Jultan Maimed Soldiers. Voucher No 594 Audited Felt. 2 Voucher North 8 um & male Audited Amount \$ 100 Amoun: 2 // C Paid w/no. M. Harnell Part of 18 11 MI Harmile OMPTHOLLER-OFNERAL Loss on Leg sor Savey Vigt Feby 8 1890 Included in warrant No. included in Warrant No issued to Treasurer issued to Treasurer 1880 WARRANT CLERK W. J. Campbell, State Printer Constitution, Job Office. applicant.

Me for In Harroll of the County having filed his application in the Executive Department for an allowance under the Act approved. October 24, 1887, as amended by Act Dec 24 1888 and the same having been allowed for and by West lig The is centified to receive the sum of all Hernared Year Dollars for sor holisability, the same being the allowance thus 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 (ICN, Allers SI) CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE THEASURER, R. U. HARDEMAN, All Hundred voether

N. 418

State OF GLORGIA, Allanta, Ga Holmy, 12 1009

Allanta, Sa. Fly 8 190 EXECUTIVE DEPARTMENT. Mr. Ino M Narwell 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 Tass of Cey He is entitled to receive the sum of One Aundrew 7001 Dollars for such disability, the same being the trace due for the year ending October 24 1890 The Treasurer will pay the time to hold his receipt on this von ber and return same to Executive Department for warrant. Joyb Landell Garage Classification Department. 100 RECEIVED OF STATE TREASURER, R. U. HARDEMAN. Oul Hundre x ool
per above voucher, this

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1 of Fichy

STATE OF GEORGIA.

from alto process on taking out. CONFEDERATE SOLDIER'S APPLICATION Under Act of 1910—As Amended by Act of 1919, and Constitutional Ammendment of 1920. County Name Lovell Harroll Company Company At Regiment /4 Jenneuse, Carolix Approved served unde under Ins C. E. McGREGOR. Commissioner of Pensions.

Extension of new northern of let 10-31-1924

Itetness as home at & nd

| Explication of the pack of the application exceeded; | The property of the control of the pack of the application exceeded; | The property of the control of the pack of the control of the pack of suctionatent assumption of the text of the SEVI OF ORDIVARY To yab the anti softle le lass faisfile bins binst yin rebuit intowa mpaga pus quist put or page the best the telegoing state that the truthful and trustworthy and their statements are entrsorted mit if it in the motion of them the most resultents of sand County sine were the grown in before - would delia I tadt , 1920, 181 granual. cents apres pine to thatthe finatorial application of Kishammithou theoriest and first fine lad of Hessian states Himil T nogral ALS.105 STATE OF GEORGIA. Ordinary's Certificate SOLDIER'S APPLICATION Disapproved, for lack of proof of service to the lead of the Nan.

The second secon

### Ordinary's Certificate

COUNTY Ordinary of said County pertify that I know that he has been, continuously, a bona fide resident citizen of said Staty-since To the service, that both of them are may residents of said County and were duly sworth by ma before signing to foregoing affidiavits and they are truthful and trustworthy and their statements are enti-. / W To Ordinary SEAL OF ORDINARY

### Instructions:

- Before any questions are masketed the Ordinary shall swear applicant and the witness in the following words:
  "You do selemitly swear that you will true answers make to each of the questions asked you and the evidence you
  give shall be the whole touch. So help you toud."

  2. Additional affoliavits may be attached if blank spaces are sufficient.
  3. As affoliavits must be must before the Ordinary of the County in which the applicant or witness resides and must
  be critical by such tricknary.

  4. Place of 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

| ĺ   | STATE OF GEORGIA,  |           |
|-----|--|-----------|
| !   | Personally appears before me Govell Marwell 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 lengthly sworn true answers to make to the questions proportined, answers as follows, to sait   |           |
|     | I What is your name and where do you reside these County and Post Office Lovell Statewell, at 13 Mashington Street, atlanta to Fullow Co   | - ×       |
|     | 2. How long and since when have you been continuously, a bona for resident extrem of the State of Georgia.   | unag,     |
|     | a Did you coust in the Arm; of the Confederate States or in the organ zer militar of the State from  |           |
|     | 1861 to 1865 on the segular Confederate army.  |           |
|     | 4 When and where, and in what Company and Regiment did you enlist.' State the arm and class of   |           |
|     | String and give name of Council and Captain Bleve york, light the first beginning to the first of the first o | 1864      |
|     | a feet find this would be the first of the f | the water |
|     | Were you personally present with your Command when it was surrendered or lischarged!   |           |
|     | " If you were not actually present state specifically and clearly where you were   |           |
|     | I The present with my commande   |           |
|     | of Where was your Command when you left it sold not leave it, we   |           |
|     | b. When did you leave the tommand! Did not leave my Comm   | and       |
|     | e For what cause sid you leavet - Old not leave Community,   |           |
|     | d. By whose natherity did you leave will not leave to  |           |
|     | and and mot leave commande   |           |
|     | I Way did you not return to your Command wite, leave express! with hot leave of  | <i>i</i>  |
|     | K In what was were you prevented! Was with my Command,   | .011      |
|     | h. Wast effort and you make to return' Was With Command. Was not as  | Con       |
|     | Were you captured by the enemy at any time Ifthe At Moodwille Summere.   | e in      |
|     | If st. When, and where on 1863 in the order of house in what prison were   | •         |
|     | you held and when were you release !! Illy Illinois in Ostalic 862 meters of the yould trawing a person of any amount from the State of Georgia, or any other State, or the  | mary      |
|     | United States! , MO.   |           |
|     | 10. Have you ever applied for the Georgia Pension and had it refused? If so, for what cause was it   |           |
|     | not allowed! . 20  |           |
|     | Sworm to said subscribed before me, this the   L & H Available   |           |
| 140 | 24 day of activer 1324. Applicant  |           |
| Ma  | in R. Marbute Ordinary   |           |
|     | OF THE COUNTY County   |           |
|     |  |           |

SOLDIER'S APPLICATION CONFEDERATE

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

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-

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 entitled to full faith and credit.

