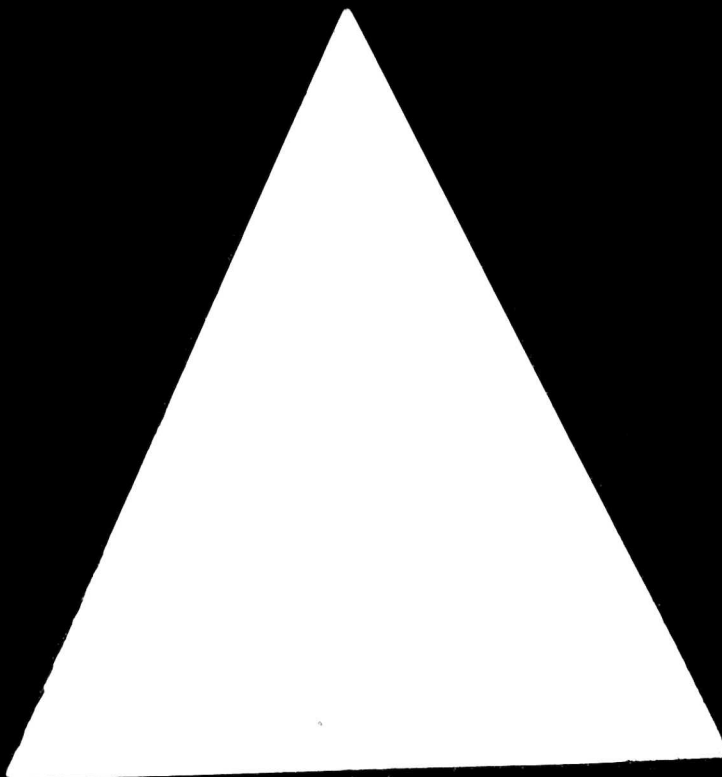
That he has tried to locate members of said Company and has reasons to believe that all of them are dead, the last one being Mr. S. W. Inman, of Atlanta, Georgia, who was Third Lieutenant in this Company.

Gum Harrison

Sworn to and subscribed before me  
this 14th day of September, 1916.

Charles Harrison  
Clerk, Court of Ordinary,  
Fulton County, Georgia.

*Charles Mason*  
Clerk, Court of Ordinary,  
Fulton County, Georgia.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, \_\_\_\_\_,

of \_\_\_\_\_,

herely authorize

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

by \_\_\_\_\_,

at \_\_\_\_\_,

In WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_,

day of \_\_\_\_\_, 1904.

[L. S.]

Executed in the presence of \_\_\_\_\_

*Harrison*  
*Fulton*

ODDS SECTION 1280.

(FOR THOSE ALREADY ENROLLED.)

*Ex. Hall Co - 1708*

No. *1273*

DISABLED  
SOLDIER'S PENSION  
1904.

Name *J. F. Harrison*  
County *Fulton* *Hall*  
Co. *A* 2nd Regiment *Gen*  
Disability *lost right leg*  
Amount, \$ *100*

*1/27* 1904.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*W. H.*  
Geo. W. Harrison, State Printer, Atlanta.

*no data*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

\_\_\_\_\_  
COUNTY.

I, \_\_\_\_\_ hereby authorize

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1904.

\_\_\_\_\_  
[L. S.]

Executed in the presence of \_\_\_\_\_

*Harrison & Fulton Co.*

COPIES SECTION 1261  
(FOR THOSE ALREADY ENROLLED)  
*W. W. Harrison*

No. 10 115

DISABLED

SOLDIER'S PENSION  
1904.

Name *J. J. Harrison*  
County *Fulton*  
Co. *A*  
Disability *lost right leg*  
Amount, \$ *100.00*

*1/27* 1904.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*W. W. Harrison, State Printer, Atlanta*

*no data*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

\_\_\_\_\_  
COUNTY.

I, \_\_\_\_\_ hereby authorize

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1905.

\_\_\_\_\_  
[L. S.]

Executed in the presence of \_\_\_\_\_

*Harrison & Fulton Co.*

COPIES SECTION 1261  
(FOR THOSE ALREADY ENROLLED)

No. *200*

DISABLED  
SOLDIER'S PENSION  
1905.

Name *J. J. Harrison*  
County *Fulton*  
Co. *A*  
Disability *lost right leg*  
Amount, \$ *100.00*

*1/20* 1905.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*W. W. Harrison*

*no data*



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears J. F. Harrison of Fulton <sup>1 Hall</sup> 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 1857; that he enlisted in the military service of the Confederate States (or of the State of Geo) during the war between the States, and served as a private in Company A, of 2nd Regiment of Geo Volunteers State Troops's Brigade; that whilst engaged in such military service in the State of Geo, on the 22 day of June 1864, he was wounded, injured or diseased as follows:

Lost right leg

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

Sworn to and subscribed before me, this the 27th day of Jan 1904, J. F. Harrison Post-office Atlanta  
John R. Wilkinson

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

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this 27th day of Jan 1904, John R. Wilkinson Ordinary Fulton County.



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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton COUNTY.

Personally appears J. F. Harrison 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 all day of his life 18  ; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company A, of 2nd Regiment of Geo Volunteers State Troops's Brigade; that whilst engaged in such military service in the State of Geo, on the 22 day of June 1864, he was wounded, injured or diseased as follows:

Lost right leg

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

Sworn to and subscribed before me, this the JAN 2 day of JAN 2 1905, J. F. Harrison Post-office Atlanta  
John R. Wilkinson

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

STATE OF GEORGIA,

Fulton COUNTY.

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

Given under my official signature and seal, this JAN 2 day of JAN 2 1905, John R. Wilkinson Ordinary Fulton County.



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

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Fulton COUNTY }  
I, J. H. Harrison hereby authorize  
J. H. Harrison of Atlanta Ga.  
to receive and receipt for the pension paid hereon, and request that he remit same to  
him by \_\_\_\_\_  
at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20  
day of Jan, 1900.

Executed in the presence of  
J. H. Harrison [L. S.]  
Like Bradley, Clerk

# POWER OF ATTORNEY.

STATE OF GEORGIA,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
day of \_\_\_\_\_ 1907.

Executed in presence of

[L. S.]

Harrison, J. H.  
Fulton Co.,  
(FOR THOSE ALREADY ENROLLED.)

No. 220

DISABLED  
SOLDIER'S PENSION  
1906.

Name J. H. Harrison  
County Fulton  
Co. A. 1st Regiment 2nd Regt.  
Disability lost right leg  
Amount \$100.00

1/22 1906.  
JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDLED TO  
J. H. Harrison

no date

Harrison, J. H.  
Fulton Co.

Check Section 1907.  
(FOR THOSE ALREADY ENROLLED.)  
No. 42

DISABLED  
SOLDIER'S PENSION  
1907.

Name J. H. Harrison  
County Fulton  
Co. A. 1st Regiment 2nd Regt.  
Disability lost right leg  
Amount \$100.00

1/22 1907.  
JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDLED TO  
J. H. Harrison

no date

FOR VERIFICATION OF PENSION RECORDS

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Fulton County.

Personally appears J. F. Harrison of Fulton

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1870; 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 A of 2th Regiment of Ga Volunteers bummies's Brigade; that whilst engaged in such military service in the State of Ga, on the 22 day of June 1864, he was wounded, injured or diseased as follows:

Lost Right Leg.

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1906. I have heretofore, under said law, as a resident of One Hundred County, been allowed an invalid pension of One Hundred Dollars, for the year 1905.

Sworn to and subscribed before me, this the 22 day of July 1906.

John R. Wilkinson

Post Office Atlanta

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

State of Georgia,

Fulton County.

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with J. F. Harrison 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 January 1906.

John R. Wilkinson

Ordinary Fulton County.



Now.—Fill all blanks and of Company and Regiment.  
Now.—All vouchers and affidavits must bear date after January 1st, 1906

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Fulton County.

Personally appears J. F. Harrison of Fulton

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 18; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company A of 2th Regiment of Ga Volunteers bummies's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22 day of June 1864, he was wounded, injured or diseased as follows:

Lost Battle near Marietta Ga.  
Lost Right Leg.

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1907. I have heretofore, under said law, as a resident of One Hundred County, been allowed an invalid pension of One Hundred Dollars, for the year 1906.

Sworn to and subscribed before me, this the 22 day of July 1907.

John R. Wilkinson

Postoffice 163 Kennedy St

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

State of Georgia,

Fulton County.

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

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

John R. Wilkinson

Ordinary Fulton County.



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

**Fulton County.**  
I, John R. Wilkinson Ordinary of said County,  
do certify that I am well acquainted with J. F. Harrison  
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.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

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

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



Ordinary Fulton County.

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

Harrison, J. F.  
Fulton County

No. \_\_\_\_\_

190 \_\_\_\_\_

### Application for Pension.

Due Deceased Soldier Under  
Act 1891.

By

Mrs. E. M. Harrison

Widow of J. F. Harrison

of County Fulton

Co. \_\_\_\_\_ Reg't. \_\_\_\_\_ Vols. \_\_\_\_\_

APPROVED AND PAID.

190 \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

State of Georgia, Forsyth County.

ORDINARY'S OFFICE. ss.

I, S. V. Joice, Ordinary and ex officio Clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of Marriage License and Marriage Certificate of Jesse F. Harrison and Emma L. Harris

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 28 day of May 1912

S. V. Joice  
Ordinary and ex-officio C. C. O.

# Application for Pension Due Deceased Soldier

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Fulton County.

Personally before me comes Mrs. Emma L. Harrison of said county, after being duly sworn, on oath says that she is the widow of J. F. Harrison who was duly enrolled as a Confederate Pensioner from the county of Fulton and was paid a pension of One Hundred Dollars from Fulton county for 1910, and that the said J. F. Harrison died in Fulton county on the 20<sup>th</sup> day of Dec. 1911, and at the time of his death a Pension of One Hundred Dollars was due him from Fulton county and unpaid for 1911. Applicant further swears that she married the said J. F. Harrison on the 16<sup>th</sup> day of March 1872 in Forsyth 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 22<sup>nd</sup> day of June 1912  
John R. Wilkerson Ordinary, } Emma L. Harrison [L. S.]  
Fulton County. }

## AFFIDAVIT OF WITNESS.

GEORGIA, Fulton County.

Personally before me comes D. F. Light, who on oath says that he knew J. F. Harrison while in life and that he knows his wife Mrs. Emma L. Harrison the above applicant; that he knows that the said J. F. Harrison and Emma L. Harrison were in due form of law married in the county of Forsyth in the State of Georgia on the 16<sup>th</sup> day of March 1872, and that they resided together as husband and wife from date of marriage to the day of his death on the 20<sup>th</sup> day of Dec. 1911, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 29<sup>th</sup> day of June 1912  
John R. Wilkerson Ordinary, } D. F. Light  
Fulton County. }

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

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

Georgia  
Forsyth County { I hereby certify that  
                              Mr Jesse F Harrison  
                              and Miss E L Harris  
were duly joined in matrimony by  
me according to the above license  
and Constitution of this state  
this the 16<sup>th</sup> day of March 1878  
W J Pickles M G

And Miss E. L. Harris  
were duly joined in matrimony by  
me according to the above license  
and Constitution of this State  
this the 16<sup>th</sup> day of March 1878  
W J Birkle M G

1-8-28

## COUNTY.

Office the 31 day of Dec  
J. H. Stephens, Ordinary,  
Telfer  
County

[illegible]



Congress of the United States

House of Representatives

Washington, D. C.

Gainesville, Ga. December 30, 1927.

Hon. Thos. H. Jeffreys,  
Atlanta, Ga.

Dear Judge:

Mrs. Julia Harrison will file application with you for Confederate pension. There is not a doubt but that she is entitled to it as she was married to Mr. Harrison in 1874. It will be remembered that at that time no marriage records were kept in Hall county, and of course it does not appear of record here. Mr. F. T. Davis and J. A. Mooney of Flowery Branch, both reputable citizens, have made affidavit as near the date of her marriage as they remember. There is a Bible record showing the date of her marriage and this will be furnished you, and I trust you will give this application favorable consideration.

I certainly trust that you will remain in office just as long as you want it.

With every expression of kindest regards

and best wishes, I am

Your friend,

*W. H. Bell*

Approved and filed  
1928  
469 Venable

WIDOW'S APPLICATION

To be Put on Roll in Her Own Right When  
Husband Was on the Pension Roll  
of Georgia.

County Fulton  
Name Julia Harrison  
Widow of Wm. H. Harrison  
Company 11  
Regiment 19  
Date of Husband's Death Dec 1877  
Date of Marriage Nov 8 1874  
Approved John W. Lewis  
3 Jan. 28.

Commissioner of Pensions.

1-5-28

Ordinary's Certificate

STATE OF GEORGIA.

Fulton COUNTY.

I, Thos H. Jeffreys Ordinary of said County, do certify that I know Mrs. Julia Harrison, the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know C. D. Harrison the witness my clerk and that both 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.

Given under my hand and official seal of office this 31 day of Dec, 192 7

(SEAL OF ORDINARY)

Thos H. Jeffreys Ordinary,  
Fulton County

Instructions.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the County of residence.
4. Only widows who are married prior to first January, 1861, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because Disabled Pensioners made no proof of service and were not required to do so.

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Georgia Hall Lee  
 Personally before me J. A. Mooney  
 a Justice of the Peace in and for  
 the County of Fulton, State of Georgia, who  
 being duly sworn according to law  
 depose that to the best of his knowledge  
 and belief, the said Georgia Hall Lee  
 is the lawful widow of Wm. H. Harrison  
 who died on or about the  
11th day of Dec 1927. He further says that he  
 has not related in any way to either  
 of the said Wm. H. Harrison or said  
Georgia Hall Lee in any way.  
 Sworn to and subscribed before me  
 this 29th day of Dec 1927  
 J. A. Mooney, J.P.  
 my commission expires Jan 1st 1929

## APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be  
 Used by the Widow of a Disabled Soldier Pensioner.)

STATE OF GEORGIA,

Fulton

COUNTY.

Personally before me comes Julia Harrison of said County,  
 who, after having been duly sworn, says that she is the widow of Wm. H. Harrison  
 to whom, in the County of Fulton State of Georgia she was married on  
 the 8 day of Nov 1874, and that she remained his wife, and resided with him to  
 the date of his death in Dec 11 1927 and that she has not since his death remarried; at  
 the time of his death he was a resident of Fulton County, in said State  
 of Georgia, and he was on the Fulton Pension Roll of the State and paid a pension  
 of \$2.00 in Fulton County for 1927, (per annum), on account of being a soldier in  
 Company H Regiment 19th Ja (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of Georgia and she  
 has, continuously, resided there since her life day 19.

Sworn to and subscribed before me, this the

31 day of Dec 1927Al B. Burt

Ordinary

of Fulton County.

(SEAL OF THE ORDINARY.)

Mrs. Julia Harrison  
(Applicant)

467 Venable N. W.

## Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA,

Fulton

COUNTY.

Personally before me comes E. D. Harrison known to be  
 a responsible and truthful person, residing in said County, who after having been duly sworn, says  
 that of deponent's own personal knowledge, Mrs. Julia Harrison, who made the foregoing  
 affidavit, is the lawful widow of Wm. H. Harrison, who died in Fulton  
 County in said State of Ga on the 11 day of Dec 1927  
 and that she has not since remarried; that she became the wife of  
 the de of 1874; that she and he had resided together as husband  
 and wife, continuously, since to the date of his death on Dec 11 1927  
 was the same man who was on the pension roll of said State Ga from Fulton  
 County when he died.

Sworn to and subscribed before me, this the

31 day of Dec 1927E. D. Harrison  
Ordinaryof Fulton County.

(SEAL OF THE ORDINARY.)

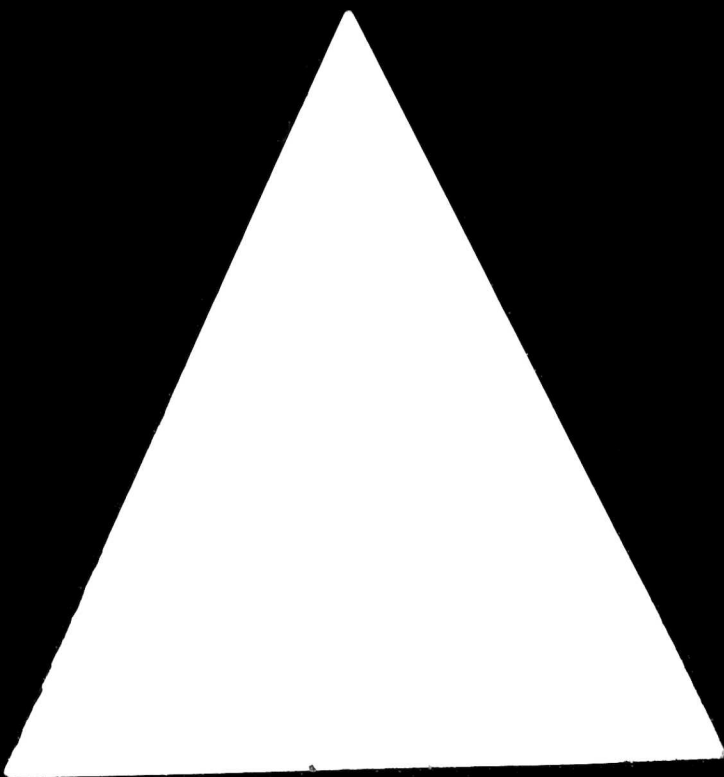
and that she has not since remarried; that she became the wife of \_\_\_\_\_ on  
the \_\_\_\_\_ day of \_\_\_\_\_, 18\_\_\_\_; that she and he had resided together as husband  
and wife, continuously, since \_\_\_\_\_ on \_\_\_\_\_ and that  
was the same man who was on the pension roll of said State \_\_\_\_\_ from \_\_\_\_\_  
County \_\_\_\_\_ when he died.

Sworn to and subscribed before me, this the

31 day of Dec 1927  
J. C. O. Harrison  
of \_\_\_\_\_ County, \_\_\_\_\_

(SEAL OF ORDINARY)

Georgia Fall Co  
Personally came before me A. J. Wayne a  
justice of the peace in and for said State  
and County J. A. Mooney who being duly  
sworn according to law depose and says  
that he has known H. H. Harrison and  
Julia Orr since 1873 and that they were  
married in the year 1874 and have  
been living together continuously since  
that time; deponent further says that  
he is not related to either party and  
has no interest whatever in any  
way.  
J. A. Mooney  
Sworn to and subscribed before  
me this 29th day of Dec 1927  
A. J. Wayne J. P. & C.



# Ordinary's Certificate

STATE OF GEORGIA

*Tulton*

COUNTY

I, *W. A. B. Brown*, Ordinary of said County, do certify

that I know *Mrs. M. A. Harrison* the applicant for pension. She

is the person who 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 *W. A. B. Brown*

the witness who swears to the verities of her husband: that both of them are now residents of said County and were duly sworn by *W. A. B. Brown* signing the foregoing affidavits 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 *10th* day of *Oct* 19*14*

(SEAL)

*W. A. B. Brown* Ordinary,  
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 witnesses

2. Only witness who married prior to January 1st, 1881, are entitled

3. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

4. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

5. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

## Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County *Tulton*

Name *Mrs. M. A. Harrison*

Widow of *Samford T. Harrison*

Company *Nonaka & E*

Regiment *both ga. 2nd reg*

Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

*Harrison, M. A. (Mrs.)*  
*Tulton Co. Ga.*  
*Ar 60 No. 1111*

## STATE OF GEORGIA.

I, Franklin COUNTY }  
 of the County of Franklin, do hereby certify  
 that I know Harold Hanson 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 1968 that I also know W. P. Brown  
 the witness who swears to the service of husband, that both of them are now residents of said County and  
 were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-  
 worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 25 day of Oct 1917  
SEAL John H. [Signature] Ordinary,  
County

to be true, signed and sworn to before the Officer shall know, or apparent and the witness in the following word:

1. I,                                 , swear that you will true answers made to each of the questions asked you and the evidence                                  and that you will not give any false answers.

2. Affirmed affidavits may be obtained if blank answers are insufficient.

3. Any answers which cannot pertain to questions (a), (b), (c), are omitted.

4. If I, Officer                         , do not believe the Officer of the residence of the person to be sworn, and certified by this Ordinance.

5. Such certificate is a proof 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

Tulsa  
County  
Name Mrs. M. A. Harrison  
Widow of Sanford T. Harrison  
Company Zondala  
Regiment 60th Ga. Inf. 1862

J. W. LINDSEY,  
Commissioner of Pensions.

### Questions for Applicant

STATE OF GEORGIA,

Fulton COUNTY

Personally before me comes.....Mrs. Marie A. Harrison.....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? *Marie A. Harrison*  
 2. How long and since when have you been a contributing resident of the State of Georgia? *40 years. Since 1861.*  
 3. When, where and to whom were you married? *all my life except about six years in Alabama. Married in Harrison*  
*January 1st 1871 - in Harrison County Georgia*  
 4. Have you married since the death of first and soldier husband? *No.*  
 5. 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) *Enlisted in*  
*Warrior Co. Va. September 1861. Co. C. 2nd N. Carolina Battalion*  
 6. When and where did the commands of your husband surrender or discharge from the army? *at Appomattox Court House Apr 1st 1865*  
 7. Was your husband personally present at the time of the surrender or discharge of this command? *No.*  
 8. Where was his command when he was? *Prison*  
 9. For what cause did he leave his command? *Taken prisoner*  
 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? *Good*  
 13. What effort did he make to return to his command? *Held as prisoner at Ft. Lookout, Md*  
 14. In what way was he prevented from going back to Command?  
 15. Was he captured by the enemy at any time? *Yes*

1 If so, when and where captured and where held as a prisoner, and when and for what cause released?  
 Captured at Gettysburg, Dec. 1864. Held Prisoner Point Lookout Md. until June 1865

- j. When and where did your first husband die? Phenix Ala January 2nd 1889  
 k. Were you residing together when he died? yes  
 l. If not, how long had you resided apart? \_\_\_\_\_  
 m. Are you now a widow? yes  
 n. 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

22 day of Sept 1919  
Wm. H. Hoff Ordinary  
 of Franklin County.  
 (SEAL)

transferred 1863 to 60<sup>th</sup> La. Regiment Company A.

# Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Fulton COUNTY }

Personally before me comes W. P. Brooks 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. P. Brooks, Atlanta, Ga.
2. How long and since when have you known Mrs. M. A. Harrison applicant? From July 1861. Don't know her
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? Sanford T. Harrison. How do you know?
5. How long and since when did you know Sanford T. Harrison her husband? From July 1861
6. When and where did Sanford T. Harrison the husband of applicant, die? Don't know
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
9. When, where and in what Company and Regiment did Sanford T. Harrison enlist? July 1861, Meriwether Co., Ga., Co. "E", 2nd N. C. Bat. (When formed was known as Anthony Wray's)
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 July 1861 to Fall of 1863 when he was transferred to Co. "A" 60th Ga. and stayed with Co. "A" until surrender
12. When and where did his Command surrender, and was discharged? Co. "A" 60th Ga. surrendered Appomattox Courthouse April 1865
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? Never left his command until after surrender 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 member of same company and saw him constantly in service
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

24 day of Sept. 1919

Charles C. Mason Ordinary  
of Fulton County.