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

Ordinary (SEAL OF ORDINARY. County

Instructions:

Before any questions are answered the Ordinary shall awar 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 avidence you
give shall be the whole truth. So help you God."
 Additional affidavits may be attached if blank spaces are sufficient.
 Additional affidavits may be attached if blank spaces are sufficient.
 Description of the supplication of the County in which the applicant or witness resides and must
be certified by such Ordinar.
 Pill out the back of the application carefully.

| 0 ' ( W' )   |
|--|
| Questions of Witness as to Service   |
| STATE OF COMMETA. Je une sier  |
| Crockett - COUNTY.   |
| Samuel & Bakentine of said State and County is hereby presented  |
| as a witness in support of the application of Lockel distribute 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 prepounded, answers  |
| as follows, to-wit   |
| 1 What is your name and where do you reads Samuel & Ballential   |
| a den't, strill ounty dearmented   |
| 2 How long and since when have you known foull Harwell the applicant!  |
| Leventy was a  |
| 3. Where does he now reside, and since when his he been, continuously, a born fide resident of this . •  |
| State and now do you know! When Co. Lawrence Leweral gor "   |
| When where and in what Company and Regiment did Lovel Harwell onlint!  |
| 4. When where and in what Company and Regiment, did Dottell Harwell culist! Give date and place and names of Colonel and Captain on 1862 or 1863 - 14th January Region   |
| only any it is a delle Comment of front Clouds The Selection   |
| How the see alterna your internation of this service of mas with him in this se  |
| e . I'm d is a first   |
| to How any within your awa personal knowledge did he perform actual military service with this   |
| Company and Region to the later of doubt the sever   |
| Secretary Court Court  |
| 7. When and wrete was no Command surrendered or discharged? Give date and place.   |
| 9. It not where were your to was at many the first there have and how and how you there I My Company of Second Sec |
| · · · · · · · · · · · · · · · · · · ·  |
| 12 When where and for what cause drive leave his Command! (Give date.)   |
| its 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 trued if of your own knowledge, state clearly and specifically   |
| of my swis hus ingle   |
|  |
| 13. In what way, if you know of your own knowledge, was he prevented from returning to his Com-  |
| mard! State clearly and specifically.  |
| 1). What effort did he make to return to his Command and how do you know this?   |
| 71/  |
| 15 Was applicant captured as a prisoner! He if so, when and where! H. 1863   |
| in what prison was he held! alton Ill dim Ind  |
| when released! of closely thereare   |
| Sworn to and subscribed before me, this the descence of Witness)  (S. Januar Mataragande its   |
| or Inscrient & Turn Sounds   |

O.R.

WAR DEPARTMENT.

THE ADMITANT GENERAL'S OFFICE,

washineton. Jan. 19, 1923.

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

The name Lovell Coffman Harwell has The name Lovell Coffman Harwell has mel been seemed or colle on this in this effice of Co.B. of any Tenn.C.S.A Cav.orgn.designated as the 7th.Nor has the name hear Jound on masses rolls of Co.D. (Capt.R.w. Haywood)7th. (Duckworths)Tenn.Cav.C.S.A. on file in this office.covering, in part, the period dam, 25.1661 to May 11.1664. The name Levell Harwell, prt. Haywoods Cav.appears on a Roll (not dated) or prisoners received at Alton Militar y Prison from Bolivar, Oct. 20.1862. showing him, captured at Modville. y Prison from Bollvar, wot. 20, 200. showing him, captured at Woodville, date not shown. No further or later record has been found.

> Robert. C. Davis The Adjutant General

ALL

Form Bu, 16=4.0.0 Mt. Ont. 9-11-40.000

Robert, C. Davis
The Adjutant General Form Ha. 16=4.0.0 Mt. Oct. 3-91-10 000

WIDOW'S
Indigent Pension.
1901.

Harwell May Baken

| County 7 | Moderwell a lo a can         |
|----------|------------------------------|
| Approved | 1/2 2 1901,                  |
| JOHN W   | LINDSEY,                     |
|          | Communicationer of Pensions. |
|          |                              |
| WARRAN   | I HANDED TO                  |
|          |                              |
|          | 1901.                        |

# POWER OF ATTORNEY.

| ( ) | 1      | 0         | Executed in presence of | Witness my hand this | remit the same to me at          | of   | F                |         |
|-----|--------|-----------|-------------------------|----------------------|----------------------------------|--|------------------|---------|
|     | County | Ordinary. | _                       | day of               |                                  | County, to recei   | hereby a         | County. |
|     |        | L 8       |                         | 190                  | by his check or registered mail. | County, to receive and receipt for the pension allowed and that he | hereby authorize |         |

|                         |               | ever and receipt for the pen          | sion allowed and that he   |   |
|-------------------------|---------------|---------------------------------------|--|---|
| out the same to me at   | s many, to re | _by his check or regi                 |  |   |
| Witness my hand this    | day of        | 19                                    |  |   |
| Executed in presence of | j             |                                       |  |   |
| On                      | linary.       |                                       | L. S.  |   |
|                         | County )      |                                       |  |   |
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|                         | 9             | 6.                                    | 2 1  |   |
|                         | Server Server | 1 3                                   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 1 |

Questions for Applicant. STATE OF GBORGIA, Julon \_\_\_County. Thro many Baken Harwell 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, herby submits her proofs, and after being duly sworn true answers to make to the passed 1900, herby submits nor process following questions, deposes and answers as follows: 1. What is your name and where do you reside? (Give State, County and that (Mice)) more marry balan Harvell, whanta hullon to George 2. How long and since when have you been a resident of this State ! Stace Oct 1888 Ord Levelve years 8. When and where were you born ? Joseph Co Que Nov 20 1839. 4. When and where was your hurband horn-state his full name, and when were you and he married the Mary 10 1876 - Samuel Walson Har well. 5. When and where, and in what Company and Hegiment did your husband enlist or serve during the war between the Biane? In the large your first year of the Const in 6. Haw long fild your hashand serve in said Company and Regiment 1 the Too September 1. When a first serve the Company and Regiment surrender and was discharged 1. When and was discharged 1. When a your husband present at the time and place when his Company and Regiment surrendered 2. 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 anthority? . The date of m. Richard on Rich 10 When and where did your husband die! At Fort belaurane 11. Which of the following grounds do you base your application for Pension, via. First—Age and Poverty, account—Infirmity and Poverty, or Third—Blindness 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?