(SEAL)

14. Was the husband of applicant personally present at surrender? ... Yes. If not where was he? Never left his command until after 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 member of same company and saw him constantly in service

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

24 day of Sept. 1919  
David C. Mason Ordinary  
of Fulton County.

(SEAL)

STATE OF GEORGIA.  
COUNTY OF FULTON.

Personally before the undersigned authority now comes  
MRS. ISABELLA BOWDEN, who upon oath says:

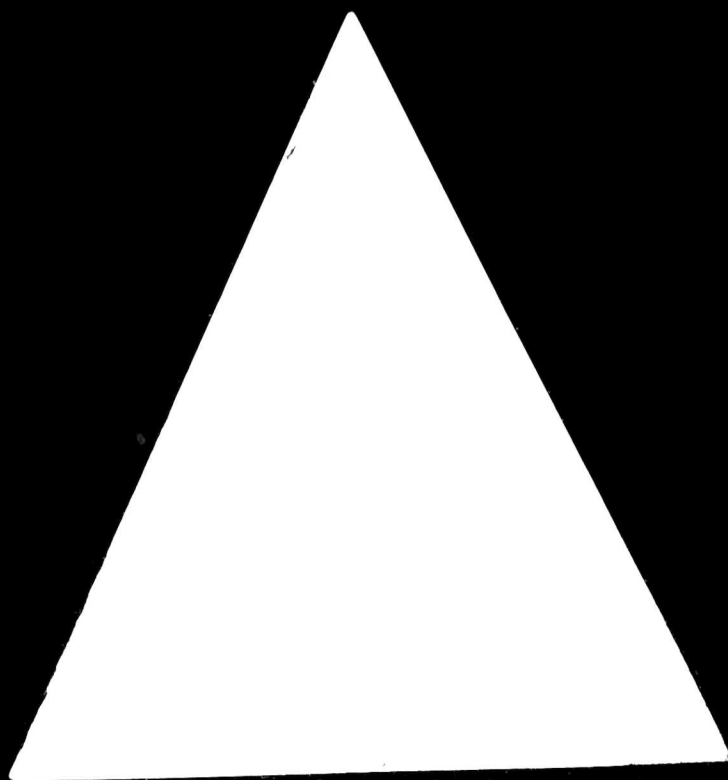
That she was present at the marriage of Sanford T. Harrison and Miss Marie Dorman in Harris County, Georgia, on January 1, 1871; that she knows of her own personal knowledge that the said Mrs. Marie Harrison and Sanford T. Harrison lived together continuously as man and wife from the date of their marriage to the date of the death of said Sanford T. Harrison, who died on January 2, 1889; that the said Mrs. Marie Harrison has not remarried since the death of her husband and is now his lawful widow.

Sworn to and subscribed before me  
this September 22, 1919.

David C. Mason  
ORDINARY

her  
Mrs. Isabella (X) Bowden  
marks





*Harrison, Rowe - A.*

*Fulton Co*

No. *18*

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 30, 1900.

FOR

*Loss of right arm*

Applicant *W. A. Harrison*

County *Fulton*

Amount *10 00*

Date of Warrant *July 16/00*

Entered on Record

*Dec 16/00*

SECRETARY RECEIVEDS DEPARTMENT

*applying*  
*6/4/00*

Harrison, R. A.

Fulton

No. 18

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 26, 1889.

For Applicant's Name

Applicant R. A. Harrison

County Fulton

Amount 102

Date of Wound Aug 6 1864

Entered on Record

Declined to

Signature of Applicant

Signature of Physician

Signature of Applicant

STATE OF GEORGIA.

Fulton County.

PERSONALLY appears R. A. Harrison of Fulton county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the 11<sup>th</sup> day of December 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 44<sup>th</sup> Regiment of Georgia Volunteers in the State of Virginia, on the 6<sup>th</sup> day of August 1864, he was wounded as follows:

gun shot wound of the right arm causing the amputation of the arm just below the elbow joint.

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

Sworn to and subscribed before me, this 6<sup>th</sup> day of February 1889, R. A. Harrison.

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

STATE OF GEORGIA.

Fulton County.

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

Sworn to and subscribed before me, this 11<sup>th</sup> day of February 1889.

Notar. - 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,

*Hall* County.

I, *W. L. L. L. L.* Ordinary of said county, do certify that I am well acquainted with *Rowe A. Harris*, 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 resident of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 6<sup>th</sup> day of February 1889

*W. L. L. L. L.*  
Ordinary *Hall* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Hall* County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

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

day of

188

(L. S.)

Executed in the presence of us

DIRECTION:

Send money to me as follows, by

to

P. O.

County, Georgia.

NOTES.

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

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

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

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

5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.

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

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

STATE OF GEORGIA,

*Fulton* County.

I, *W. L. Bellum* Ordinary of said county, do certify that I am well acquainted with *R. A. Harrison* 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 *11* day of *February* 189*0*

*W. L. Bellum*

Ordinary

*Fulton* County

STATE OF GEORGIA,

*Fulton* County.

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

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

Given under my official signature and seal, this *6* day of *February* 189*1*

*W. L. Bellum*

Ordinary

*Fulton* County

*Harrison, R. A.*

*Fulton Co.*

1890.

No. *872*  
APPLICATION FOR ALLOWANCE.  
FOR THE YEAR ENDING DECEMBER 31, 1890.

*Lasso of Arms*

Applicant, *R. A. Harrison*

County, *Fulton*

Amount, *100*

Date of Warrant, *Feb 11*

Entirety on record

*Feb 11* 189*0*

*W. L. Bellum*

Ordinary

County

WARRANT HANDED TO

Applicant

*Harrison, R. A.*  
*Fulton*

1891

*Harrison, R. A.*

No. *127*

Application for Allowance

FOR THE YEAR ENDING DECEMBER 31, 1891.

*Lasso of Arms*

Applicant, *R. A. Harrison*

County, *Fulton*

Amount, *100*

Date of Warrant, *Feb 11*

Entirety on record

*Feb 11* 189*1*

*W. L. Bellum*

Ordinary

County

WARRANT HANDED TO

Applicant

FOR THE YEAR ENDING DECEMBER 31, 1891.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.  
PERSONALLY appears *Rex A. Harrison* of *Fulton* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *first* day of *1864*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *44*th Regiment of *Geo* Volunteers *Dodges*'s Brigade; that whilst engaged in such military service, at the battle of *Milledump* in the State of *Geo* on the *6th* day of *May* 1864, he was wounded as follows: *gun shot wound of the right arm causing amputation of the same below the elbow*

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

Sworn to and subscribed before me, this *11th* day of *February* 1890, at *Atlanta*, Georgia.  
*R. A. Harrison*  
*Dr. L. C. Williams*

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 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 *11th* day of *February* 1890.

Executed in the presence of us:

Send money to me as follows, by

DIRECTION.

to

P. O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.  
PERSONALLY appears *Rex A. Harrison* 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 *first* day of *1864*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *44*th Regiment of *Geo* Volunteers *Dodges*'s Brigade; that whilst engaged in such military service at the battle of *Milledump* in the State of *Geo* on the *6th* day of *May* 1864, he was wounded as follows: *gun shot wound of the right arm causing amputation of the same below the elbow*

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

*one hundred* dollars, for 1890.  
Sworn to and subscribed before me, this *11th* day of *February* 1891, at *Atlanta*, Georgia.  
*R. A. Harrison*  
*Dr. L. C. Williams*

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us:

Send money to me as follows, by

DIRECTION.

to

P. O.

County, Georgia.

STATE OF GEORGIA.

*Fulton* County.

I, *W. L. Harrison* Ordinary of said county, do certify that I am well acquainted with *R. A. Harrison* 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 *4<sup>th</sup>* day of *March* 1892.

*W. L. Harrison*  
Ordinary. *Fulton* County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

*Fulton* County.

Know all Men by these Presents, That I, *W. L. Harrison* of *Fulton* County, State of Georgia, do hereby appoint

*W. L. Harrison* 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 *4<sup>th</sup>* day of *March* 1892.

Executed in the presence of:

*W. L. Harrison*

Send money to me as follows, by

STATE OF GEORGIA to *W. L. Harrison* P. O.

*Fulton* County, Georgia.

*W. L. Harrison*

No. *527*

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 3, 1892.

Name *R. A. Harrison*

County *Fulton*

Disability *W. L. Harrison*

Amount \$ *100*

Entered on record

*Met H*

W. H. HARRISON.

*W. L. Harrison*

AGENT.

*W. L. Harrison*

Officer.

*W. L. Harrison*

1892.

*W. L. Harrison*

*W. L. Harrison*

*W. L. Harrison*

*W. L. Harrison*

*W. L. Harrison*

*W. L. Harrison*

*W. L. Harrison*

*W. L. Harrison*

*W. L. Harrison*

*W. L. Harrison*

*W. L. Harrison*

*W. L. Harrison*

*W. L. Harrison*

*W. L. Harrison*

STATE OF GEORGIA.

FOR APPLICANTS HEREFORE ALLOWED PENSIONS.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

*Fulton* County. }  
 PERSONALLY appears *R. A. Harrison*  
 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 *11<sup>th</sup>* day of *December* 18*42*; 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 *44* th Regiment of *Geo* Volunteers *Dole*'s  
 Brigade, that whilst engaged in such military service at the battle of *Wildcamp*  
 in the State of *Geo*, on the *11<sup>th</sup>* day of

*May* 18*64*, he was wounded as follows: *gun shot wound of the right arm*  
*causing the amputation of the same*  
*below the elbow*

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

*One Hundred* Dollars for 18*91*  
 Sworn to and subscribed before me this the *17<sup>th</sup>* day of *March* 18*93* } *R. A. Harrison*  
*W. L. Calhoun* 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,  
 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* 18*93*.

Executed in the presence of us

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

*Fulton* County. }  
 PERSONALLY appears *R. A. Harrison* 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 *11<sup>th</sup>*  
 day of *December* 18*42*; that he enlisted in the military service of the Con-  
 federate States (or of the State of ) during the war between the  
 States, and served as a *Private* in Company *D*, of *44* th Regiment  
 of *Georgia* Volunteers *Dole*'s Brigade; that whilst engaged in  
 such military service at the battle of *Wildcamp* in the State  
 of *Georgia*, on the *11<sup>th</sup>* day of *May* 18*64*, he was  
 wounded as follows: *gun shot wound of the right arm*  
*causing the amputation of the same*  
*below the elbow*

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

*One Hundred* Dollars for 18*92*  
 Sworn to and subscribed before me, this the *17<sup>th</sup>* day of *March* 18*93* } *R. A. Harrison*  
*W. L. Calhoun* 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.

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

do certify that I am well acquainted with *R. A. Harrison* 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.

Given under my official signature and seal, this *17<sup>th</sup>* day of *March* 18*93*.  
*W. L. Calhoun* Ordinary  
*Fulton* County.

STATE OF GEORGIA.

POWER OF ATTORNEY.



# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us \_\_\_\_\_

## DIRECTIONS.

Send money to me as follows, by \_\_\_\_\_

to \_\_\_\_\_  
County, Georgia.

P. O.

*Of Atlanta Ga.*  
*Harrison, R.A.*  
(For Those Already Enrolled.)  
No. *1176*

**Soldier's Pension.**

**1894.**

Name *R.A. Harrison*

County *Fulton*

Disability *Loss of arm*

Amount, \$ *100,*

*374*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

*Appleman*

Geo. W. Harrison, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of \_\_\_\_\_

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1895.

Executed in presence of us \_\_\_\_\_

[L. S.]

## DIRECTIONS.

Send money to me as follows, by \_\_\_\_\_

to \_\_\_\_\_  
County, Georgia.

P. O.

(For Those Already Enrolled.)

No. *54*

**SOLDIER'S PENSION.**

**1895.**

Name *R.A. Harrison*

County *Fulton*

Disability *Loss of eye*

Amount, \$ *100*

*374*

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

*Appleman*

Geo. W. Harrison, State Printer, Atlanta.

*No date*

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County. }

PERSONALLY appears R. A. Harrison of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 11th day of December 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 D, of 44th Regiment of Georgia Volunteers, Deola's Brigade, that whilst engaged in such military service at the battle of Wilderness in the State of Virginia, on the 5th day of May 1864 he was wounded as follows: gun shot wound of the right arm causing the amputation of the arm below the elbow

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

Sworn to and subscribed before me, this, the 12th day of March 1894, R. A. Harrison

M. 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 R. A. Harrison 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 R. A. Harrison of Fulton

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 11th day of December 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 D, of 44th Regiment of Georgia Volunteers, Deola's Brigade; that whilst engaged in such military service at the battle of Wilderness in the State of Virginia, on the 5th day of May 1864, he was wounded as follows: gun shot wound of the right arm causing the amputation of the arm below the elbow

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

Sworn to and subscribed before me, this, the 12th day of March 1895, R. A. Harrison

M. 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, M. L. Calhoun Ordinary of said County, do certify that I am well acquainted with R. A. Harrison 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 us \_\_\_\_\_

Audited Feb. 6<sup>th</sup> 1889

*Wm. A. Miller*  
COMPTROLLER GENERAL

HARRISON, R.A.  
*Fulton Co.*

Disarmed Soldiers.

Voucher No. 78

Amount \$ 100

Paid to *Raue A. Harrison*  
For *Loss of Right*  
*Arm*  
*Feb 6, 1889*

Included in Warrant No. \_\_\_\_\_  
Issued to \_\_\_\_\_

WARRANT 1889

Applicant

*Harrison, R.A.*  
*Fulton Co.*

ACT OF SEPT. 1862  
(For Those Already Enrolled.)

No. 262

## SOLDIER'S PENSION.

1896.  
*(in clayton 1897)*

Name *R. A. Harrison*  
County *Fulton*  
Disability *LOSS of ARM*  
Amount, \$ *100*

3/6 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

*apch*

Gen. W. Harrison, State Printer, Atlanta.

*no date*

County: \_\_\_\_\_  
Applicants Heretofore Allowed Pensions:

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton

County.

Personally appears R. A. Harrison of Fulton

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 11th day of December 1842; 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 44th Regiment of Georgia Volunteers, 20th's Brigade; that whilst engaged in such military service in the State of Virginia, on the 5th day of May 1864, he was wounded, injured or diseased as follows: gun shot wound of the right arm causing the amputation of the same below the elbow

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1890. I have heretofore as a resident of Fulton county been allowed a pension of One Hundred dollars, for the year 1889.

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

M. L. Calhoun

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 R. A. Harrison 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 May 1890.



M. L. Calhoun

Ordinary Fulton County.

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT

No. 78

Atlanta Ga July 6 1890

Mr. R. A. Harrison 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 arm amputated below the elbow

He is entitled to receive the sum of One Hundred and no dollars for such disability the same being the amount 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

By the Governor

M. A. Harrison

CLERK EXECUTIVE DEPARTMENT

8/100

RECEIVED OF STATE TREASURER R. F. HARDEMAN

One Hundred and no

Dollars

per above voucher, this

6th

of July

1890

R. A. Harrison

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<sup>th</sup>  
day of Feb 1898.



M. L. Calhoun

Ordinary Fulton County.

per above voucher, this

10<sup>th</sup> of Feb,  
R. A. Harrison

1888

Maimed Soldiers.

Voucher No. 872

Amount \$ 100

Paid to R. A. Harrison

For Loss of an  
Arm

Feb 11 1890

Included in warrant No.  
issued to Treasurer.

18

WARRANT CLERK

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

Applicant

Audited 1891.

COMPTROLLER GENERAL

Harrison, R. A.  
Fulton

1891.

Maimed Soldiers.

Voucher No. 127

Amount \$ 100

Paid to R. A. Harrison

For Loss of an

Feb 6 1891

Included in warrant No.  
issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

Applicant

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT

No. *892*  
*Atlanta, Ga. Feb'y 11 1890*

Mr. *R A Harrison* 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 right arm*  
He is entitled to receive the sum of *One Hundred* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

*W H Harrison*  
CLERK EXECUTIVE DEPARTMENT.

\$ *100*

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*One Hundred* Dollars,  
per above voucher, this *11* of *Feb'y* 1890  
*R A Harrison*

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

1891.  
No. *127*

*Atlanta, Ga. Feb'y 6 1891*

Mr. *R A Harrison* 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 arm*  
He is entitled to receive the sum of *One Hundred* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

*W H Harrison*  
SECY EXECUTIVE DEPARTMENT.

\$ *100*

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

*One Hundred* Dollars,  
per above voucher, this *6* of *Feb* 1891.  
*R A Harrison*

*R. A. Harrison*

NAME, Harrison, R. A.

*1889, Fulton County*

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

COMPANY AND REGIMENT? Private, Co. D, 44th Regiment Ga. Vols.  
Doles Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? At Wilderness Va., May 6, 1864 shot in right arm below elbow.

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, None.

P.O. 1889

COUNTY. Fulton

DIED, WHEN AND WHERE?

BURIED,

WITNESSES,      None .

P.O.      1889

COUNTY.   Fulton



# 11  
Spec det 1879  
Harrison, J. C.  
No. 100 Fulton Co

APPLICATION FOR

Leg

FOR CONFEDERATE SOLDIER

Applicant... D. H. Harrison

County... Fulton Co

Limb... Leg Below Knee

Amount \$75

Date of Warrant

Page

C. K. St. R. M. J. M.

Oct 18<sup>th</sup> 1879

6-1952

STATE OF GEORGIA.

*Fullton* County.

Personally appeared before me *D. C. Harrison* of the county of *Fullton* 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 *Sergeant* in Company *B* 8<sup>th</sup> Regiment of *Georgia* Volunteers that while engaged in such military service, to-wit: at the battle or engagement of *Phenix River* in the State of *Virginia* on the *28<sup>th</sup>* day of *June* 1862 he was wounded in the *left leg* and that the same was amputated *below the knee* and 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, 1870; that he has supplied himself with an artificial *leg* as that not having done so, he prefers to supply himself with an artificial *leg* Sworn to and subscribed before me this *18<sup>th</sup>* day of *October* 1879 *T. C. Harrison*

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,

*Fullton* County.

Personally came before me, *G. T. Anderson* of the county of *Fullton* State of Georgia, who, being duly sworn, deposes and says that he was a *Brigadier General* and *the 8<sup>th</sup> Ga* Regiment and that *it was in his Brigade* the above deponent, was a *Sergeant* in said Company, and that this deponent knows that said *D. C. Harrison* lost a *leg* in the military service as said in the above affidavit. Sworn to and subscribed before me this *18<sup>th</sup>* day of *October* 1879 *G. T. Anderson*

Note.—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens, must be furnished.

APPLICATION FOR

FOR COMPENSATE SQUIRE

Applicant: *J. R. W. Anderson*

County: *Fullton*

Link: *Leg. Prison Road*

Amount: *\$ 75*

Date of Warrant: .....

Age: .....

*Box 1872, 1879*

*17 34 1879*

No. *10* Fullton Co.

*Spec. del-1879*

*Harrison, D. C.*

## AN ACT

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

SECTION 1. 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 natural or 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 applied 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 art<sup>l</sup> 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. GORTCHICA,  
Secretary House Representatives.  
WM. A. HARRIS,  
Secretary Senate.  
Approved, September 10th, 1879

A. O. BACON,  
Speaker House Representatives.  
RUFUS E. LEWIS,  
President Senate.  
ALEXANDER H. COLQUHOUN, 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.....1879.

STATE OF GEORGIA,

County,

I, James Pittman, Ordinary of.....Said.....  
county, do certify that I am well acquainted with.....E. C. Harrison.....  
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.....

.....  
the citizens who make their affidavit that they are respectable citizens of this county, and that the facts  
stated by them are true.

Given under my hand and official seal, this.....18th.....  
day of.....October.....1879.



James Pittman  
Ordinary &c

*James H. Hines Co.*  
*Fulton*

No. *66*

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 31, 1888.

*Lowell C. Hines*

*Applicant*

*Fulton*

*Amount*

*Date of Warrent*

*Entered on Record*

*Fulton*

*Secretary*

*Secretary*

*Applicant*

STATE OF GEORGIA,

*Fulton* County.  
PERSONALLY appears *William L. Hines* of *Fulton* county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the *16<sup>th</sup>* day of *January* 1862, 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 *Sergeant* in Company *H* of 8<sup>th</sup> Regiment of *Georgia* Volunteers *Myers*'s Brigade; that whilst engaged in such military service, at the battle of *Camels Horn* in the State of *Virginia* on the *28<sup>th</sup>* day of *June* 1862, he was wounded as follows: *Gun shot wound in the left leg causing amputation of the same below the knee*

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

Sworn to and subscribed before me, this *6<sup>th</sup>* day of *February* 1889 *J. C. Harrison*  
*W. L. Hines*

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

STATE OF GEORGIA,

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

Sworn to and subscribed before me, this *6<sup>th</sup>* day of *February* 1889 *J. C. Harrison*  
*Ordinary*

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

STATE OF GEORGIA.

*Frederick* County.

I, *M. L. DeLoach* Ordinary of said county, do certify that I am well acquainted with *William L. Haines* 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

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

*M. L. DeLoach*  
Ordinary *Frederick* County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

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

(L. S.)

Executed in the presence of us:

DIRECTION

Send money to me as follows, by

to

P. O.

County, Georgia.

NOTES.

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

STATE OF GEORGIA,

*Fuller* County.

I, *W. L. Galtman* Ordinary of said county, do certify that I am well acquainted with *Thomas G. Harrison* 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 *4* day of *February* 189*0*

*W. L. Galtman*

Ordinary

*Fuller*

County.

*Harrison, T. G.*

*Fuller Co.*

**1890.**

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

*Law of 1889*  
*Applicant, T. G. Harrison*

County, *Fuller*

Amount, *100.75*

Date of warrant, *Feb 4,*

Entered on record

*Feb 4 1890*

*W. L. Galtman*  
Ordinary of said county.

WARRANT HANDLED TO

*Applicant*

**1891.**

*Harrison, T. G.*  
*Fuller Co.*

*Harrison, T. G.*

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 31, 1891.

*Law of 1889*  
*Applicant, T. G. Harrison*

County, *Fuller*

Amount, *100.75*

Date of Warrant, *Feb 3*

Entered on record

*Feb 3 1891*

*W. L. Galtman*  
Ordinary of said county.

WARRANT HANDLED TO

*Applicant*

STATE OF GEORGIA,

*Fuller* County.