13. What has been your occupation since your husband's death: It is a like the state of the state 14. How much can you agen gross by your own exertion or labor? Some living forms that the 15. What property, real or personal, or income do you have or possess, and its gross value?

16. What property, real or personal, did you houses at death of husband or he left you, and of the year 18. How have you been supported since depth of those year, and how finish you contribute by you.

18. How have you been supported since depth of husband, and especially for 1898 and 1900/

19. How much did your support of since depth of husband, and especially for 1898 and 1900/

19. How much did your support cost for each of those years, and how finish girl you contribute by you.

19. How much did your support cost for each of those years, and how finish girl you contribute by you.

20. What was your employment during 1899 and 1900—boy much did you rective for each year.

21. Have you as fimily? If so, who composes such family? Give their means of support? Have they support and an application for pension and under the support of the support of the pension and under what clear? Have you as fimily? The pension and under what clear? Have you send an application for pension, and under what clear? 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? No farthat 23. How many applications have you made for a Pension, and under what class? have af Mr Mary B. Hanvill

John R Welking ordinary. Fullow County

## Questions for Witnesses.

| . <del></del>  |
|--|
| STATE OF GEORGIA,  |
| Fulton County  |
| · last B   |
| been presented as a witness in support of the Application of Mrs. Harry Bester Provided  |
| for a Pension under the Act d 1900, and after having been duly sworn true answers to make to the   |
| following questions, deposes and answers as follows  1. What is your name and where 30 you reside? 200 Darkling  |
| utanta dullon to 2a  |
| 2 Are you acquainted with the applicant, Mrs. Mary Balkar Notar well   |
| If so, how long have you known her to the first of the State?  |
| ettanta Fullon Co Fa Sua out 1886  |
| 4 When and where was she born 2 Torok Co Fa Nov 20 1919  |
| 5. Were you ever no jointed with her husband? The Ohambers to ally   |
| Where did he resole in 1861? La day atte Chambers to all   |
| When and where was he born Rear Much findly Tal May 10, 1836   |
| " How long have you known him the see from 1856 to his death   |
| the When and where dold 1861. La Fare the Cla enlist in the war between the sail to what Company and Hegiment did be collect and how do you know this?   |
| on the a state to them be a some the less thanks   |
| Were you a member of the same Company and Regiment?  |
| 17 H 114 -   |
|  |
| nice bag hire to me 1863   |
| When and where was his Company and Regiment sourcendered and discharged from service?  |
| 13 When not where was his Company and Regiment gurrendered and discharged from service?  |
| 13 When and where was his Company and Regiment gurrendered and discharged from service?  14 Were som with the command when it surrepulsed?   |
| 13 When and where was his Company and Regiment gurrendered and discharged from service?  We was with the generated when it surrendered?  Was the was with the generated when it surrendered?  Was the was the generated when it surrendered?  Was the was the generated when it surrendered?  The was the generated when it surrendered?  The was the property of the husband of applicant present?  |
| 13 Wen and where was his Company and Regiment gurrendered and discharged from service?  14 Were som with the command when it surrendered. The was marked to the husband of applicant present?  15 Was There Many & Warrange the husband of applicant present?  16 It not present, where was he?  |
| 13 When and where was his Company and Regiment gurrendered and discharged from service?  14 Were some with the generated when at surrendered?  15 Was Theory Range B. Deraward the husband of applicant present?  16 If not present, where was be?  17 When and where did be leave his Command?  1863  For what came?  |
| 13 When and where was his Company and Regiment gurrendered and discharged from service?  14 Were some with the generated when at surrendered?  15 Was Theory Range B. Deraward the husband of applicant present?  16 If not present, where was be?  17 When and where did be leave his Command?  1863  For what came?  |
| 13 When and where was his Company and Regiment gurrendered and discharged from service?  14 Were some with the command when it surregulated?  15 Was Marrie Many of Marrie Command?  16 It not present, where was he?  17 When and where did be leave his Command?  18 When and where did be leave his Command?  19 When and where did be leave his Command?  19 When and where did be leave his Command?  19 When and where did be leave his Command?  19 When and where did be leave his Command?  19 When and where did be leave his Command?  19 When and where did be leave his Command?  10 When and where did be leave his Command?  11 When do you know all the?  12 When and where did be leave his Command?  13 When and where did be leave his Command?  14 When and where did be leave his Command?  15 When and where did be leave his Command?  16 When and where did be leave his Command?  17 When and where did be leave his Command?  18 When and where did be leave his Command?  18 When and where did be leave his Command?  19 When and where did be leave his Command?  19 When and where did be leave his Command?  10 When and where did be leave his Command?  10 When and where did be leave his Command?  11 When and where did be leave his Command?  |
| 13 When and where was his Command?  14 Were some with the generated when it surrendered and discharged from service?  15 Was The War Many 25 War with the generated when it surrendered?  16 If not present, where was be?  17 When and where did be leave his Command?  1863  For what cause?  19 When and where did be leave his Command?  For what cause?  By whose authority he let? The Figure A Challenge Thinks The   |
| 13 When and where was his Company and Regiment gurrendered and discharged from service?  14 Were some with the command when it surrendered?  15 Was June 1 Red J Warrender the bushand of applicant present?  16 It not present, where was he?  17 When and where did he leave his Command?  18 When and where did he leave his Command?  19 When and where did he leave his Command?  19 When and where did he leave his Command?  19 When and where did he leave his Command?  19 When and where did he leave his Command?  19 When and where did he leave his Command?  19 When and where did he leave his Command?  10 When and where did he leave his Command?  10 When and where did he leave his Command?  11 When and where did he leave his Command?  12 When and where did he leave his Command?  13 When a did not see that the leave his Command?  14 When a did not see that the leave his Command?  15 When a did not see that the leave his Command?  16 When a did not see that the leave his Command?  17 When a did not see that the leave his Command?  18 When a did not see that the leave his Command?  19 When a did not see that the leave his Command?  19 When a did not see that the leave his Command?  19 When a did not see that the leave his Command?  19 When a did not see that the leave his Command?  19 When a did not see that the leave his Command?  19 When a did not see that the leave his Command?  19 When a did not see that the leave his Command?  10 When a did not see that the leave his Command?  10 When a did not see that the leave his Command?  10 When a did not see that the leave his Command?  10 When a did not see that the leave his Command?  10 When a did not see that the leave his Command?  11 When a did not see that the leave his Command?  12 When a did not see that the leave his Command?  13 When a did not see that the leave his Command?  14 When a did not see that the leave his Command?  15 When a did not see that the leave his Command?  16 When a did not see that the leave his Command?  17 When a did not see that the leave his C |
| 13 When and where did both Oclavore 1869  15 When and where did both Oclavore 1869  16 When and where did both Oclavore 1869  17 When and where did both Oclavore 1869  18 When and where did both Oclavore 1869  19 When and where did both Oclavore 1869  10 When and where did both Oclavore 1869   |
| 13 When and where did North Command!  When and where did North Command!  When and where did North Collaborate Additional Particles of the hubband of applicant present?  The Washing of the Service of the hubband of applicant present?  The Washing of the love his Command!  For what cause?  The Washing of the love his Command!  For what cause?  The Additional Particles of the love his Command!  When and where did North Collaborate of the Collaborate |
| 13 When and where did North Command!  When and where did North Command!  When and where did North Collaborate Additional Particles of the hubband of applicant present?  The Washing of the Service of the hubband of applicant present?  The Washing of the love his Command!  For what cause?  The Washing of the love his Command!  For what cause?  The Additional Particles of the love his Command!  When and where did North Collaborate of the Collaborate |
| 13 When and where was his Company and Regiment gurrendered and discharged from service?  14 Were some with the command when it surregulated?  15 Was Mary Mary Mary Mary Mary Mary Mary Mary   |
| 13 When and where did he leave his Command?  14 Were some with the gentmend when it surrendered and discharged from service?  15 Was There was he? It was prepared to the husband of applicant present?  16 If not present, where was he? It was and where did he leave his Command?  18 When and where did he leave his Command?  19 When and where did he was a surrendered to the husband of applicant present?  19 When and where did he to the surrendered to the husband of applicant present?  19 When and where did he to the leave his Command?  19 When and where did he to the leave his Command?  19 When and where did he to the leave his Command?  19 When and where did he to the leave has death and how long had he been a resident of Georgia at his death?  19 Where did he reside at his death and how long had he been a resident of Georgia at his death?   |