I, *W. L. Galtman* Ordinary of said County, do certify that I am well acquainted with *Thomas G. Harrison* 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 *3rd* day of *February* 189*1*

*W. L. Galtman*

Ordinary

*Fuller*

County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Georgia* County.

PERSONALLY appears *William L. Harrison* of *Fullton* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since *the birth* day of

*18*; that he enlisted in the military service of the Confederate States (~~as of the State of~~) during the war between the States, and served as a *Sergeant* in Company *21*, of *8*th Regiment of *Georgia* Volunteers *Anderson*'s Brigade; that whilst engaged in such military service, at the battle of *Savannah* in the State of *Virginia*, on the *28*th day of *June*, 1862, he was wounded as follows:

*gun shot wound of the left leg below the knee which caused amputation below the knee*

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

Sworn to and subscribed before me, this the

*4*th day of *February*, 1890.

*W. L. Calhoun, Primary*

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

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

day of

189

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fullton* County.

PERSONALLY appears *William L. Harrison* of *Fullton* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since *the birth* day of

*18*; that he enlisted in the military service of the Confederate States (~~as of the State of~~) during the war between the States, and served as a *1st Lieut* in Company *21*, of *8*th Regiment of *Georgia* Volunteers *Anderson*'s Brigade; that whilst engaged in such military service at the battle of *Savannah* in the State of *Virginia*, on the *28*th day of *June*, 1862, he was wounded as follows:

*gun shot wound of the left leg below the knee which caused amputation of the same below the knee*

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

*one hundred* dollars, for *1890*

Sworn to and subscribed before me, this, the

*3*rd day of *February*, 1891.

*W. L. Calhoun, Primary*

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of \_\_\_\_\_ County, State of Georgia, do hereby appoint

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

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

day of

1891.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.





# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears William Harrison 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 day of April 1871; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K of 8th Regiment of Georgia Volunteers Barlema's Brigade; that whilst engaged in such military service at the battle of Worms in the State of Georgia, on the 25th day of June 1862, he was wounded as follows: by a shot - off below the knee his left

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

One Hundred Dollars for 1891  
Sworn to and subscribed before me this 15th day of March 1892, W. C. Harrison  
W. C. Harrison Ordinary.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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 15th day of March 1892.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

PERSONALLY appears W. C. Harrison of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of April 1872; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 8th Regiment of Georgia Volunteers Barlema's Brigade; that whilst engaged in such military service at the battle of Worms in the State of Georgia, on the 25th day of June 1862, he was wounded as follows: his left leg was shot off below the knee

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

One Hundred dollars, for 1891  
Sworn to and subscribed before me, this, the 15th day of March 1892, W. C. Harrison  
W. C. Harrison 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,

County.

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

do certify that I am well acquainted with W. C. Harrison 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.

Under my official seal and signature, I have hereunto set my hand and seal this 15th day of March 1892.  
Given under my official signature and seal, this 15th day of March 1892.

W. C. Harrison Ordinary of Fulton County.

STATE OF GEORGIA,

BOND OF ATTORNEY.

BOND

# POWER OF ATTORNEY.

STATE OF GEORGIA, }  
COUNTY. }

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

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

day of \_\_\_\_\_ 1894

Executed in the presence of us

## DIRECTIONS.

Send money to me as follows, to

to \_\_\_\_\_  
County, Georgia.

P. O.

# POWER OF ATTORNEY.

STATE OF GEORGIA, }  
County. }

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

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

Executed in presence of us

[L. S.]

## DIRECTIONS.

Send money to me as follows, by

to \_\_\_\_\_  
County, Georgia.

P. O.

(For Those Already Enrolled.)

No.

**Soldier's Pension.**  
**1894.**

Name T. C. Harrison

County Fulton

Disability Loss of Leg

Amount, \$ 100.

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

*Applicant*

Geo. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

No.

**SOLDIER'S PENSION.**  
**1895.**

Name T. C. Harrison

County Fulton

Disability Loss of Leg

Amount, \$ 100.

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

*Applicant*

Geo. W. Harrison, State Printer, Atlanta.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County. }

PERSONALLY appears T. C. Harrison of Fulton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of April 1872; 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 2nd Sergeant in Company K, of 8th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service at the battle of Garrets Farm in the State of Virginia on the 28th day of June 1862 he was wounded as follows: his left leg was shot off below the knee

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

Sworn to and subscribed before me, this, the 12th day of March 1894. T. C. Harrison  
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 T. C. Harrison 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 T. C. Harrison of Fulton

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of April 1872; 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 2nd Sergeant in Company K, of 8th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service at the battle of Garrets Farm in the State of Virginia on the 28th day of June 1862 he was wounded as follows: his left leg was shot off below the knee

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

Sworn to and subscribed before me, this, the 12th day of March 1895. T. C. Harrison  
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 T. C. Harrison 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,

*Rabun* County. }

I, *William C. Harrison* hereby authorize *J. H. Wright* of *Atlanta Georgia*

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

*me in the most convenient way in his power*  
at *Sealy, N. C.*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *24<sup>th</sup>*  
day of *February* 1896.

*William C. Harrison* [L. S.]

Executed in presence of us

*W. P. Scroggs*  
*J. B. Paul*

*Sworn to and subscribed before me*  
*this 11<sup>th</sup> day of March, 1896.*  
*L. H. Garland, J. P.*

# 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 \_\_\_\_\_

*Harrison, William C.*

*Fulton Co.*

ACT OF MARCH, 1867.  
(For These Already Enrolled.)

No. *380*

**SOLDIER'S PENSION.**

**1896.**

Name *T. C. Harrison*

County *Fulton*

Disability *loss of leg*

Amount, \$ *100*

*3/16* 1896

*RICHARD JOHNSON,*

Secretary Executive Department

WARRANT HANDED TO

*atly*

*Wm. W. Harrison, Sec. of War, Atlanta.*

*no data*

*Harrison, W. C.*  
*Fulton Co.*

ACT OF MARCH, 1867.  
(For These Already Enrolled.)

No. *94*

**INVALID**

**SOLDIER'S PENSION.**

**1897.**

Name *W. C. Harrison*

County *Fulton*

Disability *loss of leg*

Amount, \$ *100*

*2/15* 1897.

*RICHARD JOHNSON,*

Secretary Executive Department

WARRANT HANDED TO

*atly*

ACT OF MARCH, 1867.  
(For These Already Enrolled.)

*no data*

COUNTY: \_\_\_\_\_  
STATE OF GEORGIA

**Applicants Hereof Allowed Pensions.**

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton

County.

Personally appears T. C. Harrison of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of April 18 72; 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 2nd Sergeant in Company K, of 8th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Virginia, on the 28th day of June 1862, he was wounded, injured or diseased as follows: his left leg was shot off below the knee

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

Sworn to and subscribed before me, this, the 24th day of Feb'y 1890. William C. Harrison +  
E. H. Garland, Jr. - - Attest: E. P. Seaggs

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. Galbourn Ordinary of said County, do certify that I am well acquainted with T. C. Harrison 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 24th day of Feb'y 1890.



Ordinary Fulton County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears T. C. Harrison of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of April 18 72; 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 2nd Sergeant in Company K, of 8th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Virginia, on the 28th day of June 1862, he was wounded, injured or diseased as follows:

His left leg was shot off below the knee

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of One hundred Dollars, for the year 1890.

Sworn to and subscribed before me, this, the 24th day of Feb'y 1897. T. C. Harrison  
W. L. Galbourn POST OFFICE

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. Galbourn Ordinary of said County, do certify that I am well acquainted with T. C. Harrison 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 24th day of Feb'y 1897.



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 \_\_\_\_\_ 1898.

[L. S.]

Executed in presence of \_\_\_\_\_

*Harrison, W. B.*  
*Hulton, S.*  
ACT OF MARCH, 1887.  
(For Those Already Enrolled.)  
No. *2219*  
**INVALID**  
**SOLDIER'S PENSION.**  
**1898.**  
Name *W. B. Harrison*  
County *Fulton*  
Disability *Loss of leg.*  
Amount, \$ *12.00*  
*2/17* 1898.  
RICHARD JOHNSON,  
Commissioner of Pensions.  
WARRANT HANDED TO  
*appt.*  
*M. Suter*

# 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 \_\_\_\_\_

*Harrison, W. B.*  
*W. B. Harrison*  
OUR SECTION 1887.  
(For Those Already Enrolled.)  
No. *1837*  
**INVALID**  
**SOLDIER'S PENSION.**  
**1898.**  
Name *W. B. Harrison*  
County *Fulton*  
Disability  
Amount, \$ *12.00*  
*2/17* 1898.  
RICHARD JOHNSON,  
Commissioner of Pensions.  
WARRANT HANDED TO  
*appt.*  
*M. Suter*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears *T. C. Harrison of Fulton*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *Jan* 1872; 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 *2nd Sergeant* in Company *K*, of *8th* Regiment of *Georgia* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *28th* day of *June* 1862, he was wounded, injured or diseased as follows:

*Loss of left leg below knee*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of *Fulton* county been allowed an invalid pension of *One hundred* Dollars, for the year 1898.

Sworn to and subscribed before me, this, *17th*

day of *July* 1898. POST-OFFICE

STATE OF GEORGIA,

Fulton County.

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

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



Ordinary *Fulton* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears *T. C. Harrison of Fulton*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *Apr* 1872; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *2nd Sergeant* in Company *K* of *8th* Regiment of *Ga* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service in the State of *Ga*, on the *28th* day of *June* 1862, he was wounded, injured or diseased as follows:

*Loss of left leg below knee*

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1899. I have heretofore under said law as a resident of *Fulton* County been allowed an invalid pension of *\$100-* Dollars, for the year 1899.

Sworn to and subscribed before me, this, *17th*

day of *July* 1899. POST OFFICE

STATE OF GEORGIA,

Fulton County.

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

Given under my official signature and seal, this *17th*

day of *July* 1899.



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 \_\_\_\_\_ 1900.

Executed in presence of \_\_\_\_\_ [L. S.]

*Harrison C. C.*  
*Clinton County*

COPIES SECTION 104  
(For Those Already Enrolled.)

No. *508*

**INVALID  
SOLDIER'S PENSION.  
1900.**

Name *J. C. Harrison*  
County *Clinton*  
Disability  
Amount \$ *110*  
Warrant issued *July 5* 1900.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT PAID TO  
*me*  
Chas. W. Lindsey, State Printer, Atlanta.

*No data*

Audited *Feb. 6<sup>th</sup>* 1889  
*Wm. Amgler*  
COMPTROLLER OF FINANCE

*Attor.*  
Deceased Soldiers.  
Voucher No. *66*  
Amount \$ *120*  
Paid to *Silvanus Harrison*  
For *Loss of*  
*Left Leg*  
*July 6.* 1889

Included in Warrant No. \_\_\_\_\_  
Issued to Treasurer

WARRANT 1889

W. T. Amgler, State Printer, Constitution 1877-1880

*Applicant*



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *J. C. Harrison* of *Fulton* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of *June* 1872; that he enlisted in the military service of the Confederate States (or of the State of *Ga.*) during the war between the States, and served as a *2nd Sergeant* in Company *K*, of 8th Regiment of *Ga.* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service in the State of *Ga.*, on the *28th* day of *June* 1862, he was wounded, injured or diseased as follows:

*Loss of left leg below knee.*

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

Sworn to and subscribed before me, this, *J. C. Harrison* day of *March* 1900. POST OFFICE

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

STATE OF GEORGIA,

*Fulton* County.

I, *M. M. M.* Ordinary of said County, do certify that I am well acquainted with *J. C. Harrison* 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 *30* day of *March* 1900.



*M. M. M.*  
Ordinary *Fulton* County.

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT

No. 66

*Atlanta, Ga. Feb 6 1889*

Mr. *William O. Harrison* 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 left leg*  
He is entitled to receive the sum of *One Hundred* Dollars for such disability the same being the allowance for the year ending October 24, 1889.

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

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

*\$100.*

RECEIVED OF STATE TREASURER R. C. HARDEMAN

*One Hundred & 00/100* Dollars  
per above voucher, this *6* of *Feb* 1889

*J. C. Harrison*

do certify that I am well acquainted with J. C. Harrison 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 30 day of March 1900.



Ordinary Fulton County.

per above voucher, this 6 of July 1899

J. C. Harrison

Audited

18

COMPTROLLER GENERAL

Maimed Soldiers.

Voucher No 85

Amount \$ 100

Paid to J. C. Harrison

For Loss of Left

Leg July 11 1890

Included in



18

WARRANT CLERK.

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

applicant

Audited

1891.

COMPTROLLER GENERAL

Harrison, William C.

Fulton

1891.

Maimed Soldiers.

Voucher No 85

Amount \$ 100

Paid to William C. Harrison

For Loss of Leg

July 3 1891

Included in warrant No.

issued to Treasurer.

1891

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

applicant

No. 85  
STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb'y 4 1890

Mr. *I. C. Harrison* 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 Left leg*  
He is entitled to receive the sum of *One Hundred and 00/100* Dollars  
for such disability, the same being the allowance for the year ending October 24, 1890.

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

By the Governor,

*W. H. Harrison*  
CLERK EXECUTIVE DEPARTMENT.

\$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*One Hundred and 00/100* Dollars,  
per above voucher, this *4* of *Feb'y* 1890  
*I. C. Harrison*

1891.  
No. 5  
STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb'y 1891

Mr. *William C. Harrison* 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 leg*  
He is entitled to receive the sum of *One Hundred* Dollars  
for such disability, the same being the allowance for the year ending October 24, 1891.

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

By the Governor,

*W. H. Harrison*  
SECY EXECUTIVE DEPARTMENT.

\$ 100

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

*One Hundred* Dollars,  
per above voucher, this *3* of *Feb'y* 1891.  
*I. C. Harrison*

\$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred and 44 Dollars,  
per above voucher, this 4<sup>th</sup> of Feb'y 1890  
J. C. Harrison

\$ 100

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

One Hundred Dollars,  
per above voucher, this 3<sup>rd</sup> of Feb'y 1891.  
J. C. Harrison

Harrison, Wm. H.

Fulton Co

No. Ch. for 1902

INDIGENT PENSION

Filed  
1902

Name Wm. H. Harrison

County Fulton

Co. No. 14th Ga. Regt.

Approved \_\_\_\_\_ 1902

ERD

JOHN W. LINDSEY  
Commissioner of Pensions

WARRANT HANDED TO

Apprentice 1902

Ordinary will write name of a pensioner and Regiment in blank space below.

11/9/06

Filed office 9/30/08  
Must submit some testimony  
of his service from Feb. 20  
1864 to the end of war as  
he states it. The witness sub-  
mitted knows nothing from  
one year before the end of war.

J. W. Lindsey  
Com. of Pens.

See Affidavit  
of  
Mr. S. Sclair -  
who was with up  
at Savannah

STATE OF GEORGIA.

COUNTY, \_\_\_\_\_

POWER OF ATTORNEY.

I, \_\_\_\_\_

do hereby certify that the person allowed and request shall be remitted to \_\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1902

Executed in presence of \_\_\_\_\_

[L. S.]

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Paulding COUNTY.

Personally came before me A. H. Bassin and J. H. Bradford, both known to me as reputable physicians of said County who, being severally sworn, say on oath that they have examined carefully William H. Harrison, applicant for pension under Section 1254, Code, and after

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

That he is troubled with chronic rheumatism also has a chronic bladder trouble, is generally quite feeble. I will together render him assistance to earn a living in any trade or calling and that we have no interest in said pension.

Sworn to and subscribed before me, this the

3 day of Aug, 1906

A. H. Bassin J. H. Bradford

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Paulding COUNTY.

I, John R. Williams, Ordinary, in and for said County, hereby certify that the applicant Wm. H. Harrison resides in said County, and has been a bona fide resident of this State since the 1890 day of 1890 and that the witnesses viz: J. H. Parker

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 1899 County shows that applicant returned for taxation in his name in 1899 Dollars of property, and in 1900 Dollars of property; in 1901 Dollars of property; in 1902 Dollars of property.

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

Witness my hand and seal of office, this 26 day of Sept, 1906

John R. Williams Ordinary, of Paulding County.

### NOTE.

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

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Paulding COUNTY.

W. H. S. Adair of said State and County, having been presented as a witness in support of the application of Wm. H. Harrison for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W. H. S. Adair - In Paulding County, Georgia
2. Are you acquainted with W. H. Harrison the applicant; if so, how long have you known him? I have known him since 1861
3. Where does he reside, and how long and since when has he been a resident of this State? I can not tell
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted in Co. H, 19th Regt. Infantry, 11th Div. of June 1861, at Paulding, Ga. I was
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? From 11th day of June, 1861 to 11th day of April 1864
7. When and where was his command surrendered? At Anderson, S. C.

8. Were you present when it surrendered? I was
9. Was applicant present? He was
10. If he was not present, where was he? He was present
- When did he leave his command? After the surrender For what cause? He was ordered out of the service
- By what authority he left? He was ordered out of the service How do you know all of this? He was ordered out of the service

11. What property, effects or income has the applicant? (Give your means of knowledge.) I do not know
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? I do not know
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? I can not tell
14. What is the applicant's occupation and physical condition? I do not know
- I have not known but little about applicant since we separated April 1864
15. Is the applicant unable to support himself by labor of any sort; if so, why? I do not know

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? I do not know
17. What portion of his support for these four years was derived from his own labor or income? I do not know
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? I do not know his physical condition
19. Who composes family? What property have they? Children's age and their earning capacity? I do not know - I do not know anything about these things

20. What interest have you in the recovery of a pension by this applicant? None at all
- Sworn to and subscribed before me, this the 26 day of Sept, 1906 W. H. S. Adair Witness.  
E. G. Croft Ordinary.

## QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Paulding COUNTY.  
W. H. Harrison of said State and County, having been presented  
 as a witness in support of the application of W. H. Harrison for pension  
 under section 1254, Code, and after being duly sworn true answers to make to the following questions, depose and  
 answers as follows:

1. What is your name and where do you reside? W. H. Harrison
2. Are you acquainted with W. H. Harrison the applicant; if so, how  
 long have you known him? Since 1861
3. Where does he reside, and how long and since when has he been a resident of this State? He does not know
4. When, where and in what company and regiment did he enlist, and how do you know? He was a resident till 1861
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty, and how do you know? He was present
7. When and where was his command surrendered? He was present
8. Were you present when it surrendered? He was present
9. Was applicant present? He was present
10. If he was not present, where was he? He was present
11. What property, effects or income has the applicant? (Give your means of knowledge.) He was present
12. What property, effects or income did the applicant possess in 1895, 1897, 1898, 1899, 1900, 1901 and 1902,  
 and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition?
15. Is the applicant unable to support himself by labor of any sort; if so, why?
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
17. What portion of his support for these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under  
 Section 1254, Code?
19. Who composes family? What property have they? Children's age and their earning capacity?
20. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the  
10th day of Aug, 1904.

W. H. Harrison  
Paulding, Ga.

Ordinary W. H. Harrison

Witness

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Paulding COUNTY.  
 I, B. E. Croker Ordinary, in and for said County, hereby certify  
 that the applicant, W. H. Harrison, is a resident of this State under the  
 laws of the State, and that the witnesses, viz: J. T. Adams & W. H. Harrison

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 digest of County shows that applicant  
 returned for taxation in his name in 1901 Dollars of  
property, and in 1902 Dollars of property, in 1903  
Dollars of property, in 1904  
Dollars of property, in 1905  
Dollars of property.

In my opinion the foregoing claim is made in good faith,  
 Witness my hand and seal of office, this 10th day of Aug, 1904.  
B. E. Croker Ordinary,  
Paulding 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 post  
 as above set out.

### QUESTIONS FOR APPLICANT.

STATE OF GEORGIA.

Fulton COUNTY.

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

1. What is your name and where do you reside? (Give State County and post-office)  
Wm H Harrison - Atlanta - Fulton County Ga
2. How long and since when have you been a resident of this State? Since 1841 -  
about 64 years
3. When and where were you born? March 10<sup>th</sup> 1841 - Madison Co. Ark
4. When and where and in what company and regiment did you enlist or serve?  
April 1861 - Building Co. Ark - 18<sup>th</sup>  
Infantry -
5. How long did you remain in such company and regiment? until the Surrender  
at Vicksburg Mo.
6. When and where was your company and regiment surrendered and discharged?  
April 1865 - at Vicksburg Mo.
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 what authority? I was there and duty -
9. How much money or money's worth per annum for your own exertions or labor? about 75
10. What has been your occupation since 1865? Farming & factory hand
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"? 2 - first -
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? About 4 years -  
have Rheumatism in shoulders, arms and  
legs - have scurvy - or bloodier trouble
13. What property, real and personal, or income, do you possess, and its gross value? None -
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? None -  
Guinnett & Fulton County
15. In what County did you reside during those years, and what property did you then return for taxation?  
Fulton County - no taxes -
16. How were you supported during the years 1898, 1900, 1901 and 1902? By a little work  
in factory - help others -
17. How much cost for your subsistence and what portion did you contribute thereto by your own labor or income? About \$100 - About \$50 -
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?  
Work in factory when able make furniture
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? Yes - wife & self  
both invalid -
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 the

John W. Harrison Ordinary,  
of Fulton County.

### QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Fulton COUNTY.

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

1. What is your name and where do you reside? J. A. Parker  
Atlanta - Fulton Co. Ga
2. Are you acquainted with Wm H Harrison, the applicant? If so how long have you known him? About 10 years
3. Where does he reside, and how long and since when has he been a resident of this State?  
Atlanta - Fulton Co - 10 years
4. When, where and in what company and regiment did he enlist, and how do you know?
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty?
7. When and where was his command surrendered?
8. Were you present when it surrendered?
9. Was applicant present?
10. If he was not present, where was he? For what cause?

When did he leave his command? For what cause?

By what authority he left? How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge)

Has 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?

Has none - now - old & feeble

15. Is the applicant unable to support himself by labor of any sort? If so, why?

Yes - because of old age and  
weakness & infirmity.

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

By little work in factory & help of friends  
about - are help

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

He is weak & feeble - old  
& infirm

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

Wife - no minor children -

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

None

Sworn to and subscribed before me, this the

John W. Harrison Ordinary,  
of Fulton County.

Witness.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

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

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1907.

[L. S.]

Executed in presence of \_\_\_\_\_

Harrison, William H.  
Fulton Co.

(FOR THOSE ALREADY ENROLLED)

No. 330

**INDIGENT  
 SOLDIER'S PENSION  
 1907.**

Name Wm. H. Harrison  
 County Fulton  
 Co. No. Regiment 19th Ga

WARRANT ISSUED

14 1907.  
 JOHN W. LINDSEY  
 Commissioner of Pensions.

WARRANT HANDED TO

W. H. Harrison  
 Gen. W. Harrison, First Pension, Atlanta.

no data

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

County.

Personally appears Wm. H. Harrison 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 41; 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 4 yrs in Company 16 of 11th Regiment of La; that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items:

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

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

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

John P. Wilkinson

— Ordinary.

State of Georgia,

County.

I, John P. Wilkinson

Ordinary of said County,

do certify that I am well acquainted with Wm. H. Harrison 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, 1907.

Ordinary John P. Wilkinson County.



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

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.



Ordinary \_\_\_\_\_ County.

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

For Fulton County

1927

**Application for Pension  
Due Deceased Pensioner**  
(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Thos H. Harrison Ordinary

For Wm H. Harrison

Date of Death Dec 11 1927

Amount \$ 100.00

Approved and ordered paid OK

John W. Clark  
28 Dec. 27

JOHN W. CLARK,  
Commissioner of Pensions

Money to be refunded  
Dep. ind. 10

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

M. Funeral expenses of Mr. W.H. Harrison.

1896

IN ACCOUNT WITH  
**HARRY G. POOLE,**  
FUNERAL DIRECTOR  
96 S. PRYOR STREET  
ATLANTA, GA.

1926

WALNUT 6308  
6306

Dec. 11th 1927

To Casket

Embalming and services	\$ 100.00
Underwear and hose	28.00
Grave	2.00
Full bearers gloves	15.00
Funeral notices	1.50
Box to cemetery	4.00
Bearse	2.50
	-----
	\$ 155.00

Atlanta Ga.

Fulton County.

I hereby certify that the above account is correct and was for the burial of Mr. W.H. Harrison who died in Atlanta Ga. on the 11th of Dec. 1927 with out sufficient funds to pay his funeral expenses.

Arthur B. Macdonald Harry G. Poole  
660 Notary Public Fulton County.

# Application for Pension Due to a Deceased Pensioner

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

(Under Act Approved August 16, 1904)

GEORGIA, Fulton County.

Personally before me, the Ordinary of said County, comes

Harry G. Poole of said County, who, after being sworn, on oath

says that he knew Wm. H. Harrison 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 11 day of Dec 1927 and that

a Pension of (\$ 165.00) 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 \$165.00, per

sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

Arthur R. McRobert, Ordinary  
Fulton County

Harry G. Poole

(Seal of Ordinary)

## CERTIFICATE OF ORDINARY

GEORGIA, Fulton County.

I, Thos. H. Jeffries Ordinary of said County, do certify

that I personally know Harry G. Poole, who is a resident

citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit

that I also knew Wm. H. Harrison 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 Dollars

in said County for 1927, 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 13 day of Dec 1927

(Seal of Ordinary) Thos. H. Jeffries Ordinary  
Fulton County

### INSTRUCTIONS:

1st. 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.

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

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of \_\_\_\_\_

\_\_\_\_\_ who died without owning sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after the 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 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.

was paid a Pension of Twenty Dollars  
fourth quarter 1927, 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 13 day of Dec, 1927  
(Seal or Ordinary) John H. [Signature] 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 neatly to this blank, after this blank has been properly completed as indicated.

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

5th. 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.

*Record O.T.*  
*Marriage Barrett & Hays*  
*Fulton County* 1938

*Washington record*  
*included*

**Widow's Application**  
 Under Act of 1916—As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County Fulton  
 Name Mrs. Barrett Harris  
 Widow of Robert X. Harris, Jr.  
 Date of Marriage May 19, 1881  
 Date of Husband's Death 1898  
 Company \_\_\_\_\_  
 Regiment DEC 27 1937  
 Approved [Signature] 1937  
 Director

✓ AUG 19 1937

**Ordinary's Certificate**

STATE OF GEORGIA  
 COUNTY Fulton  
 I, Thomas H. Jeffries Ordinary of said County, do certify that I know Mrs. Barrett Harris 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 Julia Harris the witness who swears to the ~~applicant's~~ 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 2nd day of August 1937.  
 (SEAL OF ORDINARY) [Signature] Ordinary  
Fulton County.

- INSTRUCTIONS
- Before any questions are answered the Ordinary shall read applications and the answers to the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the witness you shall give will be the whole truth."
  - Only widows who married prior to January 1st, 1900, are entitled to pension.
  - Only widows who married prior to January 1st, 1900, are entitled to pension.
  - Only widows who married prior to January 1st, 1900, are entitled to pension.
  - Witnesses must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by each Ordinary.
  - Attach certified copy of marriage license if available. If not prove marriage by some person, or by general reputation.
  - Don't use the bulky form of Marriage Certificate in regard throughout the State. A short sample form is easier to handle.
  - Do not take an application from any widow who is already receiving a pension.

**Widow's Application**  
Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County Fulton  
Name Mrs. Barrett Harris  
Widow of Robert Y. Harris, Jr.  
Date of Marriage May 18, 1881  
Date of Husband's Death 1892  
Company \_\_\_\_\_  
Regiment DEC 27 1937  
Approved [Signature] 193  
Director.

**Ordinary's Certificate**

STATE OF GEORGIA,  
Fulton COUNTY

I, Thomas H. Jeffries, Ordinary of said County, do certify that I know Mrs. Barrett Harris 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 Julia Harris the witness who swears to the ~~separation of said husband and wife~~ 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 2nd day of August, 193 7.  
(SEAL OF ORDINARY) [Signature], Ordinary.  
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. Barrett Harris 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. Barrett Harris, 540 Atwood, S.W. Atlanta, Ga. Fulton County
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? all my life  
Give date, or year, of your birth Oct. 17, 1880 Age? 72
3. (1) When, (2) where and (3) to whom were you married? May 18th, 1881, Augusta, Ga. Richmond County, Robert Y. Harris, Jr.
  - a. Have you married since the death of first and soldier husband? No
  - b. When and where did your first husband die? 1892, Augusta, Ga
  - c. Were you residing together when he died? yes
  - d. If not, how long had you resided apart? \_\_\_\_\_
  - e. Are you now a widow? yes
  - f. Have you or your husband heretofore been paid a pension by the State? NO
  - g. 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 Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. Nov. 18, 1861; Augusta, Ga. Company C, 9th Regiment Georgia State Troops. Confederate Army; Capt. William J. Deas; Georgia Cavalry
  2. When and where did the Commands of your husband surrender or discharge from the Service? 1865, Virginia
  3. Was your husband personally present with his Command when it was surrendered or discharged? don't know
  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 30 day of July, 193 7.  
H. S. Rogers, Ordinary  
of Fulton County.  
(SEAL OF ORDINARY)

Mrs. Barrett Harris  
Applicant.

### An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of Fulton

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

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

Mrs. Barratt Barrios

Sworn to and subscribed before me, this the

30<sup>th</sup> day of July, 1937.  
H. J. Camp C.S. Ordinary,  
Fulton County.

### Questions for Witness as to Marriage and Service of Husband.

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 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give Post Office and County) .....
2. How long and since when have you known ..... applicant .....
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? .....
4. When and to whom was she married? ..... How do you know? .....
5. How long and since when did you know ..... her husband? .....
6. When and where did ..... the husband of applicant, die? .....
7. Were the applicant and her husband living together as husband and wife at the date of his death? .....
8. If not, how long did they live apart before his death? ..... Were they divorced? .....

If the husband of the applicant was a pensioner, DO NOT answer the following questions.

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

Sworn to and subscribed before me, this the

..... day of ....., 193.....  
..... Ordinary  
of ..... County.  
(SEAL OF ORDINARY)

(Witness)



**State of Georgia,**

County of Richmond,  
ORDINARY'S OFFICE.

I, OSWELL R. EVE, Ordinary of Richmond County, State of Georgia, do hereby certify that ELIZABETH WHITE, who signed the foregoing certificate, is and was at the time of signing the same, duly qualified Clerk of my Court; that the attestation is in due form of law, and that all her official acts are entitled to full faith and credit.

WITNESS my official signature at the City of Augusta, this 2nd  
day of June in the year of our Lord one thousand nine hundred and  
thirty-seven.

*Oswell R. Eve*  
Ordinary, Richmond County, Ga.

**State of Georgia,**

County of Richmond,  
ORDINARY'S OFFICE.

I, ELIZABETH WHITE, Clerk of the Court of Ordinary of Richmond County, State of Georgia, do hereby certify that OSWELL R. EVE, who signed the foregoing certificate, is, and was at the time of signing the same, the Ordinary of Richmond County, Georgia, duly elected, commissioned and qualified, and that said signature is genuine.

IN WITNESS WHEREOF,

I have hereunto set my hand and affixed the seal of the Court of Ordinary, at the City of Augusta, County and State aforesaid, the 2nd day of June in the year of our Lord one thousand nine hundred and thirty-seven.

*Elizabeth White*  
Clerk Court of Ordinary, Richmond County, Georgia.

**STATE OF GEORGIA,  
COURT OF ORDINARY  
COUNTY OF RICHMOND**

I, Elizabeth White, Clerk of the Court of Ordinary of said

County do hereby certify that I have compared the foregoing copy of marriage license and certificate of the marriage of Robert Y. Harris, (Jr.) and Bridget M. Barrett - - - - -

with the original record and files thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record and file, and that said Court is a Court of Record.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Court of Ordinary this the 2nd day of June 1937.

*Elizabeth White*  
Clerk Court of Ordinary, Richmond County, Georgia.

said, the And day of  
June in the year of our Lord  
one thousand nine hundred and thirty-seven  
Edghead White  
Clerk Court of Ordinary, Richmond County, Georgia.

Court of Ordinary this the And day of June 19 37.

Edghead White  
Clerk Court of Ordinary, Richmond County, Georgia.

DIVISION OF FINANCE

United States Post Office

AUGUSTA, GEORGIA

September 18, 1926.

Hon. Carl Vinson,  
House of Representatives,  
Washington, D.C.

Dear Sir:

Since writing to you under date of September 14th, 1926, I have found an old record that gives the name of Robt. Y. Harris, as a private, in Company C, 20th Battalion, Georgia Cavalry, Hampton's old brigade, Army of Northern Virginia. This was later consolidated and was then Company B, 8th, Georgia Cavalry, Hearings Brigade, W.F.R. Lee Division, Hampton's Corps.

Here are some of the names of the officers:

Captain	John C. Grief (or Cross)
1st. Lieut.	N.K. Butler
2d Lieut.	M.B. Meriweather
2d "	W.H. Morris
1st Sergt	J.W. Paul
2d "	R.H.P. Day
3rd "	John A. Green
4th "	W.W. Acree
5th "	D.C. Lancaster
1st Corp.	J.M. Mashaw
2d "	Joseph Mathews
3rd "	L.B. Lewis
4th "	Jabes J. Garnett

Privates  
Robt Y. Harris--- and others.

I trust that this may give you more definite information.

Very truly, yours,

Cumming Harris.  
Post Office,  
Augusta, Ga.

WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON

RGD

A.G. 201  
Harris, R.Y.  
(9-17-26)RGD

September 20, 1926.

Honorable Carl Vinson,  
House of Representatives.

My dear Mr. Vinson:

I have your letter of September 17, 1926, with which you inclosed one, herewith returned, from Mr. Cumming Harris of Augusta, Georgia, in further reference to the Confederate military record of his father, R. Y. Harris.

I am unable to identify the Nesbitt Volunteers mentioned in Mr. Harris' letter. However, the records show that one R.Y. Harris, Jr., served in Company C, 20th Battalion Georgia Cavalry, Confederate States Army, in which organization William J. Deas served as 1st lieutenant and as captain; R.H.P. Day, as 1st sergeant; W.A. Deas, as sergeant; and B.E. Bussey, A. D'Antignac, and John A. Green, as privates.

The records show that R.Y. Harris (name also found as R.Y. Harris, Jr. and R.Y. Harris) enlisted May 22, 1862, at Augusta, Georgia, for the war, and served in Company E, 8th Georgia Cavalry, U.S.A., also known as Company C, Millen's Battalion Partisan Rangers, and Company C, 20th Battalion Georgia Cavalry, U.S.A. The muster roll for November & December, 1864, the last on file, shows him absent, detailed on signal corps, Savannah, Georgia, since November 18, 1864. A roll of officers, non commissioned officers, and privates detailed on extra duty as signal men and telegraph operators at Savannah District, Georgia, under command of Captain Joseph Manigault, A.A.G. and Signal Officer, dated Savannah, June 27, 1865, shows him a private. No further record of him has been found.

The records also show that one R.Y. Harris, Jr., enlisted June 1, 1861, at Savannah, for 30 days, as a private in Lieutenant J.P. Waring's Cavalry Company (Georgia Hussar), U.S.A., and was mustered out June 30, 1861. His age is given as 20 years.

Very respectfully,

William C. Ware  
Major General,  
The Adjutant General.

1 inclosure.



# THE VETERANS SERVICE OFFICE

403 STATE CAPITOL

ATLANTA, Ga., June 25, 1937.

UNPUBLISHED RECORDS  
DIRECTOR  
C. ARTHUR CHEATHAM  
ASST. DIRECTOR  
MISS LILLIAN HENDERSON  
ASST. DIRECTOR

Unpublished records compiled for the State of Georgia by Lillian Henderson show that

Robert Y. Harriss enlisted as a private in Co. G, 9th Regiment Georgia State Troops Nov. 13, 1861. Appointed 3d Sergeant Nov. 27, 1861; Regimental Sergeant Major Jan. 5, 1862. Mustered out May 1862. Enlisted as a private in Co. C, 20th Battalion Georgia Cavalry May 22, 1862. Transferred to Co. E, 8th Regt. Georgia Cavalry Oct. 25, 1864. Roll for Nov.-Dec. 1864, last on file, shows him absent. Detailed on Signal Corps, Savannah, Ga., since Nov. 18, 1862.

Above is true excerpt from records on file in this office.

*Lillian Henderson*  
Assistant Director.

Please attach this record to your pension application.

State of Georgia  
County of Fulton.

Personally before the undersigned authority now

comes Julia Harriss who upon oath

says that he knows Mrs. Barrett Harriss and

knows that she was living with her husband Robert Y. Harriss, Jr.

at the time of his death, that she has not remarried since his death and is now his dependent widow.

Sworn to and subscribed before me

this 25 day of July 1937

*H. J. Kemp*  
O.C. Ordinary, Fulton Co. Ga.

*Julia Harriss*

STATE OF GEORGIA,  
"FULTON COUNTY."

To any Minister of the Gospel, Judge, or Justice of the Peace,

Or any Person Authorized to Celebrate:

THESE ARE TO AUTHORIZE AND PERMIT YOU  
TO JOIN IN THE

Honorable State of Matrimony,

Robert Y. Harries, Jr.  
Bridget M. Barrett

ACCORDING TO THE RITES OF YOUR CHURCH

Given under my Hand

18th May 1937  
A. W. Clatter

I Hereby Certify, Robert Y. Harries  
Bridget M. Barrett

WITNESSES OF MATRIMONY

18th May 1937  
William B. Clatter  
Return License to the Ordinary's Office to be Recorded

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS:

MRS. BARRETT HARRISS, WIDOW OF ROBERT Y. HARRISS, JR.,

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.

Director, Confiscate Division  
State Department of Public Welfare

I Hereby Certify, *Robert G. Harris*  
*Bridget M. Barrett* were joined together in the  
SACRAMENT OF MATRIMONY



*18<sup>th</sup>* day of *May* 1901

*William B. Walker*  
Return License to the Ordinary's Office to be Recorded



This, the 27th day of December 1937.

*W. B. Walker*  
Director, Confederate Division  
State Department of Public  
Welfare

Husband died  
 in Jan 1865  
 after the war  
 was entitled  
 to the Pension  
 Mr. Lindsey  
 Secy of War

Widow's Application  
 UNDER ACT 1910.

Who Lost a Husband During War as a  
 Soldier, Remarried and is Now  
 a Widow.

County Greene  
 Name Mrs. E. J. Hart  
 Soldier Husband's Name William  
Sanford Hart  
 Company H  
 Regiment 52 9th  
 Name of Last Husband  
Mr. J. Hart  
 Approved

J. W. LINDSEY,  
 Commissioner of Pensions.

Chas. F. Byrd, State Printer, Atlanta.

5/4-1911

## GEORGIA.

County.

.....an ordinary of said County and do certify that I know Mrs. .... the  
son and that I know that she is the person that she represents herself to be, and that she  
inuing resident of said county, and was on the 4th day of November, 1908.

I, John A. Smith, witness to the service of Husband's marriage, and the death of said persons were duly sworn by me before signing their respective affidavits and that all and trustworthy persons and their statements are entitled to full faith and credit.

Tax Books of Gilbert County, shows W. E. Hart returned property to  
908 none for 1909 none for 190 none for 190.

Under my hand and official seal of office, this the \_\_\_\_\_ day of \_\_\_\_\_, 191\_\_\_\_.

*Edison* Ordinary )

Fulton County

Read this note

- Read this out loud. The 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 true.
- Additional affidavits may be attached if blank space are insufficient.
- All affidavits must be made before the ordinary of the County of the residence of the person to be sworn.
- Witnesses who have been husbands or injured, received in line of duty before 26 April 1965, since married and is now a widow are entitled to this Pension.
- Attach copies of marriage license of both marriages or prove marriage, by some who know it, or by general reputation.

## STATE OF GEORGIA.

**County.**

Personally before me comes Mrs. William H. Hays of said county who after being sworn on oath says that she became the lawful wife of Wm. H. Hays on the day of 22<sup>nd</sup> Nov 1866 and that he died on the 10<sup>th</sup> day of Dec 1864 enlist in Company D of the 1<sup>st</sup> Regiment and was on the 10<sup>th</sup> day of June 1864 killed or died as the result of an injury received while in the line of duty on the 10<sup>th</sup> day of Dec 1864 leaving this applicant, his widow.

That on the ..... day of ..... April, 18..... she was married to William James ..... of Smith's Ferry county, and that on the ..... day of the year 18..... in the county of Smith's Ferry State of Mississippi the said William James died and that this deponent is now a widow.

That she was on the 4th day of November, 1908 or at the death of her last husband left in the use possession and control of the property. Stated in schedule

.....Acres of land cash value of.....  
.....Horses or mules.....  
.....Hogs and cows and other stock.....  
.....Money, notes, etc.....  
.....Actual income and savings.....

[illegible]

**SCHEDULE B.**

That since the 4 of November, 1908 or the death of her husband, she has sold or given away the following property of the cash value..... as follows.....

Total value..... 1500

and that the proceeds were disposed of.....

**SCHEDULE C.**

That she is now in the use, possession and control of the following property at the cash value attached

acres of land of the cash value.....  
Horses and cows of the cash value.....  
Hogs and other stock.....  
Cotton and other farm Products, worth.....

Total value of all property.....

and that the valuation of all of said property, is stated at its true cash value.

Sworn to and subscribed to by me this..... day of..... 191.....

Ordinary }  
County }

STATE OF GEORGIA.

County.

Personally before me come..... who after being duly sworn on oath says that he knew..... that he enlisted in Company..... Regiment of..... veterans..... on the..... day of..... 18..... and that on the..... day of..... 18..... he was killed or died as a result of the injury received while in line of duty as a soldier, for the Confederate Army, and that he knows Mrs.....

veterans on the day of 18...  
and that on the day of 18... he was killed or died as a result of the injury received  
while in line of duty as a soldier, in the Confederate army, and that he knows Mrs.

the applicant. She and her said soldier husband were married on the day of  
18... and that she was his widow at his death, that he knows that the said  
married again on the day of 19... to one... and  
that her said husband died on the day of 19... and that the  
applicant is now a widow.  
Sworn to and subscribed before me this day of  
Ordinary.  
of County }

**Affidavit of the Witness to the Property and its Value.**

STATE OF GEORGIA.

County. *Georgia*  
Personally before me, *John H. Kelly*, who after being sworn on oath says that *he is*  
Free Holders of said County of *Paulding* and that they know Mrs. *William J. Kelly*  
that she was on the 4th day of November, or the death of her last husband, on the day  
of 19... and that he left her in the use, possession and control of property at its true cash  
value, as follows.

**SCHEDULE A.**

*None* Lands whose cash value  
*None* Horses mules  
Cows hogs and other stock  
Money, notes and accounts  
All other property

Total cash value of all property

**SCHEDULE B.**

We know that since the 4th November, 1868 or since the death of her last husband she has sold or  
given away property of the cash value of to-wit:

*None* Land worth  
Horses and mules  
Cows, hogs and stock of all kind  
any and all other property  
Total cash value

and we know that the proceeds of this property were its full cash value and was disposed of  
(State fully.)

**SCHEDULE C.**

We know that the applicant is now in the use, possession and control of property of the actual  
cash value as follows, to-wit:

*None* Land of the cash value of  
Horses and mules, cash value of  
Cows hogs, and other stock  
Wagon and Buggy  
Other personal property  
Money notes and accounts  
Actual income and savings  
Total cash value of all property

Subscribed before me this 23 day of Sept 1880  
John H. Kelly Ordinary  
Paulding County



We know that the applicant is now in the use, possession and control of property of the actual cash value as follows, to-wit:

Land of the cash value of .....  
 Horses and mules, cash value of .....  
 Cows, hogs, and other stock .....  
 Wagon and Buggy .....  
 Other personal property .....  
 Money, notes and accounts .....  
 Actual income and savings .....  
 Total cash value of all property .....

Subscribed before me this 23 day of Sept 1910.  
 John W. Nelson Ordinary  
 Burlington County

RT. REV. EDWARD RONDTHALER, D.D.  
 WINSTON-SALEM, N. C.

No 29, in Marriage list of  
 New Marazion

Nov. 2, 1849 William Sanford Rowe  
 a single man son of the single  
 woman Elizabeth Rowe, born Feb 24 1827  
 in 1849, to the single woman  
 Susan Elizabeth Kennedy, daughter of  
 the married couple Washington Kennedy  
 & Isabel - born July 14 1831 near  
 Salem

The marriage was performed in the  
 house of the parents of the bride.

Geo. F. Johnson, P. R.

This is a translated copy of the  
 record of the Salem Church Book  
 p. 302  
 Edward Rondthaler

North Carolina, 3  
 Forsyth County, 3 Appendant

J. A. Rights, being duly sworn says,  
 that William Shaw, of Forsyth County,  
 enlisted in the 5th Regiment North  
 Carolina State Troops, about 1864, and  
 that during the year 1864 he met the  
 said William Shaw between Staunton  
 and Winchester, Va. The said Shaw  
 being then on his way to join  
 his regiment.  
 J. A. Rights

Sworn to and subscribed  
 before me, this 30 day of  
 August 1910.  
 P. J. Johnson  
 Clerk Superior Court



CHAR. H. PORT,  
MANAGER

THE OLDEST SCOTTISH INSURANCE OFFICE,  
FOUNDED 1709.



**Scottish Insurance Company**  
OF SCOTLAND.

UNITED STATES BRANCH: 50 & 52 PINE ST. N.Y.

J. C. HERBERT, AGENT,  
WINSTON, N. C.

R. C. CHRISTOPHER,  
ASST. MANAGER

19

State of N.C. Foray to Co.