22. What property effects or income has the applicant, if any, and how do you know this object own knowledge? The a long poor. Não no postfully

23. What is applicable a physical condition and ber chances and ability to earn a support of the condition and the chances and ability to earn a support of the condition and the condition and

ILone

24 Has applicant conveyed any property in last two years or given any away, if so what was it and to

26. Is applicant able to earn a support at labor of any sort, if not why?

Ro She is a Soupered in also 27. How washing supported for 1889 and 1800! - She and her boughter 28. How much did applicant contribute to her support for last two years? Porselly 50 or 29. Give a fall and complete statement of applicant's physical condition? The 12 character half sport when restricted that the differential in the original states of the contraction of the confirmation of t 30. What interest have you in the recovery of this pension by the applicant ! Froul Sworn to and subscribed before me this. 4 day of march . 1901 which wilding vordinary. Affidavits of Physicians. STATE OF GEORGIA, Tullon County. hy man H Jones and both known to me to be reputable Personally before me comes. physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. Wany Baker Harrice applicant for a Pension under Act of 1900, and after such personal examination by that her physical condition is this she is suffering from the work of the suffering and other information which impite before doing work and we have no interest in said pension if allowed. Sworn to and subscribed before me this day of nuch, 1901 John A William in Alipary WOJ ramuel ZUD Fullow ORDINARY'S CERTIFICATE STATE OF GEORGIA, Jullan County. i. John Rivilking Ordinary in and for said county, hereby certify that the applicant, Mrs. Mrs. Rearry Ele resides in said county, and has been a bona fide resident of this State sines that the witnesses, Mr. John Darley are of trustworthy character, and that their statements 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 Julian county shows that applicant returned for taxation in her own name in 1899. Witness my hand and official real, this SW day of Mex 199/ of property, and in 1900\_ Whi R Williamson Ordinary. SEAL Norse -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 rue answers make to each of the questions asked of you.

2. Additional affidary is my before all be the whole truth; as help you find.

3. All affidaris must be made before Ordinary.

4. Only widow who were the wives of the deed household while they were soldiers need apply—and are now widows. The sweared have the hard and are now of the sweared with the s

### POWER OF ATTORNEY.

STATE OF GEORGIA.

Julion County.

1. My Mary D Hearwell, hereby authorize

Mis Willie Hearwell of Arlanda Hereby authorize

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

at

In William Where J. I have hereunto set my hand and seal, this.

1902 . Many 3. Hamell [L. S.] 4

John RWCClareron

VIDOW'S PENSION,

1902

POWER OF ATTORNEY.

| STATE OF GEORGIA,            | County Some Willer leceon  |      |
|------------------------------|--|------|
| Miss. William to receipt for | hereby a land for the pension paid hereon, and request that he remit |      |
| F 1.                         | at   |      |
| In Witness Whereo,           | Thave bereunto set my hand and seal, this 2                          | els. |

Jim Albildunson

To Those Heretofore Paid.

1908.

No. /2 9

INDIGENT

STATE OF CHOICE

ALLIC TO BE ALLOWED A SIGNS. THE STATE OF TH

FOR INDIGENT WIDOWS DESERGEORE ALLOWED PENSAGES

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

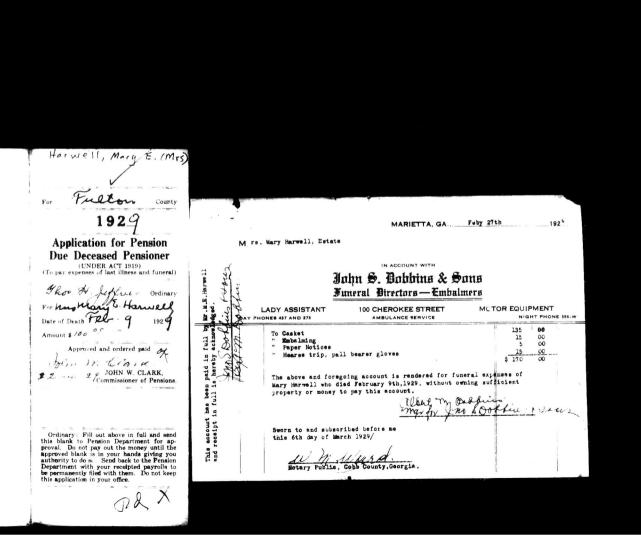
| STATE OF GEORGIA,                                       | PERSONALLY COMES MRS.  |
|---|--|
| County of Fulton.                                       | MB Hanwell   |
| <b>₩11</b> 117011                                       | nat she is a bona fide resident of said County of  |
| _ , state of G  | deorgia, and that she has RESIDED in said State  |
| contactional and oct 1888                               | That she is the Widow of   |
| Sw Houwell .  | - who was a soldier in Company   |
| 13 of the 8th lys                                       | Caw  |
| Vocan'ee's that becombited in said regiment on or ab    | out the month of   |
| 186 / and served in the Army up to                      | 186 3. The he died   |
| " in in frical day of                                   | 1-63   |
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| Internity & from  | resty  |
|   | <i>J.</i> -  |
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| become were stray see was the unford and deceas         | ed soldier, during his service in the Army as a  |
|   | eath aforesaid, and that she became his wife in  |
| 10 was 1-59   | •  |
| tive been mowed an Indigent pension as a                | resident of #111   |
|   | apply for the pension provided by law for the  |
| car cuting December 31, 1902                            |  |
| , Sween to and Subscribed before not y                  | in Cary S. Carnelly  |
| the day of a - I'm Dury !                               | la Can D. Carnell.   |
| Onny Ordinary Post                                      | Office   |
|   |  |
| State of Georgia,                                       | T <sub>1</sub>   |
|   | mary of said County, certify that I am well  |
| acquainted with Mrs. MB Carwel                          | that you said County, certify that I am well   |
|   |  |
| am satisfied that the facts therein stated are true, an |  |
| day of O 1888   | n this State since the   |
|   |  |
| Given under my official signature and seal, this the    | day of JAN 9 1902 1902.  |
| Official Official ADMIN DE                              | The state of the s |
| John William  | Fulton, County   |
| NOPE All blanks must be filled.                         | - 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1   |