W.H. Beard being duly sworn deposes and says  
That he & William Shore were members  
of Co D 52 Regt N.C.T. in the Civil War  
He was captured at Petersburg Va  
in 1864 He was imprisoned at Fort  
Island N.H. He died in prison. I saw  
him after he died. I was discharged  
from prison in June 1865.  
W.H. Beard

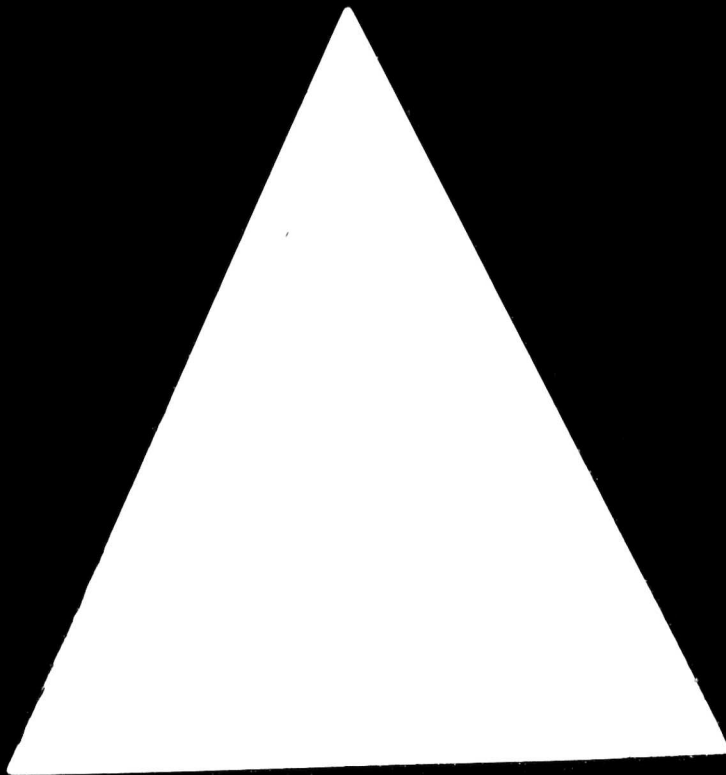
Sworn to before me Aug 30 - 1910

J. C. Herbert  
Notary Public

My Commission Expires

May 4 - 1911

J. C. [unclear]  
Notary Public  
My Commission Expires  
May 4 - 1914



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I,

hereby authorize

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

at

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

day of

1904.

Executed in presence of

[L. S.]

*Harvey, Deanna C.*  
*Fulton County*  
TO THOSE HERETOFORE PAID

1904.

No. *57*

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904,

PAID TO

*Mrs. D. C. Harvey*

OF

*Fulton*

County,

Widow of *Geo. M.*

Co. *A* Regiment *12th Ga*

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED

*123* 1904.

AND HANDED TO

*aff*

Geo. W. Harrison, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

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

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

[L. S.]

Executed in presence of \_\_\_\_\_

*Harvey Diana E.*  
*Fulton County*  
TO THOSE HERETOFORE PAID.

1904.

No. 50

## WIDOW'S PENSION

FOR  
YEAR ENDING DECEMBER 31, 1904.  
PAID TO

*Mrs. E. W. Kennedy*

OF

*Fulton* County,

Widow of

*Geo. W. Kennedy* Regiment *12th*

JOHN W. LINDSEY

Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO *12-2* 1904.

*W. H.*  
Geo. W. Lindsey, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY. }

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

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

[L. S.]

Executed in presence of \_\_\_\_\_

*Harvey Diana E.*  
*Fulton County*  
To Those Heretofore Paid.

1906.

No. 82

## WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO *Harvey*

*Mrs. Diana E. Kennedy*

OF

*Fulton* County,

Widow of *Geo. W. Kennedy*

*Co. A. 1st Regiment 1st Div.*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

*49* 1906.

AND HANDLED TO *W. H.*

*W. H.*  
Geo. W. Lindsey, State Printer, Atlanta.

STATE OF GEORGIA

FOR WIDOWS HERETOFORE PAID

# FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1

STATE OF GEORGIA,  
County of Fulton.

PERSONALLY COMES Mrs.

D. E. Hanney

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 Aug 1832. That she is the Widow of

Geo W. Hanney who was a soldier in Company

of the 12th Artillery Regiment of Ga

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

1861 and served in the Army up to Surrender 1865. That he lost his

life on the 16 day of Nov 1865. (State here

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

He died of typhoid fever in the State of Ga

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1832.

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

Sworn to and subscribed before me,

this 22 day of JAN 1904.

John R. Westerson Ordinary

Post Office

D. E. Hanney

State of Georgia,

Fulton County

I, John R. Westerson,

Ordinary of said County, certify that I am well

acquainted with Mrs. D. E. Hanney, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of Aug 1832

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

John R. Westerson  
Ordinary of Fulton County.

NOTE.—All blank spaces must be filled.

Voucher and Affidavit must bear date after January 1st, 1904.

# For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,  
County of Fulton.

PERSONALLY COMES Mrs.

Dianna E. Hanney

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

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

continuously ever since all life. That she is the Widow of

George W. Hanney who was a soldier in Company

of the 12th Regiment of Ga

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

1861 and served in the Army up to 1865. That he lost his

life on the 16 day of Nov 1865. (State here

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

Died 1865 1900

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1832.

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

Sworn to and subscribed before me

this 1 day of JAN 1904.

John R. Westerson Ordinary.

Post Office

Dianna E. Hanney

State of Georgia,

Fulton County

I, John R. Westerson,

Ordinary of said County, certify that I am well

acquainted with Mrs. Dianna E. Hanney, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of all life

Given under my official signature and seal, this 1 day of JAN 1904.

John R. Westerson  
Ordinary of Fulton County.

NOTE.—All blank spaces must be filled.

Voucher and Affidavit must bear date after January 1st, 1904.

this day of JAN 22 1904 1904.  
*John R. Wickinson* Ordinary  
Post Office \_\_\_\_\_  
State of Georgia,  
Fulton County }  
I, *John H. Wilkinson* Ordinary of said County, certify that I am well acquainted with Mrs. *W. C. Hunsley*, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of *Aug* 18*82*.  
Given under my official signature and seal, this day of JAN 22 1904 1904.  
*John R. Wickinson*  
Official Seal  
Ordinary of Fulton County.

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

this day of JAN 1 1904.  
*John R. Wickinson* Ordinary  
Post Office \_\_\_\_\_  
State of Georgia,  
Fulton County }  
I, *John R. Wickinson* Ordinary of said County, certify that I am well acquainted with Mrs. *Dianna C. Barry*, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of *all life*.  
Given under my official signature and seal, this day of JAN 1 1904.  
*John R. Wickinson*  
Official Seal  
Ordinary of Fulton County.

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

*Harvey*  
*Fuller*

No. *225*

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 31, 1886

FOR

*Fuller*

Applicant *G. M. Harvey*

County *Sheldon*

Amount *50*

Date of Warrant *July 1887*

Entered on Record,

*July 5 1887*  
*M. H. A.*

SECRETARY OF THE BOARD OF SUPERVISORS

*M. Harvey*



Harvey, Geo. M.  
Gordon, Geo. M.

APPLICATION FOR ALLOWANCE  
FOR YEAR ENDING, OCT. 31, 1889.

FOR

Applicant *Geo. M. Harvey*  
County *Newton*

Amount *50.*  
Date of Warrant *July 1889*  
Entered on Record *July 1889*

Subscribed before me *W. L. DeLoach*  
Secretary

# STATE OF GEORGIA,

*Newton* County.

PERSONALLY appears *Geo. M. Harvey* of *Newton* county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the *1864* day of *April 1864*; that he enlisted in the military service of the Confederate States (or, of the State of *Georgia*) during the war between the States, and served as a *Captain one year* in Company *A*, of *1st* th Regiment of *Georgia* Volunteers *of the 1st* Brigade; that whilst engaged in such military service, at the battle of *Monocacy* in the State of *Maryland*, on the *7th* day of *July* 1864, he was wounded as follows: *A thorough right arm above the elbow, the right hand passing through lower portion of bicep, the right index finger passed through, and came out in rear the center of the body. From the effects of this wound, at my time of life 44 years old I can not perform any hard labor, nor am I able to perform light office duties. The least exposure renders me unable to go out.*

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

Sworn to and subscribed before me, this *7th* day of *February*, 1889, *Geo. M. Harvey*  
*W. L. DeLoach*

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

# STATE OF GEORGIA,

*Newton* County.

PERSONALLY comes before me *W. L. DeLoach* Ordinary of said county. *Thos. L. Swine* and *John W. Swine*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *Geo. M. Harvey*, and after such examination say that the applicant has been injured as follows: *7th & 8th ribs fractured, the 7th rib is still which would through lower ribs of right hand, and from ed injury he is now suffering rendering him practically incompetent to perform the ordinary manual avocations of life.*

Sworn to and subscribed before me, this *7th* day of *February*, 1889, *Geo. M. Harvey*  
*W. L. DeLoach*

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

STATE OF GEORGIA.

Fulton County.

I, W. L. Dineen, Ordinary of said county, do certify that I am well acquainted with Geo. M. Harvey, 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: H. L. Divine and J. M. Dineen

are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that before whom the foregoing

affidavits were made and power of attorney was signed, is a

of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 7 day of February, 1889  
W. L. Dineen  
Ordinary Fulton County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Fulton County.

KNOW ALL MEN BY THESE PRESENTS, That I, Geo. M. Harvey of Fulton county, in said State, do hereby appoint Mrs. D. E. Harvey 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 7th day of February, 1889.

Executed in the presence of us:

Chas. A. Still  
Wm. V. Newton

DIRECTION

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

NOTES.

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

STATE OF GEORGIA.

*Fulton County.*

I, *M. L. Leathrum* Ordinary of said county,

do certify that I am well acquainted with *Geo. W. Harvey* 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 *2<sup>nd</sup>* day of *March*, 1892

Ordinary

*M. L. Leathrum*  
*Fulton*

County.

*Fulton Co*  
*Harvey & M.*  
*316250*

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name	<i>G. W. Harvey</i>
County	<i>Fulton</i>
Disability	<i>Body maimed</i>
Amount, \$	<i>350</i>
Entered on record	<i>March 2</i>

1892.

W. H. HARRISON,

Secretary of Executive Department.

AGENT.

*Mrs. Harvey*

*Geo. W. Harvey, State Prison, Atlanta, Ga.*

For State Heretofore Allowed Pensions.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears Geo. M. McHenry 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 \_\_\_\_\_ day of \_\_\_\_\_ 1852; 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 Major in Company \_\_\_\_\_ of 12th Regiment of Artillery Volunteers 6th Brigade; that whilst engaged in such military service at the battle of Monocacy in the State of Med, on the 9th of July 1864, he was wounded as follows:

*gun shot wound of right arm and right arm rendering him incompetent to perform the ordinary manual operations of life*

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

Fifty Dollars for 1891.

Sworn to and subscribed before me this the \_\_\_\_\_

2nd day of March 1892.

W. L. McArthur 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: \_\_\_\_\_

[L. S.]

## DIRECTION.

Send money to me as follows, by \_\_\_\_\_

to \_\_\_\_\_

P. O.

County, Georgia.

...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:

[L. S.]

**DIRECTION.**

Send money to me as follows, by

to

P. O.

County, Georgia.

Audited

Feb. 8<sup>th</sup> 1889

Wm. A. M. Galt  
COMPTROLLER-GENERAL

Voucher No. 225

Amount \$ 50

Paid to Geo M. Harvey

For Genl. Disability

from body wounds,

Feb'y 8 1889.

Included in Warrant No

issued to Treasurer

1889.

WARRANT 1.188K

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

Wm. A. M. Galt

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT

No 225.

Atlanta Ga. Decy. 8 1889

Mr. *Wm. J. M. Harvey* of the County  
of *Hunter* 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

*General Disability from body wound*

He is entitled to receive the sum of *\$1000.00* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

*J. D. Gordon*  
GOVERNOR

By the Governor

*W. H. Harner*

CLERK EXECUTIVE DEPARTMENT

32

RECEIVED OF STATE TREASURER R. V. HARDEMAN

*\$1000.00*

Dollars

per above voucher, this *8* of *Decy*

1889

*W. M. Harvey*  
*D. E. Harvey*

56

RECEIVED OF STATE TREASURER R. V. HARDEMAN,

July 1889

Dollars

per above and her, this

8

of

July

1889

G. M. Harvey  
D. E. Harvey

## STATE OF GEORGIA,

Fulton

COUNTY

1. 1. A. de J. de J.

Ordinary of said County, do certify that:

person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 18 day of Sept 1919

on the 1st

day of *Sept*

1919

That I also know Mrs B. Alessin!

~~As to marriage, and I also know~~

that ~~and~~ the foregoing were duly sworn by ~~the~~ before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 15 day of June 1914

(SEAL)

County

County: \_\_\_\_\_

NOTES: 1. Before any questions are answered the Ordinarj shall swear applicant and the witness is at a n

...You do solemnly swear that you will true answers make to each of the questions asked you and the evidences you shall give will be the truth. So help you God.' "

3. All affidavits must be made before the Ordinary of the county of residence.

1. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage by other evidence.

6. Widows of Disabled Pensioners must use the Blue Application Blank and state and swear that:

Service ~~occurred~~ be made no proof of service and was not required to do so.

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

County Tulson

Name Mrs. R. A. Harve

Widow of Isaac Harvey

Company Al 1916

Regiment Cuttis 1307

At proved .....

J. W. LINDSEY,  
Commissioner of Pensions

Byrd Printing Co., State Printers, Atlanta

10-23-1919



10-23-1919

# ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Fulton COUNTY

I, T. H. Jeffries Ordinary of said County, do certify that I

know Mrs. R. A. Harvey 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 18 day of Sept 1919

That I also know Mrs. R. B. Stevens witness as to marriage, and I do know

that both of the foregoing were duly sworn by myself before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 18 day of Sept 1919

(SEAL)

T. H. Jeffries  
Fulton

Ordinary

County

- NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who married prior to first January, 1917, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

## ORDINARY'S OFFICE

GEORGIA—SUMTER COUNTY

I, T. H. Jeffries Ordinary and Ex-officio Clerk of the Court of Ordinary of said county, hereby certify

that the within paper is a true and correct copy of Marriage License and Certificate of Marriage of Isaac Harvey & Mrs. Richard A. McGowan

as filed and returned to this office.

I now certify that I am my own clerk. There is no clerk.

In Testimony Whereof I have set my hand and affix the seal of the Court of Ordinary, this

6 day of September 1919  
T. H. Jeffries  
Ordinary and Ex-officio Clerk, C. O. S. C. Ga.

## Widow's Application

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

County Fulton  
Name Mrs. R. A. Harvey  
Widow of Isaac Harvey  
Company A  
Regiment Cutter Post  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Bural Printing Co. State Printers, Atlanta

10-23-1919

# ORDINARY'S OFFICE

GEORGIA-SUMTER COUNTY

I, John A. Smith, Clerk of the Court of Ordinary of said county, hereby certify that the within paper is a true and correct copy of Marriage License and Certificate of Marriage of Isaac Harvey & Mrs. Patricia A. McGarrah.

Witness my hand and seal of office this 6th day of September 1919.

I have certified that I am my own clerk. I have my clerk.

In Testimony Whereof I have signed my hand and affix the seal of the Court of Ordinary, this 6th day of September 1919.

John A. Smith  
Ordinary and Ex-officio Clerk, C. O. S. C. Ga.

# ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Fulton COUNTY

I, T. H. Jeffers, Ordinary of said County, do certify that I know Mrs. R. A. Harvey 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 18 day of Sept 1919.

That I also know Mrs. H. B. Seeson witness ~~to the marriage~~, and I also know that ~~both of~~ the foregoing were duly sworn by my Clerk before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 18 day of Sept 1919.

(REAL) T. H. Jeffers Ordinary  
Fulton County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. All affidavits must be made before the Ordinary of the county of residence.  
4. Only widows who married prior to first January, 1861, are entitled.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.  
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

*Ok for 1920  
Harvey R. (Mrs)  
Harvey with a*

# Widow's Application

To Be Put at Ball in Her Own Right When Husband Was on the Regular Roll or From Date of July 1, 1870—As Amended by Act of 1919.

County Fulton  
Name Mrs. R. A. Harvey  
Widow of Isaac Harvey  
Company A  
Regiment Cutter Bot  
Approved \_\_\_\_\_

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

8 23-0-2

# *Copy* MARRIAGE LICENSE

OF

*Isaac Harvey*  
AND

*Ruth A. McManis*

Issued *21 Sept 1871*

and Recorded on Page *79* Book

*1871* of Marriage Licenses

*B. E. McManis*  
Ordinary

## WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

*Fulton* COUNTY

Personally before me comes *Mrs. R. A. Harvey* of said County, who, after being duly sworn, says that she is the widow of *Isaac Harvey* to whom, in the County of *Sumter* State of *Ga.* she was married on the *24* day of *Sept* *1871*, and that she remained his wife, and resided with him to the date of his death in *Jan. 13* *1912* and that she has not since his death remarried. At the time of his death he was a resident of *Stewart* County in said State of Georgia, and he was on the *111th* Pension roll of the State and paid a pension of *\$100.00* in *Stewart* County for *19* *12* per annum, on account of being a soldier in Company *A. 1st* *Regiment* (Volunteers or State Militia).

That she is now a bona fide resident citizen of said County of *Fulton* in the State of *Ga.* all her life and she has so continuously resided *since* *1871* *xx*

Sworn to and subscribed before me, this the

*18* day of *Sept* *19* *19*  
*Chas. B. McManis* Ordinary  
of *Fulton* County  
(SEAL)

*R. A. Harvey*

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

STATE OF GEORGIA,

*Fulton* COUNTY

Personally before me comes *Mrs. M. B. Stevens* known to be responsible and truthful persons, residing in said County, who after having been duly sworn, says: that of their own personal knowledge *Mrs. R. A. Harvey* who made the foregoing affidavit, is the lawful widow of *Isaac Harvey* who died in *Stewart* County in said State of *Ga.* on *13* day of *Jan* *19* *12*, and that she has not since remarried. That she became the wife of *Isaac Harvey* on the *24* day of *Sept* *18* *71*, and that she and he had resided together as man and wife continuously *for over thirty years* *xx* and that the *Isaac Harvey* was the same man who was on the pension roll of said State from *Stewart* County when he died.

Sworn to and subscribed before me, this the

*18* day of *Sept* *19* *19*  
*Chas. B. McManis* Ordinary  
of *Fulton* County  
(SEAL)

*Mrs. M. B. Stevens*

*Copy*  
**MARRIAGE LICENSE**

OF

*Isaac Harvey*  
AND  
*Ruth A. Harvey*

Issued *21 Sept 1871*

and Recorded on Page *79* Book

*1871* of Marriage Licenses

*B. E. B. R.*  
Ordinary

personally before me comes *Isaac Harvey* of said County, who, after being duly sworn, says that she is the widow of *Isaac Harvey* to whom in the County of *Sumter* State of *Ga.* she was married on the *24* day of *Sept* *1871*, and that she remained his wife, and resided with him to the date of his death in *Jan. 13* *1917* and that she has not since his death remarried. At the time of his death he was a resident of *Stewart* County in said State of Georgia, and he was on the *11100* Pension Roll of the State and paid a pension of \$ *100.00* in *Stewart* County for *19* *16* per annum, on account of being a soldier in Company *A. 101st* *Inf.* *Regiment* (Volunteers or State Militia).

That she is now a bona fide resident citizen of said County of *Fulton* in the State of *Ga.* all her life and she has no continuously resided *Stewart* *xx*

Sworn to and subscribed before me, this the

*18* day of *Sept* *19* *19*

*Chas. B. Brown* Ordinary

of *Fulton* County

(SEAL)

*R A Harvey*

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

STATE OF GEORGIA,

*Fulton* COUNTY

Personally before me comes *Mrs. M. E. Stevens* known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say, that of their own personal knowledge Mrs. *R. A. Harvey* who made the foregoing affidavit, is the lawful widow of *Isaac Harvey* who died in *Stewart* County in said State of *Ga.* on *13* day of *Jan.* *19* *17*, and that she has not since remarried. That she became the wife of *Isaac Harvey* the *24* day of *Sept* *18* *71*, and that she and he had resided together as man and wife continuously *over* *thirty* years, and that the *Isaac Harvey* was the same man who was on the pension roll of said State from *Stewart* County when he died.

Sworn to and subscribed before me, this the

*18* day of *Sep* *19* *19*

*Chas. B. Brown* Ordinary

of *Fulton* County

(SEAL)

*Mrs. M. E. Stevens*

of their own personal knowledge Mrs. R. A. Harvey who made the foregoing affidavit, is the lawful widow of Isaac Harvey who died in Stewart County in said State of Ga. on 13 day of Jan'y 1917, and that she has not since remarried. ~~That she became the wife of Isaac Harvey on the 24 day of Sept. 1871~~ and that she and he had resided together as man and wife continuously ~~for over thirty years~~ for over thirty years and that the Isaac Harvey was the same man who was on the pension roll of said State from Stewart County when he died.

Sworn to and subscribed before me, this the 18 day of Sep 1919  
Chas. B. Marshall Ordinary  
of Fulton County.  
(SEAL)

Mrs. N. B. Peters

**MARRIAGE LICENSE**  
STATE OF **GEORGIA** COUNTY OF **SUMTER**

TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL.

You are hereby authorized to join  
Isaac Harvey and Ruthie A. McGarrath  
in the Holy Rite of Matrimony according to the Constitution  
and laws of this State and for so doing this shall be your license.  
And you are hereby required to return this license to me  
with your Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal this 21 day of  
September 1919 B. F. Bell Ordinary (L.S.)

STATE OF GEORGIA **CERTIFICATE** COUNTY OF **SUMTER**  
I certify that Isaac Harvey and Ruthie A. McGarrath  
were joined in Matrimony by me this 24 day of September 1919  
and Twenty one  
Recorded September 1919  
B. F. Bell Ordinary J. H. Carwood M.S.

County in said State of Ga. on 13 day of Jan. 19 17,  
and that she has not since remarried. That she became the wife of Isaac Harvey on  
the 24 day of Sept. 18 71, and that she and he had resided together as man and  
wife continuously ~~more~~ <sup>for over thirty years</sup> and that the Isaac Harvey was  
the same man who was on the pension roll of said State from Stewart  
County when he died.