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

| who was a soldier in Compan of the STA Carry Regiment of Solutions, that he enlisted is any regiment on or about the month of the Army up to 1863. That he die the proposent swears that she was the wife of said deceased soldier, during his service in the Army as dier, and that she has never married since his death aforesaid, and that she became his wife is a year 18.5.  I have been allowed an Indigent pension as a resident of 1882. The pension provided by law for the arending December 31, 1908.  Sworn to and subscribed before me, day of JAN 22 1912 1908.  Post Office  County. Ordinary. Post Office  County. Ordinary of said County, certify that I am well with Mrs. Married and the above affidavit and satisfied that the facts therein stated are true, and I know she is the individual she represent reself to be, and that she has continuously resided in this State since the day of JAN 1908.  Given under my official signature and seal, this the Army of Jay of Jay 1908.  County of the pension of the pension of the pension provided by law for the pension provided by law for the action of the pension provided by law for the pension provided by law for the pension provided by law for the pension of the pension provided by law for the pens | County of  | m B Hanvell  |
|--|--|--|
| That she is the Widow of Sur Regiment of Sur R | who, being sworn, says on  | oath, that she is a bora fide resident of said County of   |
| who was a soldier in Compan who was a soldier in Compan of the service in the Army pp to the pension as a resident of the army in the Army as a service in the Army as a se | 8t   | ate of Georgia, and that she has RESIDED in said State   |
| who was a soldier in Company of the soldier in Company of the soldier in Company of the soldier, that he enlisted is the regiment on or about the month of the army pp to the Army as dier, and that she has never married since his death aforesaid, and that she became his wife it are and the Army pp to the year 1802, and new apply for the pension provided by law for the Army the Army that are ending December 31, 1908.  Sworn to and subscribed before me, and and subscribed before me, and any of JAN 22 1912, 1908.  Post-Office  That he die the Army pp to the Army as soldier, during his service in the Army as dier, and that she became his wife it are ending December 31, 1908.  Sworn to and subscribed before me, and any of JAN 22 1912, 1908.  Post-Office  That he die the Army as soldier, during his service in the Army as the die and that the most affine the post of | numuously ever single  | That she is the Widow of   |
| ponent swears that she was the wife of said deceased soldier, during his service in the Army as dier, and that she has never married since his death aforesaid, and that she became his wife is every service of the year 1802, and new apply for the pension provided by law for the ar ending December 31, 1908.  Sworn to and subscribed before me, and any of JAN 22 1902, 1908.  Applications of Georgia,  The county of the facts therein stated are true, and I know she is the individual she represent reself to be, and that she has continuously resided in this State since the day of 1818.  Given under my official signature and seal, this the day of JAN 21 1908.  Given under my official signature and seal, this the day of JAN 22 1908.  Given under my official signature and seal, this the day of JAN 22 1908.  Given under my official signature and seal, this the day of JAN 22 1908.  Given under my official signature and seal, this the day of JAN 22 1908.  Given under my official signature and seal, this the day of JAN 20 1908.   | SW Kganvi  | Who was a soldier in Commen  |
| ponent swears that she was the wife of said deceased soldier, during his service in the Army as dier, and that she has never married since his death aforesaid, and that she became his wife is eyear 18.5.  I have been allowed an Indigent pension as a resident of unity, under Act 1900, for the year 1902, and new apply for the pension provided by law for the ar ending December 31, 1908.  Sworn to and subscribed before me, aday of JAN 22 1912 1908.  Application of Georgia,  County.  Ordinary of said County, certify that I am well assisted that the facts therein stated are true, and I know she is the individual she represent reself to be, and that she has continuously resided in this State since the day of 18.8.  Given under my official signature and seal, this the Applications of the said County of the pension provided by law for the area of Given under my official signature and seal, this the Applications of the said County of the pension provided by law for the area of Georgia,  I have been allowed an Indigent pension as a resident of the pension provided by law for the area of the pension provided by law for the area of the pension provided by law for the area of the pension provided by law for the area of the pension provided by law for the area of the pension provided by law for the area of the pension provided by law for the area of the pension provided by law for the area of the pension provided by law for the area of the pension provided by law for the area of the pension provided by law for the area of the pension provided by law for the area of the pension provided by law for the pension provided  | B as Set Cas   | who was a soldier in Company   |
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| ponent swears that she was the wife of said deceased soldier, during his service in the Army as dier, and that she has never married since his death aforesaid, and that she became his wife is a pear 18.59.  I have been allowed an Indigent pension as a resident of unity, under Act 1900, for the year 1902, and new apply for the pension provided by law for the ar ending December 31, 1908.  Sworn to and subscribed before me, day of JAN 22 1913 1908.  Post Office  County. Ordinary. Post Office  The fact of Georgia,  In the fact the facts therein stated are true, and I know she is the individual she represent reself to be, and that she has continuously resided in this State since the day of 18.88.  Given under my official signature and seal, this the Army Allowant 1908.   | ,  |  |
| ponent swears that she was the wife of said deceased soldier, during his service in the Army as dier, and that she has never married since his death aforesaid, and that she became his wife is year 18.  I have been allowed an Indigent pension as a resident of unity, under Act 1900, for the year 1902, and new apply for the pension provided by law for the are ending December 31, 1908.  Sworn to and subscribed before me, day of JAN 22 1912, 1908.  Post-Office  Tate of Georgia,  County.  Ordinary of said County, certify that I am well of the facts therein stated are true, and I know she is the individual she represent reself to be, and that she has continuously resided in this State since the day of JAN 21, 1908.  Given under my official signature and seal, this the Amaly Amaly Amaly Amaly 1908.  |  |  |
| ponent swears that she was the wife of said deceased soldier, during his service in the Army as dier, and that she has never married since his death aforesaid, and that she became his wife is year 18.  I have been allowed an Indigent pension as a resident of unity, under Act 1900, for the year 1902, and new apply for the pension provided by law for the are ending December 31, 1908.  Sworn to and subscribed before me, day of JAN 22 1912, 1908.  Post-Office  Tate of Georgia,  County.  Ordinary of said County, certify that I am well of the facts therein stated are true, and I know she is the individual she represent reself to be, and that she has continuously resided in this State since the day of JAN 21, 1908.  Given under my official signature and seal, this the Amaly Amaly Amaly Amaly 1908.  | n the product day of   | 1A 6.3   |
| ponent swears that she was the wife of said deceased soldier, during his service in the Army as dier, and that she has never married since his death aforesaid, and that she became his wife is a year 18.2.  I have been allowed an Indigent pension as a resident of the pension provided by law for the ar ending December 31, 1908.  Swoin to and subscribed before me, aday of JAN 22 1912 1908.  Post-Office  County.  Ordinary.  Post-Office  Ordinary of said County, certify that I am well assisted that the facts therein stated are true, and I know she is the individual she represent reself to be, and that she has continuously resided in this State since the day of JAN 28.8.  Given under my official signature and seal, this the Augustuses.  Ordinary of Said County.  Ordinary of Said County, certify that I am well assisted that the facts therein stated are true, and I know she is the individual she represent reself to be, and that she has continuously resided in this State since the day of JAN 20.1008.   | 100  |  |
| ponent swears that she was the wife of said deceased soldier, during his service in the Army as dier, and that she has never married since his death aforesaid, and that she became his wife is a year 18.2.  I have been allowed an Indigent pension as a resident of the pension provided by law for the ar ending December 31, 1908.  Swoin to and subscribed before me, aday of JAN 22 1912 1908.  Post-Office  County.  Ordinary.  Post-Office  Ordinary of said County, certify that I am well assisted that the facts therein stated are true, and I know she is the individual she represent reself to be, and that she has continuously resided in this State since the day of JAN 28.8.  Given under my official signature and seal, this the Augustuses.  Ordinary of Said County.  Ordinary of Said County, certify that I am well assisted that the facts therein stated are true, and I know she is the individual she represent reself to be, and that she has continuously resided in this State since the day of JAN 20.1008.   | J F P  |  |
| ponent swears that she was the wife of said deceased soldier, during his service in the Army as dier, and that she has never married since his death aforesaid, and that she became his wife is a year 18.5.  I have been allowed an Indigent pension as a resident of the pension provided by law for the arending December 31, 1908.  Sworn to and subscribed before me, and that she satisfied that the facts therein stated are true, and I know she is the individual she represent reself to be, and that she has continuously resided in this State since the day of the same and seal, this the day of the same and seal.   |  |  |
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| dier, and that she has never married since his death aforesaid, and that she became his wife it is year 18. In have been allowed an Indigent pension as a resident of the pension provided by law for the unity, under Act 1900, for the year 1902, and new apply for the pension provided by law for the arending December 31, 1908.  Sworn to and subscribed before me, a day of JAN 22 1913 1908.  Post Office  Post Office  County. Ordinary of said County, certify that I am well with Mrs. Manual who made the above affidavit am satisfied that the facts therein stated are true, and I know she is the individual she represent reself to be, and that she has continuously resided in this State since the day of JAN 218. It is the facts the facts therein stated are true, and I know she is the individual she represent reself to be, and that she has continuously resided in this State since the day of JAN 21014 1908.  Given under my official signature and seal, this the Augustusian Augus | 06   | Section 1997 Continues and the section of the secti |
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| dier, and that she has never married since his death aforesaid, and that she became his wife it is year 18. In have been allowed an Indigent pension as a resident of the pension provided by law for the unity, under Act 1900, for the year 1902, and new apply for the pension provided by law for the arending December 31, 1908.  Sworn to and subscribed before me, a day of JAN 22 1913 1908.  Post Office  Post Office  County. Ordinary of said County, certify that I am well with Mrs. Manual who made the above affidavit am satisfied that the facts therein stated are true, and I know she is the individual she represent reself to be, and that she has continuously resided in this State since the day of JAN 218. It is the facts the facts therein stated are true, and I know she is the individual she represent reself to be, and that she has continuously resided in this State since the day of JAN 21014 1908.  Given under my official signature and seal, this the Augustusian Augus | 57   |  |
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| quainted with Mrs. M. Rousevell. — who made the above affidavit an satisfied that the facts therein stated are true, and I know she is the individual she represent self to be, and that she has continuously resided in this State since the of 18.88.  Given under my official signature and seal, this the day of 14.1008   | I have been allowed an Indigent pension outly, under Act 1900, for the year 1902, and are ending December 31, 1908.  Sworn to and subscribed before me, day of JAN 22 1913 1908.  Aday of JAN 22 1913 1908.  Aday of JAN 22 1913 1908.   | d new apply for the pension provided by law for the  |
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| Given under my official signature and seal, this the day of JAN 1908   | I have been allowed an Indigent pension ounty, under Act 1900, for the year 1902, and ar ending December 81, 1908.  Sworn to and subscribed before me, day of JAN 22 1913 1908.  AND   | Post-Office  I, John M. R. Karry  Ordinary of said County, certify that I am well  |
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| John & Wilkinson   | I have been allowed an Indigent pension punty, under Act 1900, for the year 1908, and par ending December 81, 1908.  Sworn to and subscribed before me, day of JAN 22 1912, 1908.  AND LAND COUNTY.  The property of the following states of Georgia,  Quainted with Mra Management of the following states of the following states of the following states of the following states of the said that the facts therein stated are uself to be, and that she has continuously results of the said that the facts therein stated are uself to be, and that she has continuously results of the said that the facts therein stated are uself to be, and that she has continuously results of the said that the facts therein stated are uself to be, and that she has continuously results of the said that the facts therein stated are uself to be, and that she has continuously results of the said that the facts therein stated are uself to be, and that she has continuously results of the said that the facts therein stated are uself to be, and that she has continuously results of the said that the said tha | d new apply for the pension provided by law for the Market Start S |
| Official Control of the Control of t | I have been allowed an Indigent pension punty, under Act 1900, for the year 1908, and par ending December 81, 1908.  Sworn to and subscribed before me, day of JAN 22 1912, 1908.  JAN 22 1912, 1908.  County.  Qualitied with Mra County.  qualitied with Mra Management of the pension satisfied that the floots therein stated are reself to be, and that she has continuously report.  | d new apply for the pension provided by law for the Manney of Said County, certify that I am well true, and I know she is the individual she represents resided in this State since the  |
| County of  | I have been allowed an Indigent pension punty, under Act 1900, for the year 1908, and par ending December 81, 1908.  Sworn to and subscribed before me, day of JAN 22 1912, 1908.  JAN 22 1912, 1908.  County.  Qualitied with Mra County.  qualitied with Mra Management of the pension satisfied that the floots therein stated are reself to be, and that she has continuously report.  | Post-Office  J. John J. John J. Post-Office  I. John J. J. John J. John J. John J. John J. J. J. John J. J. J. John J.         |
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| WOTH All blanks must be filled.  | I have been allowed an Indigent pensiounty, under Act 1900, for the year 1902, and ar ending December 81, 1908.  Sworn to and subscribed before me, and ay of JAN 22 1913-1908.  All 22 1913-1908.  County.  Quainted with Mra.  County.  Quainted with Mra.  County.  Given under my official signature and sea   | Post-Office  John Manual County, certify that I am well who made the above affidavit and true, and I know she is the individual she represents resided in this State since the day of Jan 1908.  John Mullinery 1908.  |

toming Collinson Post Office State of Georgia, I. John Jr. W. Sugusan. State of Georgia, Rullon. Fulton, County.) Ordinary of said County, certify that I am well County. Ordinary of said County, certify that I am well acquainted with Mrs. M. B. Kourwell acquainted with Mrs. M B. Harwell , who made the above affidavit and \_\_\_\_,who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents 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\_\_\_ hereself to be, and that she has continuously resided in this State since the Ocx day of Ocx 18.88 1488 day of JAN 22 1014 1908. Given under my official signature and seal, this the day of JAN 9 1902 1902. Given under my official signature and seal, this the\_\_\_\_\_ P. Wil Kinson Fulton, County. NOTE. All blanks must be filled. Vouchers and affidavite must bear date after January zet, zoon. NOTE.—All blanks must be filled.

Vouchers and difficults under bons data dries january lat, 1903.



### 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. Fulli. L

Personally before me, the Ordinary of said County, comes Th. E. Harwell

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

says that he knew The Mary & State County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in 9 - day of February 1928

and that pensioner left no widow nurviving, and no extate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$770, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me.

(Seal of Ordinary)

reser land 1 0 mm

### CERTIFICATE OF ORDINARY

GEORGIA, Fueton County.

1. Thos H-Jeffries . 0
that I personally know the b-Horwell

, Ordinary of said County, do certify

, 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 Many & Harriself while in life and that this was the same person whose name appears on the Pension Roll of First County, and

was paid a Pension of Two Hundred in said County for 192 & , 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 as

Given under my hand and official seal, this (Seal of Ordinary)

County

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 , who died without owning sufficient property to pay this bill.