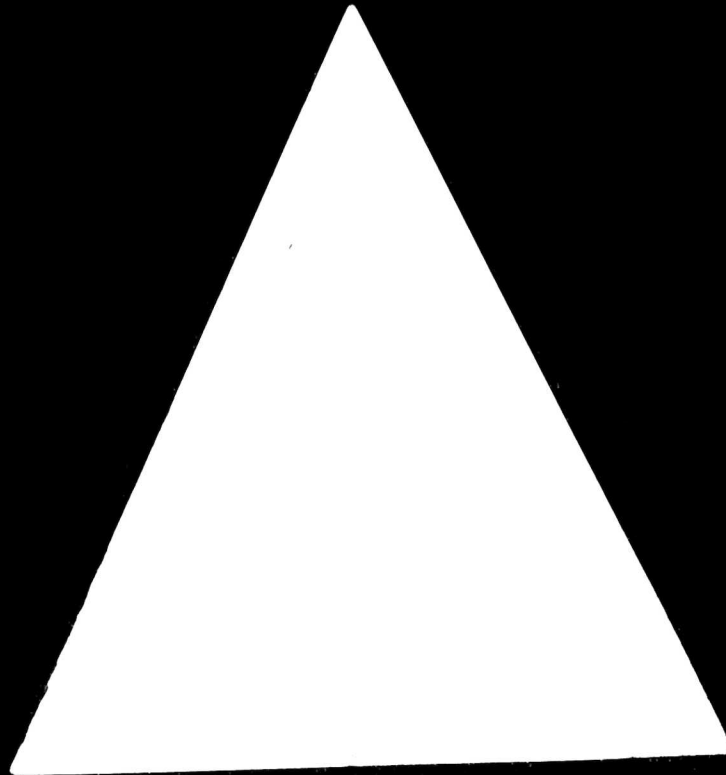
Sworn to and subscribed before me, this the  
18 day of Sep. 19 19  
*David O. Marshall* Ordinary  
of Dalton County.  
(SEAL)

*Mrs. J. B. Peters*

**MARRIAGE LICENSE**  
STATE OF GEORGIA, COUNTY OF SUMTER  
TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL.  
You are hereby authorized to join  
Isaac Harvey and Riethe A. McGarrah  
in the Holy State of Matrimony according to the Constitution  
and Laws of this State and for so doing this shall be your license.  
And you are hereby required to return this license to me  
with your Certificate hereon of the fact and date of the Marriage.  
Given under my hand and seal this 21 day of  
September 1871 B. F. Bell (L.S.)  
Ordinary  
STATE OF GEORGIA **CERTIFICATE** COUNTY OF SUMTER  
I Certify that Isaac Harvey and Riethe A. McGarrah  
were joined in Matrimony by me this 24 day of September 1871  
and Sent one  
Recorded *B. F. Bell* 1871  
Ordinary  
*J. H. Carwood*  
M.C.

Recorded *September* 1871  
*B. Bell* 44  
Ordinary

*J. H. Carwood*  
*M.S.*



*Harrisville, V. R.*  
*J. P. Fulton*  
No. \_\_\_\_\_  
**INDIGENT PENSION**  
**1804**  
*1805*  
Name *J. P. Harrisville*  
County *Fulton*  
Co. *6* 53rd Regt.  
Approved *J. P. Harrisville* 100  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
*J. P. Harrisville*  
Ordinary will write name of Applicant, Company  
and Regiment on back as indicated above.  
Geo. W. Harrison, State Printer, Atlanta, Ga.  
*9/22/04*

**POWER OF ATTORNEY.**  
STATE OF GEORGIA,  
COUNTY \_\_\_\_\_  
I, \_\_\_\_\_  
do hereby authorize \_\_\_\_\_  
to receive and receipt for the pension allowed and request that he remit same to \_\_\_\_\_  
at \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_  
Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_  
Executed in presence of \_\_\_\_\_  
[L. 81]



# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, \_\_\_\_\_ hereby authorize  
 \_\_\_\_\_ of \_\_\_\_\_  
 to receive and receipt for the pension allowed and request that he remit same to \_\_\_\_\_  
 at \_\_\_\_\_ by \_\_\_\_\_  
 Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1904.  
 [L. S.]  
 Executed in presence of \_\_\_\_\_

## QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

I, John H. Harnell of said State and County, desiring  
 to avail himself of the Pension Act (Section 1364, Code), hereby submit 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)  
Georgia Fulton County Atlanta J. H. Harnell
2. How long and since when have you been a resident of this State?  
since 1865 39 years
3. When and where were you born?  
in Prince George County Virginia
4. When and where and in what company and regiment did you enlist or serve?  
1st of August 1861 at Hardscrabble Bluff  
in Co. C 59th Ala
5. How long did you remain in such company and regiment?  
from August 1st 1861 to end of war
6. When and where was your company and regiment surrendered and discharged?  
at Appomattox
7. Were you present with your company and regiment when it was surrendered? no
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?  
I was captured at the battle of Five Forks in April 1865 and held prisoner at point Lookout
9. How much can you earn (gross) per annum by your own exertions or labor?  
\$ 400
10. What has been your occupation since 1865?  
Midway Farm, Ga.
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"?  
first
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?  
partly old age  
partly infirmity I am totally blind and I have  
blindness & paralysis and totally blind in  
one ear from a wound
13. What property, real and personal, or income, do you possess, and its gross value?  
valuable North furniture
14. What property, real or personal, did you possess in 1864, 1866, 1868, 1870, 1872, 1874, 1876, 1878, 1880, 1882, 1884, 1886, 1888, 1890, 1892, 1894, 1896, 1898, 1900, 1902 and 1904, and what disposition, if any, by sale or gift, have you made of same?  
about 800 in stock & furniture  
that belonged to my wife
15. In what County did you reside during those years, and what property did you then return for taxation?  
in Rockdale County until May 1861
16. How were you supported during the years 1869, 1900, 1901 and 1902? Up to May 1901  
I supported my wife by earning a mile or 20 miles a month
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 furnished all the food after and 25 dollars a month
18. What was your employment during 1898, 1899, 1900 and 1901? What pay did you receive in each year?  
I ran a mill 2000 in month with Harnell and 1000 a month
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed?  
I have a wife & one  
daughter who makes 75 in a day 16 years old  
two grand children age 8 & 10 years
20. Are you receiving any pension? If so, what amount and for what disability?  
no
21. Have you ever made an application for pension before?  
no
22. How many applications have you ever made and under what class?  
none

Sworn to and subscribed before me this the

27th day of June, 1904.

John H. Harnell Applicant.

of Fulton County.

Ordinary,

J. H. Harnell

Applicant.

Every Question MUST Be Answered.

No.

INDIGENT PENSION

1904

John H. Harnell

of Fulton

Co. L 53rd Ala

War of 1861-1865

JOHN W. LINDSEY,

Commissioner of Pensions

RECEIVED

HANDLED TO

and

4/10/04

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

County.

of said State and County, having been presented as a witness in support of the application of \_\_\_\_\_ for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside?
2. Are you acquainted with \_\_\_\_\_, the applicant; if so, how long have you known him?
3. Where does he reside, and how long and since when has he been a resident of this State?
4. When, where and in what company and regiment did he enlist, and how do you know?
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty?
7. When and where was his command surrendered?
8. Were you present when it surrendered?
9. Was applicant present?
10. If he was not present, where was he? When did he leave his command? For what cause?
11. What authority he left? How do you know all of this?
12. What property, effects or income has the applicant? (Give your means of knowledge.)
13. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same?
14. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
15. What is the applicant's occupation and physical condition?
16. Is the applicant unable to support himself by labor of any sort; if so, why?
17. How was he supported during the years 1896, 1898, 1900, 1901 and 1902?
18. What portion of his support for these four years was derived from his own labor or income?
19. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
20. Who composes family? What property have they? Children's age and their earning capacity?
21. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_\_

Witness.

Ordinary.

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton

County.

Personally came before me \_\_\_\_\_ and \_\_\_\_\_, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

\_\_\_\_\_ applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:  
He has Keremia, Asthma, Rheumatism, and  
Totally deaf in one ear.

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

Sworn to and subscribed before me, this, the \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_\_

Ordinary.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton

County.

I, \_\_\_\_\_ Ordinary, in and for said County, hereby certify that the applicant, \_\_\_\_\_ resides in said County, and has been a bona fide resident of this State since the \_\_\_\_\_ day of \_\_\_\_\_ 189\_\_\_\_\_, and that the witnesses, viz.:

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

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

I further certify that the tax digest of \_\_\_\_\_ County shows that applicant returned for taxation in his name in 1899, \_\_\_\_\_ Dollars of property, and in 1900, \_\_\_\_\_ Dollars of property; in 1901, \_\_\_\_\_ Dollars of property; in 1902, \_\_\_\_\_ Dollars of property.

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

Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_\_

Ordinary,

of \_\_\_\_\_ County.

# NOTES.

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 witnesses, and as to the execution of the proof as above set out.

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Rockdale COUNTY.

I, J. H. Beck of said State and County, having been presented as a witness in support of the application of J. R. Harrell for pension under section 1264, Code, and after being duly sworn true answers to the following questions, depose and answers as follows:

1. What is your name and where do you reside? J. H. Beck, Learys Sta
  2. Are you acquainted with J. R. Harrell, the applicant; if so, how long have you known him? Yes - have known since 1861
  3. Where does he reside, and how long and since when has he been a resident of this State? He now resides in Atlanta Ga. has resided in Ga since 1861
  4. When, where and in what company and regiment did he enlist, and how do you know? Don't know
  5. Were you a member of the same company and regiment? No
  6. How long did he perform regular military duty? Don't know
  7. When and where was his command surrendered? Don't know
  8. Were you present when it surrendered? No
  9. Was applicant present? Don't know
  10. If he was not present, where was he? Don't know
- When did he leave his command? — For what cause? —  
By what authority he left? — How do you know all of this? —

11. What property, effects or income has the applicant? (Give your means of knowledge.) None, I don't know this through himself & family
12. What property, effects or income did the applicant possess in 1898, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? He had no property effects or income any of those years. Except an old mule & wagon worth about \$50.00 or 40.00
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? Yes the old mule & wagon - sold them when he went to Atlanta
14. What is the applicant's occupation and physical condition? He is a Miller and Stone Cutter. He is getting old - suffers with Rheumatism in right hand and has Asthma - He is a full man
15. Is the applicant unable to support himself by labor of any sort, if so, why? He is not in account of his infirmities and diseased condition. He is not able to labor physically
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? By his own labor and attention, chiefly as a miller
17. What portion of his support for these four years was derived from his own labor or income? Can't say, but thinks most of it
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1264, Code? Know him to be infirm & suffering from Asthma. Getting old - has been badly wounded - and generally infirm that able labor
19. Who composes family? What property have they? Children's age and their earning capacity? His wife and one daughter. They have no property. His daughter is about 16 years - has her own home & is married & has 3 children. 8 & 12 years old. His daughter is the only one of family able to support herself.
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the

3rd day of Aug 1904

A. M. Helms

Ordinary.

J. H. Beck

Witness.

W. J. Beck

I certify that the witnesses J. H. Beck & W. J. Beck are residents of Rockdale County & credible persons of trustworthy character and entitled to full faith and credit and were duly sworn before signing above affidavit.  
Aug 3rd 1904  
A. M. Helms Ordinary

of 4 Credible persons of trustworthy character and enabled to give oath and sworn  
and were duly sworn before signing above affidavit  
June 3<sup>rd</sup> 1864  
J. M. Nelson Ordinary

AFFIDAVIT FOR WITNESSES.

STATE OF <sup>Virginia</sup> ~~Delaware~~

City of ~~Delaware~~ <sup>Petersburg, County</sup>

Personally appears before me, the undersigned, <sup>Judge of the Circuit Court</sup> ~~Ordinary in and for said County~~,  
for said City or State, the same being a Court of record, W. S.  
Tucker & J. T. Washer, each of whom, being duly sworn according to law,  
severally say, under oath, that they are personally well acquainted with John R. Har-

vick,  
whose application is herewith presented for a pension,  
and that they served with him in the army, and from our personal knowledge he was injured by the service

as follows: (give full statement, and tell in your own language how bodily affliction is disabled from work.

~~It is done any labor, or can do any, state when.)~~ In the latter part of May or

early in June, 1864, the command to which we of the said

Harvick belonged was transferred to the South side of

the James River to meet a detachment of the forces

under Gen. Butler upon the Richmond & Petersburg Rail-

Road. Mr. Harvick was wounded in the head in

a charge of our forces upon Gen. Butler's, and

was unfit for duty for four or five weeks.

At the battle of Five Forks, in April 1865, all

three of us were captured by the enemy & held

as prisoners until June 1865. Soon after our

release, Mr. Harvick moved to Georgia, where his

friends had given a room as a hospital, & where we

saw him since. All three of us were released into

the military service of the Confederate States in May

1861, as privates in Co. C, of 53<sup>rd</sup> Virginia of Virginia

Volunteers, & continued acting engaged in small service

until we were captured in April 1865.

We personally know above stated facts. We were with him in the army, and have known him ever

since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since.

We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

10<sup>th</sup> day of July 1895.

J. M. Nelson

W. S. Tucker

J. T. Washer

NOTE.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to do so.

2. Witnesses are asked to make their statements full and explicit.

Form 1.

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA,

*Roswell* County

PERSONALLY appears *John R. Harville* of *Roswell* County, State of Georgia, who being duly sworn says on oath that he is a *bona fide* citizen and resident of Georgia, and has been continuously since the *5th* day of *July* 1865; that he enlisted in the military service of the Confederate States on the *1st* day of *August* 1864 during the war between the States, and served as a *private* in Company *C* of *5th* Regiment of *Georgia* Volunteers *Amphibious* Brigade; that whilst engaged in such military service, at the battle of *Vu* in the State of *Vu* on the *1st* day of *January* 1864, he was disabled as follows:

*By a gun shot wound in the right temple, fracturing the skull thereby causing total deafness in right ear and seriously affecting sight in right eye causing partial blindness.*

Deponent desires to participate in the benefits of the Act approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26th, 1895.

Sworn to and subscribed before me, this the

*27* day of *April* 1895.

*(Signature)*  
Ordinary.

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease give full and connected history of disease, tracing it directly to the service.  
Note.—Do not trouble to mention wounds which do not disable.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY }

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

[ 8 ]

Executed in the presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY }

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

[ 8 ]

Executed in the presence of

*Harville, J. R.*  
*Fulton County*  
C-53 (FOR THOSE ALREADY ENROLLED.)

No. 47

INDIGENT  
SOLDIER'S PENSION  
1905.

Name *J. R. Harville*  
County  
Co. *C. 53* Regiment *4 Ga.*

WARRANT ISSUED

1905.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDLED TO

*CHAS*  
THE FARMHOUSE PRINTING AND PUBLISHING CO., ATLANTA, GA.

*no date*

*Harville, J. R.*  
*Fulton Co.,*

(FOR THOSE ALREADY ENROLLED.)

*6-53* No. *387*  
*INDIGENT*  
SOLDIER'S PENSION  
1906.

Name *J. R. Harville*  
County  
Co. *C* Regiment *3 Ga.*

WARRANT ISSUED

1906.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDLED TO

*CHAS*  
THE FARMHOUSE PRINTING AND PUBLISHING CO., ATLANTA, GA.

*no date*

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears J. R. Harville of 74-77

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 \_\_\_\_\_ 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 6, of 3rd Regiment of La. Inf. 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 \_\_\_\_\_ 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,

County.

I, \_\_\_\_\_ 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 2 1905 day of \_\_\_\_\_ 1905.

Ordinary Fulton.

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. R. Harville 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 \_\_\_\_\_ 1861; that he is 62 years old and by occupation \_\_\_\_\_ 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 6, of 3rd Regiment of La. Inf. that his physical condition is as follows: Age and 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 1906. I have heretofore, as a resident of Fulton County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the \_\_\_\_\_

day of JAN 1906.

Ordinary.

State of Georgia,

Fulton County.

I, \_\_\_\_\_ Ordinary of said County, do certify that I am well acquainted with J. R. Harville 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, 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 \_\_\_\_\_

*Hambley J. R.*  
*Fulton Co*  
*6-53*  
(FOR THREE YEARS ENROLLED)

No. 57

INDICENT  
SOLDIER'S PENSION  
1907.

Name *J. R. Hambley*  
County *Fulton*  
Co. *6* Regiment *57th*

WARRANT ISSUED

*1/4* 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*W. H. Hambley*  
No. 57

*W. H. Hambley*



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

County.

Personally appears L. H. Harville 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 \_\_\_\_\_ 1866; that he is 62 years old  
and by occupation a *High Water*; that he enlisted in the military service of the Con-  
federate States (or of the State of Ga.) during the war between the  
States, and served for the term of 4 yrs in Company C. of 83th Regiment  
of 1st Inf & Arty, that his physical condition is as  
follows: \_\_\_\_\_

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. J. R. Harville  
John H. Williamson Ordinary.

State of Georgia,

County.

I, \_\_\_\_\_ Ordinary of said County,  
do certify that I am well acquainted with J. R. Harville  
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.

Ordinary \_\_\_\_\_ County.

AD-2  
7007  
97-1  
11-10

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

State of Georgia,

WITNESSETH

County.

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

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

AM  
2007  
JUL  
10

Ordinary

County.

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

The undersigned of the 8th Battalion does not contain the name of  
any person who is being present. Must explain fully just where  
and how he was present, and account for them honorably to  
J. B. Lindsey, Com. of Battalion

*Robert Smith*  
*10th Feb 1862*

Confederate

Soldier's Application.

UNDER ACT 1812

*Bullton*  
*J. B. Lindsey*  
*1st Regt*



1908? (State it fully by items.)

2. When and to whom was it sold or given to? *None*
3. What was the price paid or stated to be paid? *0*
4. What relation is the party to applicant? *0*
5. What disposition was made of the proceeds of the sale? *0*
6. Was the disposition of this property made in good faith and full value? *0*

or was it made to obtain a pension?

Sworn to and subscribed before me, this 26th day of Dec 1910, at Fulton County, Georgia, J. H. Gorman, Ordinary.

### ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton County.

I, John W. Gorman, 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 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. H. Gorman shows that for 1908 \$9.50 for 1909 \$9.30 for 1910 \$9.50 and wife value for tax is in 1908 \$9.50 for 1909 \$9.30 for 1910 \$9.50 day of 12th 1910.

John W. Gorman, Ordinary, Fulton County.

NOTES: 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.

Additional affidavits may be attached if blank spaces are insufficient. All affidavits must be made before the Ordinary and certified by him. 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, J. H. Gorman, of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office.) *J. H. Gorman, Fulton Co. Ga.*
2. How long and since when have you been a continuous resident citizen of this State? *Since my 1840*
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? *In the Confederate Army*
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) *At Atlanta, Ga., in the 1361st Co. D., 1st Division, 1st Corps, C.S.A.*
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) *Until August 1865, at Appomattox, Va., 1865*
6. When and where was your Company and Regiment surrendered or discharged from the Service? *At Appomattox, Va., 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
9. Where was your Command when you left it? *At Appomattox, Va., 1865*
10. When did you leave the Command? *At the surrender of April 9, 1865*
11. For what cause did you leave? *Because of surrender*
12. By whose authority did you leave? *By the authority of the Command*
13. For how long was your leave granted? In what way?
14. Why did you not return to your Command after leave expired? *Because of the surrender*
15. In what way were you prevented? *Because of the surrender*
16. What effort did you make to return? *None*
17. Were you captured during the war? *Yes*
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 wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) *66 acres of land valued at \$660; 1 horse \$75; 1 cow \$20; Farming tools & implements, including 1 horse, a wagon \$25; 1 mule \$25; 1 chicken \$25; 1 pig \$25*
20. 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*
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 wife and its cash value? (Make itemized list.) *None*
22. What annual or monthly income or earnings of yourself and wife and the source derived have you? *Only small income is derived from the sale of land*
23. Are you now receiving a pension of any amount from this State or the United States? *Yes*
24. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *Yes, I have applied for a Pension*

Sworn to and subscribed before me, this 26th day of Dec 1910, at Fulton County, Georgia, J. H. Gorman, Ordinary.

Pension Office, 11/22/10.

The surrender Roll of the 9th Battalion does not contain the name of the applicant or witness as being present. List explain fully, just where they were, when they left the command, and account for their nonreturn to the close of the war.

J. W. Lindsey, Com. of Pension

Soldier's Application.

Confederate

UNDER ACT 1910.

County

Fullton

Name

J. B. Howell

Company

4

Regiment

1st Regt. Vol.

Approved

J. W. LINDSEY,

Com. Pension Office of Pension

11/16/10

# QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

Fullton County.

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

1. What is your name and what do you reside? W. H. Lindsey, Fullton
2. How long and since when have you known J. B. Howell the applicant? at least 60 years
3. Where does he now reside, and since when has he been a bonafide, continuous resident in this State and how do you know? Fullton Co. Ga. since 1850 - still
4. When, where and in what Company and Regiment did J. B. Howell serve during the war from 1861 to 1865? (Give date and place) 1862 - Atlanta, Ga. 9th Regt. Artillery
5. How did you obtain your information of the Service? from J. B. Howell in person
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) from 1862 to 1865 in April 1864
7. What and where was his Command surrendered or discharged (give date and place) April 1865 at Appomattox, Virginia
8. Were you personally present at the Surrender? Yes
9. If not, where were you and how came you there? From the
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came him there? Yes
12. What did he leave his Command? Yes Where was his Command when he left it? Yes for what cause did he leave? Yes and how long was he granted leave? Yes How do you know all that you have stated to be true? If of your own knowledge (tell clearly and specifically) Yes
13. In what way was he prevented from returning to his Command? Yes How do you know? Yes
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? Yes In what prison was he held? Yes and when released?

Sworn to and subscribed before me, this 16th day of Nov 1910, at Fullton County.

## AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Fullton County.

Personally before me, W. H. Lindsey who on oath says that they are free holders residing in said County and we know the property that is now in the possession and control of himself and wife and of the said J. B. Howell and wife.



2018 2019 Full 2020

August 1861, Atlanta, Georgia.

Co. F, 1st Regiment Georgia Vol.

Co. E, 9th Battery of Artillery, surrendered  
April 9, 1865, Appomattox Court House, Va.

W. L. Hayes - Same Company part of the time and same battalion all the time.  
 Harry Krouse - Co. E, 9th Ga. Batt. Art. & Co. F, 1st Regt. (Ga. Vol. Inf.

Mo de 3a.

**CHAS. H. GIMARDEAU,**

**Favor & Girardeau**

**915-19 PETERS BUILDING**

BOTH PHONES 2619

Com. of Pensions

The applicant for a pensions J.C.Harwell was a member of 1st Ga.Vol. Inf't and was discharged on March 18th 1862 at Ft. Mifflin. He enlisted in Co E.9th Ga.Bat.Arty ~~March~~ 1862 and on the day of the surrender of Genl Lee our command was located about 10 miles from the surrender?Genl Walker disabbed the commands under him and we had to make our way to Genl Johnston Army, the members of the 9th Ga.B.Arty were disbanded at that time and very few of the survivors were together so it almost imposible to trace whre the different commands were captured. I with a number were captured in North Carolina.

suppose the reason that the names of the applicant and his  
 does not appear on the roll at the surrender<sup>is</sup> that they left  
 the list was made out or they did not surrender as we did not do  
 Trust will be satisfactory I am

Harry Moore  
Sec. Survivors Assn 9th Ca. BaF. Arty

Sec. Survivors Assn 9th Ca. Bat. Arty

W. L. Howe - Same Company part of the time and same battalion  
all the time.  
Harry Krouse - Co. E, 8th Ga. Batt. Art. & Co. F, 1st Regt.  
(Ga. Vol. Inf.

No date.

so . Trust will be satisfactory I am

Yours truly

*Harry Krouse*

Sec. Survivors Assn 9th Ga. Bat. Arty



GEORGIA Fulton County.

I, \_\_\_\_\_, Ordinary of said county, do certify that I personally know \_\_\_\_\_ the applicant, and that she is the lawful widow of \_\_\_\_\_ and was on the \_\_\_\_\_ Pension Roll of said \_\_\_\_\_ county, and was paid a Pension from \_\_\_\_\_ county for 19\_\_\_\_, and at the time of her death on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, there was due to him and unpaid his Pension of \_\_\_\_\_ Dollars from the State of Georgia, and I have \_\_\_\_\_ the within

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

Gives under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

\_\_\_\_\_  
Ordinary,  
County.

HARWELL, J. E.  
Fulton County

No. \_\_\_\_\_

19\_\_\_\_

**Application for Pension Due  
Deceased Soldier**

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY

Mrs. Janey C. Harwell

Widow of J. E. HARWELL

of Fuller County

Co. \_\_\_\_\_ Regt. \_\_\_\_\_ Vols.

Approved and paid

19\_\_\_\_

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 19\_\_\_\_, through my deceased husband \_\_\_\_\_ of said county, my

husband \_\_\_\_\_

who was on \_\_\_\_\_

Pension Roll and paid from \_\_\_\_\_

for 19\_\_\_\_

Witness my hand this \_\_\_\_\_

day of \_\_\_\_\_

19\_\_\_\_

Attested before me:

# Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, Fulton County.

Personally before me comes Mrs. Nancy E. Harwell, of said county, after being duly sworn, on oath says that she is the widow of J. B. Harwell

who was duly enrolled as a Pensioner from the county

of Fulton and was paid a Pension of \$12.00

Dollars from Fulton county for 1912, and that the said

J. B. Harwell died in Fulton county on

the 16 day of January 1913, and at the time of his death a Pension of \$12.00

was due him from Fulton county and unpaid for 1913

Applicant further swears that she married the said J. B. Harwell on

the 11 day of Feb 1869 in Fulton county and

State of Georgia and resided with him from the date of marriage to his death

as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid

to her.

Sworn to and subscribed before me this 19 day of Feb 1913

John R. Williams Ordinary Mrs. Nancy E. Harwell (L. S.)

Fulton County.

## AFFIDAVIT OF WITNESS.

GEORGIA, Fulton County.

Personally before me comes Mrs. Mary Megee, who

on oath says that she knew J. B. Harwell while in life

and that he knows Mrs. Nancy E. Harwell

the above applicant; that he knows that the said J. B. Harwell

and Mrs. Nancy E. Harwell were in due form of law married in the county

of Fulton in the State of Georgia on

the 11 day of Feb 1869 and that they resided together

as husband and wife from date of marriage to the day of his death on the 16 day

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

Sworn to and subscribed before me this 19 day of Feb 1913

John R. Williams Ordinary, John R. Williams

Fulton County.

GEORGIA, Fulton County.  
 Personally before me comes Miss Mary Megree, who  
 on oath says that she knew she John B. Harwell while in life  
 and that he knows she Mrs. Nancy E. Harwell  
 the above applicant; that he knows that the said John B. Harwell  
 and Mrs. Nancy E. Harwell were in due form of law married in the county  
 of Fulton in the State of Georgia on  
 the 11 day of Feb'y 1894 and that they resided together  
 as husband and wife from date of marriage to the day of his death on the 19 day  
 of Jan'y 1894 and I now know that she is his dependent widow.  
 Sworn to and subscribed before me this 19 day of Feb'y 1913  
John R. Williams Ordinary, }  
Fulton County. }

NOTE 1st.—This form can be used by certified or regular judges where there is no widow.

# PENSION POWER OF ATTORNEY

State of Georgia.

Know All Men by these Presents:

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

In witness whereof I have hereunto set my hand and seal, this the 25 day of Mar, 1913

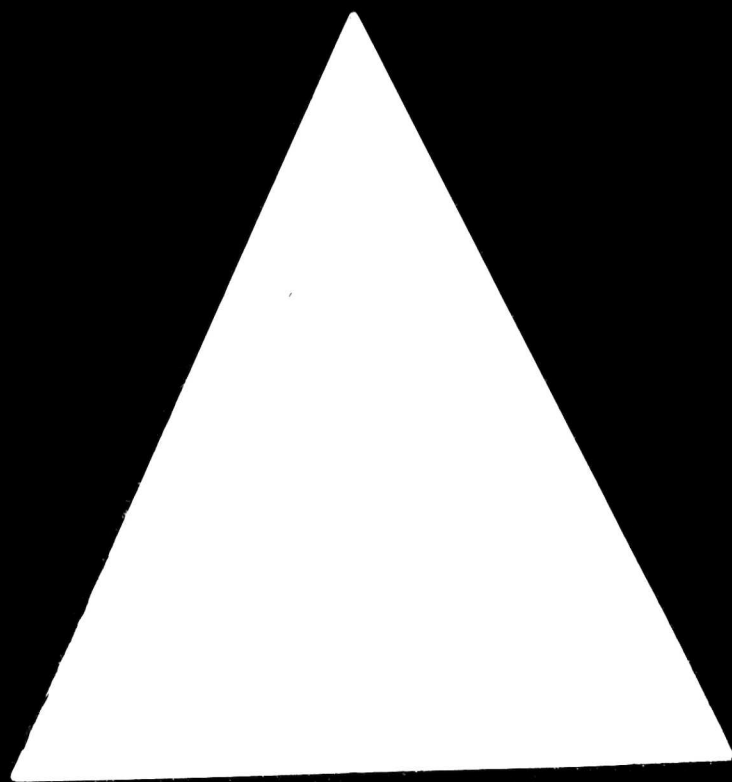
Signed, sealed and delivered in presence of Nancy E. Harwell SEAL

SEAL J. B. Harwell J.P.

My commission expires December 1916

POWER OF ATTORNEY EXECUTED

By



*Harwell, James A.*  
*Indigent Pension*  
No. \_\_\_\_\_

**INDIGENT PENSION**  
**1900.**

Name *James A. Harwell*  
County *Spalding*  
C'o *D-4*

Approved \_\_\_\_\_ 1900.

JOHN W. LINDSEY,  
*Commissioner of Pensions.*

WARRANT HANDED TO \_\_\_\_\_

Geo. W. Harrison, State Prison, Atlanta.

*4/10 7900*

*Pension office for 1900*  
*Must state that he*  
*has present to it*  
*his command at this*  
*place when it was last*  
*ordered, and for the*  
*statement to be true*  
*by a witness who was*  
*personally present with*  
*the command at same*  
*date.*  
*J. W. Lindsey,*  
*Comm. of Pensions*

**POWER OF ATTORNEY.**  
**STATE OF GEORGIA.**  
County }  
I, \_\_\_\_\_  
do hereby authorize \_\_\_\_\_  
to receive and receipt for the pension allowed, and request that he remit same to \_\_\_\_\_  
at \_\_\_\_\_ day of \_\_\_\_\_ 1900.  
Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 1900.  
Executed in presence of \_\_\_\_\_  
(L. S.)

# 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

1900.

Executed in presence of

(H. S.)

*Pension Office for Mr. J. R. Harwell, State of Georgia, 11-17-1900. Harwell's father died in 1867 when he was 15 years old. He was brought up in his father's home at Athens, Ga. when it was a small town and he was the only child. He was a witness to the burning of the town by a villainous soldier named Harwell. He was present at the burning of the town at Athens, Ga. in 1867.*

INDIGENT PENSION

1900.

Name *J. R. Harwell*

County *Putnam*

Co. *5th*

Approved \_\_\_\_\_ 1900.

JOHN W. LINESKY,

Commissioner of Pensions.

WARRANT DATED 1900

4/11/1900

## Questions for Applicant.

STATE OF GEORGIA,

County.

I, *James R. Harwell*, of said State and County, desiring to avail myself of the Pension Act (Section 1264, Code), hereby submit the following questions, depose and answer as follows:

1. What is your name and where do you reside? *James R. Harwell, Putnam County, Ga.*
2. How long and since when have you been a resident of this State? *Since 1899, 15 years.*
3. When and where were you born? *April 26, 1861, at West Point, Ga.*
4. When and where and in what company and regiment did you enlist or serve? *April 26, 1861, at West Point, Ga. 4th Georgia Infantry, West Point, Ga.*
5. How long did you remain in such company and regiment? *during the war, 4 years.*
6. For how long a period did you discharge regular military duty? *during the war.*
7. When, where and under what circumstances were you discharged from service? *Summerville, S. C. 4th Georgia Infantry.*
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.*
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"? *age and poverty.*
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? *I have had catarrh and inflammation of the eyes since 1865, and have been blind ever since. I have no other means of support.*
13. What property, effects or income do you possess, and its gross value? *Nothing at all.*
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? *none.*
15. In what County did you reside during those years, and what property did you then return for taxation? *Putnam County, Georgia.*
16. How were you supported during the years 1898 and 1899? *by wife and sons.*
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *Cost \$100.00.*
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? *Wife and two sons. No means of support. No homestead.*
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 *March*, 1900.

*J. R. Harwell*

Applicant.

of *Putnam* County.

County.

Every Question MUST Be Answered.

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

*Fulton*  
*Wm. H. Keuloh* COUNTY.

of said State and County, having been presented to me as witness in support of the application of *James R. Harwell* for pension under Section 1264, Code, and after being duly sworn, true answers to the following questions, depose and answers as follows:

1. What is your name and where do you reside?  
*Wm. H. Keuloh*  
*97 Capital Square, Atlanta, Ga.*
2. Are you acquainted with *James R. Harwell*, the applicant; if so how long have you known him?  
*Since nine years*
3. Where does he reside, and how long and since when has he been a resident of this State?  
*54 Ivy Street, Atlanta. Has been a resident of the State all his life.*
4. Was he ever in the military service, and if so, in what company and regiment did he enlist, and how do you know?  
*Yes, in the Georgia Infantry - was with him in the C. Co.*
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 circumstance of his discharge from the service?  
*Left with him in the C. Co. after 6 1861 and summer of 1862 - Va.*
7. What property, real or personal, has the applicant? (Give your means of knowledge).  
*None. I have known him and have known of him since the war.*
8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same?  
*Household items*
9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?  
*None. None to convey or disposed of.*
10. What is the applicant's occupation and physical condition?  
*Has no occupation. Is physical condition deteriorated - see physical certificate.*
11. Is the applicant unable to support himself by labor of any sort, if so, why?  
*He is unable to support himself on account of his condition physically.*
12. How was he supported during the years 1898 and 1899?  
*In the assistance of his wife and sons.*
13. What portion of his support for those 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 1264, Code?  
*See his certificate on next page.*
15. What interest have you in the recovery of a pension to this applicant?  
*None.*

Sworn to and subscribed before me, this *28* day of *December*, 1900.  
*Wm. H. Keuloh*  
Ordinary.

Witness.

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

*Fulton* COUNTY.

Personally came before me *George A. Union* and *F. M. Young*, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully *J. R. Harwell*, applicant for pension under Section 1264, Code, and after such personal examination say that his precise physical condition is as follows:

*He has Chronic Stomachitis, and is very weak. He is not able to make any exertion whatever.*  
*George A. Union*  
*F. M. Young M.D.*

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 *22* day of *March*, 1900.  
*Wm. H. Keuloh* Ordinary.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

*Fulton* COUNTY.

I, *Wm. H. Keuloh* Ordinary in and for said County, hereby certify that the applicant, *J. R. Harwell*, resides in said County, and has been a bona fide resident of this State since the *28* day of *March*, 1899, and that the witnesses, viz: *George A. Union* and *F. M. 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 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 *Fulton* County show that applicant returned for taxation in his name in 1898 *none* Dollars of property, and in 1899 *none* Dollars of property.

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

Witness my hand and seal of office, this *28* day of *March*, 1900.

*Wm. H. Keuloh* 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 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. 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      1901.  
[L. S.]

Executed in presence of

*James P. Lindsey*  
*John W. Lindsey*

(For Those Already Enrolled.)

No. 401

INDIGENT  
SOLDIER'S PENSION.  
1901.

Name *John W. Lindsey*  
County *Paulding*

WARRANT ISSUED  
*Jan 14* 1901.  
JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDED TO  
*cash*  
John W. Lindsey, Secy. of Pensions

*no data*



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Buttler* County }

Personally appears *James R. Harwell* *Buttler*  
County, State of Georgia, who being duly sworn, says on oath that he is *bona fide* citizen  
and resident of said County and State, and has resided in said State continuously ever  
since the *4* day of *August* *1890*; that he is *60* years old and  
by occupation a *—* 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 for the term of *4 years* in Company *D*, of *44* th Regiment  
of *Georgia Inf*; that his physical condition is as  
follows:

*Francis Brantley*

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 *Buttler*  
county been allowed a pension for the year 1 *but time*

Sworn to and subscribed before me, this the *14*

day of *June* 1901. *J. R. Harwell*  
*John R. Harwell* Ordinary

STATE OF GEORGIA,

*Buttler* County }

I, *John R. Harwell* Ordinary of said County,

do certify that I am well acquainted with *James R. Harwell* 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 *June* 1901.



*John R. Harwell* Ordinary *Buttler* 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. 192

INDIGENT

SOLDIER'S PENSION  
1902.

Name *James R. Howell*  
County *Fulton*,  
Co. *A* Regiment *1st*

WARRANT ISSUED

*4/17* 1902

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

*4/17*

JOHN W. LINDSEY, COM. PENS.

*no data*

*Howell James R.*  
*Fulton Co*

(FOR THOSE ALREADY ENROLLED.)

No. 451

INDIGENT

SOLDIER'S PENSION  
1907.

Name *James R. Howell*  
County *Fulton*,  
Co. *A* Regiment *1st*

WARRANT ISSUED

*4/17* 1907

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

*4/17*

JOHN W. LINDSEY, COM. PENS.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears *James R. Hurwell* 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 *11* day of *Aug* 18*46*; that he is *66* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *18* months in Company *A*, of *1st* th Regiment of *Inf*; that his physical condition is as follows: *Chronic Bronchitis*

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 *10* day of *Aug* 1902, *James R. Hurwell* Ordinary.  
STATE OF GEORGIA,  
County.

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

Given under my official signature and seal, this *10* day of *Aug* 1902, *John H. Wilkinson* Ordinary.  
County.



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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

County.

Personally appears *James R. Hurwell* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *11* day of *Aug* 18*46*; that he is *66* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *18* months in Company *A*, of *1st* th Regiment of *Inf*; that his physical condition is as follows: *Chronic Bronchitis*

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 *Fulton* County, been allowed a pension for the year 1901

Sworn to and subscribed before me, this *10* day of *Aug* 1902, *James R. Hurwell* Ordinary.

State of Georgia,

County.

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

Given under my official signature and seal, this *10* day of *Aug* 1902, *John H. Wilkinson* 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 \_\_\_\_\_ 1903.

Executed in presence of \_\_\_\_\_ [L. S.]

*Harwell, James C.*  
*Fulton County*

CODE SECTION 154  
(FOR THOSE ALREADY ENROLLED)

No. 49

INDIGENT

**SOLDIER'S PENSION  
1903.**

Name *J. R. Harwell*

County *Fulton.*

Co. *D* Regiment *4th*

*Wm*

WARRANT ISSUED

*420* 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Wm*

Geo. Harwell, State Prison, Atlanta.

*no data*

*Harwell, James C.*  
*Fulton Co*

CODE SECTION 154  
(FOR THOSE ALREADY ENROLLED)

No. 70

INDIGENT

**SOLDIER'S PENSION  
1904.**

Name *J. R. Harwell*

County *Fulton.*

Co. *D* Regiment *4th*

*Wm*

WARRANT ISSUED

*420* 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Wm*

Geo. W. Harwell, State Prison, Atlanta.

*no data*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1904.

Executed in the presence of \_\_\_\_\_ [L. S.]

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.)

Personally appears J. R. Harwell 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 4 day of Aug 1864, 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 10, of 4th Regiment of       , 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, 1864, 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        1903.

Ordinary.

STATE OF GEORGIA,

Fulton. County.)

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with J. R. Harwell 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.

Ordinary.

County.

Note.—The blank spaces must be filled.  
Note.—A affidavit should not be attested before January 1st, 1906.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton. County.)

Personally appears J. R. Harwell 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 4 day of Aug 1864, 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 10, of 4th Regiment of       , 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, 1864, 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        1904.

Ordinary.

STATE OF GEORGIA,

Fulton. County.)

I, John R. Wilkinson Ordinary of said County, do certify that I am well acquainted with J. R. Harwell 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.

Ordinary.

County.

Note.—The blank spaces must be filled.  
Note.—A 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 \_\_\_\_\_ 1905.

[ U. S. ]

Executed in the presence of \_\_\_\_\_

*Harwell, James R.,  
Fulton County*

(FOR THOSE ALREADY ENROLLED.)

No. 3577

**INDIGENT  
SOLDIER'S PENSION  
1905.**

Name *James R. Harwell*  
County \_\_\_\_\_  
Co. *Regiment 4th*

WARRANT ISSUED

*1/18* 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*C. P. H.*

(FOR THOSE ALREADY ENROLLED.)

*no date*

*Harwell, James R.,  
Fulton Co.,*

(FOR THOSE ALREADY ENROLLED.)

No. 468.

**INDIGENT  
SOLDIER'S PENSION  
1906.**

Name *James R. Harwell*  
County \_\_\_\_\_  
Co. *Regiment 4th*

WARRANT ISSUED

*1/17* 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*any*

(FOR THOSE ALREADY ENROLLED.)

*no date*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY }

I, \_\_\_\_\_ hereby authorize

of

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

at

by \_\_\_\_\_

WITNESS my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1906.

[ U. S. ]

Executed in the presence of \_\_\_\_\_

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears James R. Harwell 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 1840; that he is 64 years old and by occupation a Barber, 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 4th Regiment of Col. Inf.; that his physical condition is as follows: Infirmity, 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. { James Harwell Ordinary.

STATE OF GEORGIA.

Fulton County.

I, \_\_\_\_\_ Ordinary of said County, do certify that I am well acquainted with James Harwell 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 Fulton 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 James R. Harwell 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 64 years old and by occupation a Barber, 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 4th Regiment of Col. Inf.; that his physical condition is as follows: Infirmity, 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 1906. I have heretofore, as a resident of \_\_\_\_\_ County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of JAN 1, 1906. { James Harwell Ordinary.

State of Georgia,

Fulton County.

I, \_\_\_\_\_ Ordinary of said County, do certify that I am well acquainted with James R. Harwell 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 1, 1906.

Ordinary Fulton County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1906.

ALL  
your  
name

Ordinary Fulton

County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1906.

ALL  
your  
name

John P. Wilkinson  
Ordinary

County.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1906.



GEORGIA DIVISION

W. H. Hallett, Agent

Atlanta, Ga.

~~Mr~~ J. S. Baker & J. M. Johnson of Company "D" 4<sup>th</sup> Ga Regiment—  
do hereby certify that ~~we~~ <sup>we</sup> were present at Appomattox C. H. Va.  
and surrendered, on the 9<sup>th</sup> day of April 1865, and  
that to <sup>our</sup> ~~my~~ own personal knowledge Mr James R.  
Harwell was a Member of said Company and  
that he enlisted at West Point Ga on the 26<sup>th</sup> day  
of April 1861 and that the said James R. Harwell  
was present at Appomattox C. H. Va. and was  
at that time a member of the 4<sup>th</sup> Ga Regimental  
Band and did surrender at Appomattox C. H. Va.

Seen to and Subscribed

Before me Dec 15<sup>th</sup> 1900

J. B. Strong, Ordinary

J. S. Baker

J. M. Johnson

Georgia  
Fulton County

Ordinary Office Dec. 15<sup>th</sup> 1900

J. B. Strong Ordinary in  
and for said County do hereby certify

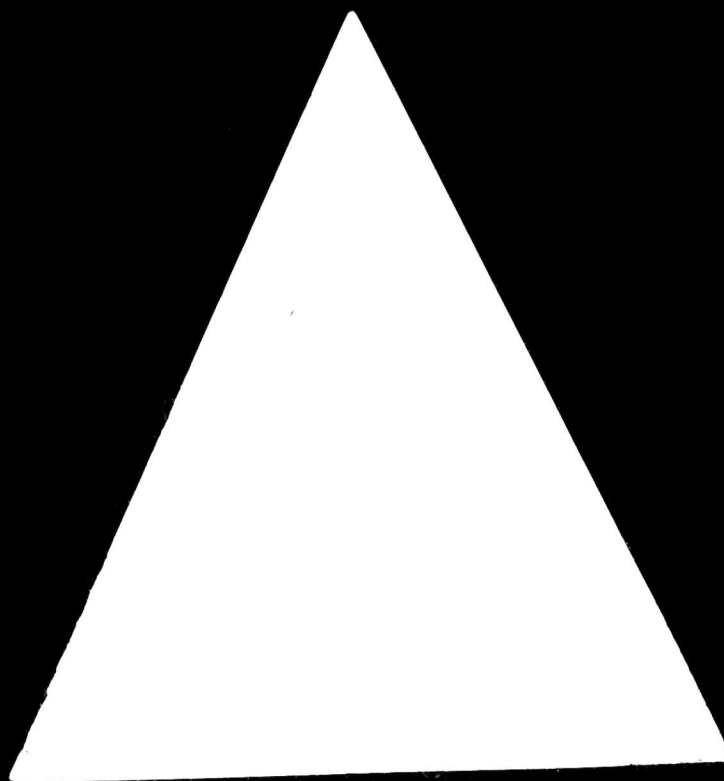


County } J. B. Strong Ordinary in  
and for said County do hereby certify

That J. S. Butler and T. W. Johnson are personally known to me to be of trustworthy characters and their statements are entitled to full faith and credit

Given under my hand and seal, this 15<sup>th</sup> day of December 1900

J. B. Strong, Ordinary



Harwell, John M.

Fulton Co.

No. 2108

**APPLICATION FOR ALLOWANCE**

FOR YEAR ENDING OCT. 31, 1889.

FOR

Salary of Capt. Lee

Applicant J. M. Harwell

County Fulton

Amount \$1000.00

Date of Warrant Feb 14/89

Entered on Record,

Feb 14 1889

W. H. H.

SECRETARY RESOLVED DEPARTMENT.

Applicant

Hammell, John M.

Fullon B.

No. 4108

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 31, 1888

FOR

Loss of Right Leg

Applicant John M. Hammell

County Fullon B.

Amount \$1000.00

Date of Warrant Feb 14 1889

Entered on Record

Feb 12 1889

W.H.H.

CLERK OF THE BOARD OF COMMISSIONERS

Applicant

STATE OF GEORGIA.

*Fullon* County }  
PERSONALLY appears *John M. Hammell* of *Fullon* county,  
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resi-  
dent of said State, and has been such continuously since the *8<sup>th</sup>* day of  
*December* 1839, that he enlisted in the military service of the Confederate  
States (as of the State of ) during the war between the States, and  
served as a *Private* in Company *A*, of *19*th Regiment of  
*Georgia* Volunteers *Stephens*'s Brigade; that whilst engaged  
in such military service, at the battle of *Farmington* in the  
State of *Virginia*, on the *13<sup>th</sup>* day of *December* 1862, he was  
wounded as follows: *Left leg by a gun shot*  
*around the knee & during the same*  
*to be amputated 100 inches below*  
*the knee*

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

Sworn to and subscribed before me, this } *J. H. Hammell*  
the *11<sup>th</sup>* day of *February* 1889 }  
*W. H. Hammell*  
*Ordinary*

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

STATE OF GEORGIA,

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

Sworn to and subscribed before me, this  
day of 188

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.

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

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

Given under my official signature and seal, this 11 day of February 1889  
W. L. Loeach  
Ordinary Fulton County.

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 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 \_\_\_\_\_ 1889

(L. S.)

Executed in the presence of us

\_\_\_\_\_

DIRECTION:

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

NOTES.

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

STATE OF GEORGIA,

*Fulton* County.

I, *W. L. De Calhoun* Ordinary of said county, do certify that I am well acquainted with *John M. Harwell* 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 *8<sup>th</sup>* day of *February* 189*0*

Ordinary

County

STATE OF GEORGIA,

*Fulton* County.

I, *W. L. De Calhoun* Ordinary of said County, do certify that I am well acquainted with *John M. Harwell* 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 *13<sup>th</sup>* day of *February* 189*0*

Ordinary

County

1890.

*Harwell, J. M.*

No. 5791

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING DECEMBER 31, 1890.

*Gross pay*  
Applicant *John M. Harwell*  
County *Fulton*

Amount

*100*

Date of warrant, *July 8*

Entered on record

*July 8*

*1890*

*20th*

*1890*

*1890*

*1890*

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# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

PERSONALLY appears *John M. Hammett* *Fulton* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *first* day of *TR*; that he enlisted in the military service of the Confederate States (or of the State of *TR*) during the war between the States, and served as a *Lieut* in Company *B*, of *19*th Regiment of *Georgia* Volunteers *Archer*'s Brigade; that whilst engaged in such military service, at the battle of *Friedrichsburg* in the State of *TR*, on the *13*th day of *December*, 1862, he was wounded as follows: *gun shot on the left leg by enemy's ammunition or shot from at the same point*

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

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

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, *John M. Hammett*, of

county, in said State, do hereby appoint

of *John M. Hammett* 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 *8*th day of *February*, 1890.

Executed in the presence of us:

[L. S.]

### DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

PERSONALLY appears *John M. Hammett* 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 *first* day of *TR*; that he enlisted in the military service of the Confederate States (or of the State of *TR*) during the war between the States, and served as a *Lieutenant* in Company *B*, of *19*th Regiment of *Georgia* Volunteers *Archer*'s Brigade; that whilst engaged in such military service at the battle of *Friedrichsburg* in the State of *TR*, on the *13*th day of *December*, 1862, he was wounded as follows: *gun shot on the left leg by enemy's ammunition or shot from at the same point*

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

Sworn to and subscribed before me, this *12*th day of *Feb*, 1891.

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

## POWER OF ATTORNEY. STATE OF GEORGIA,

*Fulton* County.

Know all Men by these Presents, That I, *John M. Hammett*, of

County, State of Georgia, do hereby appoint

of *John M. Hammett* 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 *12*th day of *Feb*, 1891.

[L. S.]

Executed in the presence of us:

### DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA.

*Fulton County.*

I, *W. L. DeLoach* Ordinary of said county, do certify that I am well acquainted with *John M. Hammett* 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. DeLoach*

Ordinary

*Fulton*

County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

*Fulton County.*

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

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

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

Executed in the presence of us:

Send money to me as follows, by \_\_\_\_\_

STATE OF GEORGIA \_\_\_\_\_ to \_\_\_\_\_ County, Georgia.

P. O.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892

Name

*John M. Hammett*

County

*Fulton*

Disability

*Loss leg*

Amount, \$

*100*

Entered on record

*Mar 2* 1892

W. H. HARRISON.

Secretary of Pension Department

AGENT.

*Applicant*

*Hammett, John M.*

*Fulton Co*

1893

Application for Allowance

No. *1178*

Pay the Year Ending October

*Loss of leg*

*Applicant, John M. Hammett*

County, *Fulton*

Amount, *100*

Date of Warrant, *3/10*

Entered on record, *3/10*

1893.

*W. H. HARRISON*

Secretary of Pension Department

*Applicant*

*Hammett, John M.*

*Fulton Co*

STATE OF GEORGIA.

For applicants heretofore allowed pensions.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears John M. Harwell 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 8<sup>th</sup> day of December 1837 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Lieutenant in Company A of 19<sup>th</sup> Regiment of Georgia Volunteers Brcher's Brigade; that whilst engaged in such military service at the battle of Fredricksburg in the State of Virginia on the 13<sup>th</sup> day of December 1862 he was wounded as follows:

Wound of left leg causing the amputation of the bone below the knee

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

One Hundred Dollars for 1891

Sworn to and subscribed before me this 2<sup>nd</sup> day of March 1892.

W. L. Calhoun 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

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 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 2<sup>nd</sup> day of March 1892.

Executed in the presence of us

Send money to me as follows, by

DIRECTION.

to

County, Georgia.

[L. S.]

P. O.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

PERSONALLY appears John M. Harwell 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 8<sup>th</sup> day of December 1837; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Lieutenant in Company A of 19<sup>th</sup> Regiment of Georgia Volunteers Brcher's Brigade; that whilst engaged in such military service at the battle of Fredricksburg in the State of Virginia on the 13<sup>th</sup> day of December 1862, he was wounded as follows: Wound of left leg causing the amputation of the bone below the knee

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

One Hundred dollars, for 1892

Sworn to and subscribed before me, this, the 2<sup>nd</sup> day of March 1892.

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

do certify that I am well acquainted with John M. Harwell 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 affidavit was made and sworn to, was duly sworn, and that the said affidavit was signed, is a true and correct copy of the original, and that the said County, and the said affidavit and the said County, are genuine.

Given under my official signature and seal, this 2<sup>nd</sup> day of March 1892.

W. L. Calhoun Ordinary Fulton County.

STATE OF GEORGIA,

POWER OF ATTORNEY

# POWER OF ATTORNEY.

STATE OF GEORGIA, }  
COUNTY, }

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

[U. S.]

Executed in the presence of us

## DIRECTIONS

Send money to me as follows, by

to  
County, Georgia

P. O.

# POWER OF ATTORNEY.

STATE OF GEORGIA, }  
County, }

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1895

[U. S.]

Executed in presence of us

## DIRECTIONS

Send money to me as follows, by

to  
County, Georgia

P. O.

Soldier's Pension.

1894.

Name John McHavall  
County Fulton  
Disability Loss of leg  
Amount \$100.  
1894  
W. H. HARRISON,  
Secretary Executive Department

WARRANT HANDLED TO

Applicant

See W. Harrison, State Printer, Albany

(For Those Already Enrolled.)

No. 579

SOLDIER'S PENSION.

1895.

Name John V. Parwell  
County Fulton  
Disability Loss of leg  
Amount, \$100.  
1895.  
RICHARD JOHNSON,  
Secretary Executive Department

WARRANT HANDLED TO

Applicant

See W. Harrison, State Printer, Albany

No date

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Fulton County, }

Personally appears John M. Harwell 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 8th day of December 1879; 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 Lieutenant in Company A, of 18th Regiment of Georgia Volunteers, Archer's Brigade; that whilst engaged in such military service at the battle of Fredericksburg in the State of Virginia on the 13th day of December 1862, he was wounded as follows: *gun shot wound of the left leg causing the amputation of the same below the knee*

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

Sworn to and subscribed before me, this, 12th day of March 1894, J. M. Harwell

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 John M. Harwell 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 John M. Harwell 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 8th day of December 1879; 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 Lieutenant in Company A, of 18th Regiment of Georgia Volunteers, Archer's Brigade; that whilst engaged in such military service at the battle of Fredericksburg in the State of Virginia on the 13th day of December 1862, he was wounded as follows: *gun shot wound of the left leg causing the amputation of the same below the knee*

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

Sworn to and subscribed before me, this, 12th day of March 1895, J. M. Harwell

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 John M. Harwell 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,

County, }

I, \_\_\_\_\_ hereby authorize

of

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

by \_\_\_\_\_

at

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

day of

1896.

[L. S.]

Executed in presence of us

(For Those Already Enrolled.)

No. 261

**SOLDIER'S PENSION.**

**1896.**

Name John M. Hargrell

County Fulton

Disability Loss of leg

Amount, \$ 100

2/26 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

*aplet*

Gen. W. H. Harrison, State Prison, Atlanta.

*1/16/96*

*Howell & Hargrell  
Fulton Co*

ACT OF 24 OCT. 1892

(For Those Already Enrolled.)

No. 624

**INVALID**

**SOLDIER'S PENSION.**

**1897.**

Name *John M. Hargrell*

County *Fulton*

Disability *Loss of leg*

Amount, \$ *100*

1897.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

*aplet*

Gen. W. H. Harrison, State Prison, Atlanta.

*1/16/96*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton

County.

Personally appears John M. Harwell of Fulton County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of December 18<sup>th</sup>, 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 Lieutenant in Company of 1<sup>st</sup> Regiment of Georgia Volunteers, Archer's Brigade; that whilst engaged in such military service in the State of Virginia, on the 1<sup>st</sup> day of December 1862, he was wounded, injured or diseased as follows: Gun shot wound of the left leg causing the amputation of the same below the knee.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Fulton county been allowed a pension of \$100.00 for the year 1892.

Sworn to and subscribed before me, this, the 26<sup>th</sup> day of March, 1896. J. M. Harwell  
H. L. Calhoun Clerk

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. L. Calhoun Ordinary of said County, do certify that I am well acquainted with John M. Harwell 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<sup>th</sup> day of March, 1896.



H. L. Calhoun  
Ordinary, Fulton County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Fulton County.

Personally appears John M. Harwell 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 8<sup>th</sup> day of December 1837; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a Lieutenant in Company A, of 1<sup>st</sup> Regiment of Georgia Volunteers, Archer's Brigade; that whilst engaged in such military service in the State of Virginia, on the 13<sup>th</sup> day of December 1862, he was wounded, injured or diseased as follows:

Gun shot wound of the left leg causing the amputation of the same below the knee.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Fulton county been allowed an invalid pension of \$100.00 Dollars, for the year 1892.

Sworn to and subscribed before me, this, the 26<sup>th</sup> day of March, 1897. J. M. Harwell  
H. L. Calhoun Clerk

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. L. Calhoun Ordinary of said County, do certify that I am well acquainted with John M. Harwell 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<sup>th</sup> day of March, 1897.



H. L. Calhoun  
Ordinary, Fulton County.

STATE OF GEORGIA.

Fulton County.

Personally appeared before me, J. M. Haines, C. L. 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 A. 19th Regiment of Georgia Volunteers that while engaged in such military service, he was at the battle or engagement of Red Bank, Miss. in the State of Mississippi on the 22nd day of December, 1862, he was wounded in the leg, and that the same was amputated at the knee; that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has not supplied himself with an artificial leg; or that, not having done so, he prefers to supply himself with an artificial leg.

Sworn to and subscribed before me this 22nd day of Oct, 1879, at Fulton Co. Ga.  
J. M. Haines, C. L.  
J. C. Giddens, Not Pub.  
Fulton Co. Ga.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

Fulton County.

Personally came before me, J. M. Haines, C. L. of the county of Fulton, State of Georgia, who, being duly sworn, deposes and says that he was 22nd in Company A. 19th Regiment and that J. M. Haines, the above deponent, was leg in said Company, and that this deponent knows that said leg lost a leg in the military service as said in the above affidavit.

Sworn to and subscribed before me this 27th day of Oct, 1879, at Fulton Co. Ga.  
J. C. Giddens, Not Pub.  
Fulton Co. Ga.

Note.—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens, must be furnished.

J. C. Giddens, Not Pub.  
Fulton Co. Ga.

APPLICATION FOR

FOR COMPENSATE SQUIRE

Applicant: J. M. Haines

(County) Fulton

Rank: 22nd at the time

Amount: \$100

Date of Writ: Oct 20th 1879

Page

100

## AN ACT

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

SECTION 1. 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 artificial 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. 2. 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. 3. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this act more than once in five years.

SEC. 4. 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. HAYES,  
Speaker House Representatives.  
RUFUS E. LUTHER,  
President Senate.  
ALFRED H. COLQUHOUN, 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, James P. Hinton, Ordinary of Fulton  
county, do certify that I am well acquainted with J. McHarris  
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 James C. Harrison  
the citizen who makes the 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.....  
day of.....18.....

James C. Harrison  
Ordinary of Fulton

# 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 \_\_\_\_\_

*Harvey J. M. Fulton*  
ACT OF MARCH, 1867.  
(For These Already Enrolled.)  
No. *2278*

INVALID  
SOLDIER'S PENSION.  
1898.

Name *John M. Harwell*  
County *Fulton*  
Disability *blind*  
Amount, \$ *3/1* 1898.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDLED TO  
*apph.*

SEE THE RECORDS OF THE COMMISSIONER OF PENSIONS.

*No data*

# POWER OF ATTORNEY.

STATE OF GEORGIA,  
County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ of \_\_\_\_\_ to receive and receipt for the pension paid hereon and request that he remit same to \_\_\_\_\_ by \_\_\_\_\_ at \_\_\_\_\_ IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1899.

[L. S.]

Executed in presence of \_\_\_\_\_

*Harvey J. M. Fulton*  
ACT OF MARCH, 1867.  
(For These Already Enrolled.)  
No. *1936*

INVALID  
SOLDIER'S PENSION.  
1899.

Name *J. M. Harwell*  
County *Fulton*  
Disability \_\_\_\_\_  
Amount, \$ *100-* 1899.  
*4/3*

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDLED TO  
*apph.*

SEE THE RECORDS OF THE COMMISSIONER OF PENSIONS.

*No data*



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *M. Hamwell* 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 *5<sup>th</sup>* day of *Dec* 1865; 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 *Lieutenant* in Company *C*, of *19<sup>th</sup>* Regiment of *54<sup>th</sup>* Volunteers, *Archers*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *13<sup>th</sup>* day of *Dec* 1864, he was wounded, injured or diseased as follows:

*From shot & shrapnel to the left leg causing the amputation of the same below the knee.*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1888. I have heretofore under said law as a resident of *Fulton* county been allowed an invalid pension of *one hundred* Dollars, for the year 1897.

Sworn to and subscribed before me, this, *1<sup>st</sup>* day of *March* 1898, *M. Hamwell* POST-OFFICE

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, *J. H. Pulley* Ordinary of said County, do certify that I am well acquainted with *M. Hamwell* 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 *1<sup>st</sup>* day of *March* 1898.



Ordinary *Fulton* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *M. Hamwell* of *Fulton* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *Dec* 1865; 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 *Lieutenant* in Company *A*, of *19<sup>th</sup>* Regiment of *54<sup>th</sup>* Volunteers, *Archers*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *13<sup>th</sup>* day of *Dec* 1864, he was wounded, injured or diseased as follows:

*Loss of left leg.*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1889. I have heretofore under said law as a resident of *Fulton* County been allowed an invalid pension of *\$100 -* Dollars, for the year 1898.

Sworn to and subscribed before me, this, *8<sup>th</sup>* day of *April* 1899, *M. Hamwell* POST-OFFICE

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, *J. H. Pulley* Ordinary of said County, do certify that I am well acquainted with *M. Hamwell* 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 *3<sup>rd</sup>* day of *April* 1899.



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 \_\_\_\_\_ 1900.

[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 \_\_\_\_\_

at \_\_\_\_\_

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

[L. S.]

Executed in presence of \_\_\_\_\_

CODE SECTION 126

(For Those Already Enrolled.)

No. 0746

INVALID

SOLDIER'S PENSION.

1900.

Name *J. M. Harwell*

County *Fulton*

Disability \_\_\_\_\_

Amount, \$ *10.00*

Warrant issued *July 5* 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO \_\_\_\_\_

*John W. Harwell*  
Gov. W. Harrison, State Printer, Atlanta.

*No data*

CODE SECTION 126

(For Those Already Enrolled.)

No. 200

DISABLED

SOLDIER'S PENSION.

1901.

Name *J. M. Harwell*

County *Fulton*

Disability *lost leg 1899*

Amount, \$ *10.00*

*July 18* 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO \_\_\_\_\_

*John W. Harwell*  
Gov. W. Harrison, State Printer, Atlanta.

*100*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *McHarwell* of *Fulton* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of *Dec* 1839, that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Lieutenant* in Company *H*, of *9*th Regiment of *Ga* Volunteers, *Archers*'s Brigade; that whilst engaged in such military service in the State of *Va*, on the *13*th day of *Dec* 1862, he was wounded, injured or diseased as follows:

*Loss of left leg.*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of *Fulton* County been allowed an invalid pension of *2* Dollars, for the year 1899.

Sworn to and subscribed before me, this the *1* day of *March* 1901. *John R. Wilkinson*

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

Given under my official signature and seal, this *2* day of *March* 1901.



*John R. Wilkinson*  
Ordinary *Fulton* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Fulton* County.

Personally appears *McHarwell* of *Fulton* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *Dec* 1839, that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Lieutenant* in Company *A*, of *19*th Regiment of *Ga* Volunteers, *Archers*'s Brigade; that whilst engaged in such military service in the State of *Va*, on the *13*th day of *Dec* 1862, he was wounded, injured or diseased as follows:

*Loss of left leg.*

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of *Fulton* County been allowed an invalid pension of *2* Dollars, for the year 1900.

Sworn to and subscribed before me, this the *1* day of *May* 1901. *John R. Wilkinson*

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

STATE OF GEORGIA,

*Fulton* County.

I, *John R. Wilkinson* Ordinary of said County, do certify that I am well acquainted with *John McHarwell* 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 *5*th day of *May* 1901.



*John R. Wilkinson*  
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

1902.

[L. S.]

Executed in presence of

FOR THOSE ALREADY ENROLLED.

No. 70

DISABLED

SOLDIER'S PENSION

1902.

Name J. M. Maxwell

County Fulton.

Co. A Regiment 19<sup>th</sup> Reg

Disability 100% Reg

Amount, \$ 700.00

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

JOHN W. LINDSEY, State Printer, Atlanta.

no date

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County }

I,

hereby authorize

of

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

by

at

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

day of

1903.

[L. S.]

Executed in presence of

FOR THOSE ALREADY ENROLLED.

No. 41

DISABLED

SOLDIER'S PENSION

1903.

Name J. M. Maxwell

County Fulton.

Co. A Regiment 19<sup>th</sup> Reg

Disability 100% Reg

Amount, \$ 100.00

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

L. J. J.

JOHN W. LINDSEY, State Printer, Atlanta.

no date

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONS

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears J M Harwell of Fulton.

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Dec 1839; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company A, of 19th Regiment of Ga Volunteers, Archib's Brigade; that whilst engaged in such military service in the State of Ga, on the 13th day of Dec 1862, he was wounded, injured or diseased as follows:

Lost left leg

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

One hundred Dollars, for the year 1901.

Sworn to and subscribed before me, this the 13th day of JAN 1902, at Post-office Frank.

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

STATE OF GEORGIA,  
Fulton County.

I, John R. Wilkinson, Ordinary of said County, do certify that I am well acquainted with J M Harwell 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.

ALL  
your  
own  
here

John R. Wilkinson Fulton County.  
Ordinary

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

MEK OF V.LJOKNEA

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears J M Harwell of Fulton.

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Dec 1839; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company A, of 19th Regiment of Ga Volunteers, Archib's Brigade; that whilst engaged in such military service in the State of Ga, on the 13 day of Dec 1862, he was wounded, injured or diseased as follows:

Lost left leg

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of Fulton County, been allowed an invalid pension of 100 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 13th day of JAN 1903, at Post-office Frank.

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

STATE OF GEORGIA,  
County.

I, John R. Wilkinson, Ordinary of said County, do certify that I am well acquainted with J M Harwell 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 1903.

ALL  
your  
own  
here

John R. Wilkinson Fulton County.  
Ordinary

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

ORDER OF  
J. C. HEN  
ORDINARY, CATAHOOCUSSEY  
GEORGIA

REINGOLD, GA.,

1905

Georgia  
Catahoosa County 33

This is to Certify that John  
B. H. Smith was paid a pension of \$100.00  
Dollars in this County (Catahoosa) this year  
Witness my hand and official seal  
this 1 day of November 1905

J. C. HEN

Harwell, James M.  
Hutton County

FOR THOSE ALREADY ENROLLED  
FOR SERVICE 1860  
No. 130

DISABLED  
SOLDIER'S PENSION  
1905.

Name John H. Smith  
County Full  
Co. A. W. 1st Regt. 1st Ga.  
Disability 100%  
Amount \$100.00

1905

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDED TO

100

no date

# POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I,

hereby authorize

of

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

by

at.

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

day of

1905.

[L. S.]

Executed in the presence of

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton.

COUNTY,

Personally appears *John M. Maxwell* 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 *all* day of *his life* 18 *that* he enlisted in the military service of the Confederate States (of the State of *Georgia*) during the war between the States and served as a *Private* in Company *A*, of *14*th Regiment of *Vol.* Volunteers *Colquitt's* Brigade; that whilst engaged in such military service in the State of *Ga.*, on the *13* day of *Dec* 186*2*, he was wounded, injured or diseased as follows:

*Lost left leg.*

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1905. I have heretofore, under said law, as a resident of *Butts* County, been allowed an invalid pension of *one hundred* Dollars, for the year 1904.

Sworn to and subscribed before me, this the

day of *JAN* 2 1905, 1905.

*J. M. Maxwell*

*John M. Maxwell*  
Post-office *Atlanta*

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

STATE OF GEORGIA,

Fulton.

COUNTY.

I,

*J. M. Maxwell*

Ordinary of said County,

do certify that I am well acquainted with *John M. Maxwell* 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 1905

1905.



*J. M. Maxwell*  
Ordinary

Fulton.

County.

Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1, 1906.