3rd. The 3rdinary must see to it that each bill is perfectly legitimate in every respect, and properly aworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed youcher—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 192 & , 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) 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 , 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.

| Jail              | 12000  | J                          | Tire              |
|-------------------|--|----------------------------|-------------------|
|                   | No   | n[86                       | 914               |
| To                | Vidow's<br>Be Put on Roll is<br>Subband Was on | n Her Own R                | ight When         |
| Cou               | Put on Under                                   | Act of July 11,            | 1910.             |
| Nem<br>Wid<br>Com | maney or of E                                  | E. Haru<br>Yaru<br>t Ga. 2 | vell<br>ell<br>ol |
| App.              | roved  |                            |                   |
| -                 |  | J. W. LINE                 |                   |

|                      |                | · ·  |           |
|----------------------|----------------|--|-----------|
| navalenjaje (Mine 19 |                | 2017 J   |           |
| CHAR P. BYEN BA      |                | Maney & +  | Widow's A |
| Printer, Atlanta     | J. W. LINDSEY, | Uton<br>1. Harwell<br>5. Harwell<br>6. Harwell<br>Let Law Vol. | pplicatio |

### WIDOW'S AFFIDAVIT.

| STATE OF GEORGIA, County.  |
|--|
| Personally before me some this Hang E. Handel of said County   |
| the, after being duly marri, on each saye, that she is the widow of the late o |
| ay of  |
| 19. and that she has not since his death remarried. At the time of his death   |
| e was a resident of the County, in said State of Georgia, and he   |
| to the business and paids pension of \$ 0.0 L  |
| County for 1912 per annum, on account of being a soldier in Company  |
|  |
| At the death of A. C. Marana h. he was in the use and possession of the following operty. 5 & Calara for Smith and the   |
| the cash value of 8. 4.00  |
| What property of any kind and of any value have you in your use, control and possession now, and   |
| e cash value, (State fully.)   |
| 5-6 Acres land 8/400   |
| Horses and Mulee   |
| Total Costs where full costs are seen as 1.0 cm.   |
| Total Cash value of all property   |
| That she is now a bona fide resident citizen of said County of January and she as continuously resided since day of ys 1846  |
| Sworn to and subscribed before me, this the  |
| 220th de of Silot 1913 Maney 6 Hairel  |
| Mul Sellen Ser Ordinary,   |
| of County  |
|  |
| ffidavit of Witnesses to Prove Marriage and to Whom-Date of  |
| Death of Husband.  |
| TATE OF GEORGIA,   |
| Tulton County.   |
| Personally before me come Miss Mary Megel known to be responsible  |
| d truthful persons, residing in said County, who after having duly sworn on oath, say: that of their   |
| on personal knowledge Mrs. Manage of Harriage who made the foregoing affidavit, is   |
| e lawful widow of the Harris who died in trible County in  |
| d State of on  |
| s not since remarried. That she became the wife of the Hattalell on the day taly   |
| 18 6 9. and that she and he had resided together as man and wife continuously since.   |
| me man who was on the pension roll of said State.  |
| when he died.  |
|  |
| Sworn to and subscribed before me, this the Many Mayer Me  |
| shelf Celestinam Ordinary,   |

### AWTRY & LOWNDES COMPANY FUNERAL DIRECTORS

AMBULANCE SERVICE

| IN ACCOUNT WITH | H Cam Street, N. W.  ATLANTA, GA.  Mr. J.E. Harwell, | 5/3/35/                         |
|-----------------|--|---------------------------------|
| -               | No. 8I N. Frand Ave., Cente                          | er Hill,                        |
|                 | Atlanta, Ga.   |                                 |
|                 | the  | 100.00<br>15.22<br>4.63<br>3.30 |
|                 | • 20g-20 ( 10  | \$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. Wer recretor

000

| Received of Thomas            | H. Jeff | ries, | 0 <b>rd1</b> | nary | ٠ ٩_ | 150.00   |        |
|-------------------------------|---------|-------|--------------|------|------|----------|--------|
| to apply on account of        | Nancy B | . Har | rell         |      |      |          | '      |
| I certify that this account ! | has not | been  | paid         | and  | is n | ow owing | to me. |
| This day of                   | _1936.  | Pro   | 1            | 4    | - 5- | the      | 360.   |
|                               |         | -     |              | -    |      | 2        | _      |

Received of Thomas H. Jeffries, Ordinary, the sum of \$60 " for funeral expense of Mangy & Harwell I further certify that this account has not been paid and is now owing to me.
This of day of any 1935.

The Manual Manual Paul My

### A FEID A LUMO OF MILLS -----

| AFFIDAVITS OF TWO FREEHOLDERS.   |
|--|
| STATE OF GEORGIA, County.  |
| Personally before me comes. In this wife will who after being sworn on   |
| oath says, that they are freeholders of said County, and that they know Manage & Harmel  |
| said County and knew her said husband to the 25 th   |
| day of Jenny 1915 that she and he were in the use, possession and control of the following property at his death to wit: 56 Acres of Learns  |
| of the value of \$ /4 ov all. That she is now in the use, possession and control of the following  |
| property to wit: 66 acres of Land  |
| and me cow   |
| of the value of \$ /4 2 0  |
| Sworn to and subscribed before me, this the  20th day of State 1913  Church Culture or Ordinary  of Fullow County  |
| ORDINARY'S CERTIFICATE.  |
| STATE OF GEORGIA,  |
| Tullion County.  |
| School R Mildlinsman Ordinary of said County, do certify, that, I  |
| know Mrs. Manacy & Harwell the applicant for this pension and that she is the person   |
| she represents herealf to be, and that she is a bona fide continuing resident of said County and was on the  |
| 191  |
| That I also know many Many Mangle witness as to marriage and I also know   |
| that all of the foregoing were duly sworn by me before signing the respective affidavite and that they are truthful and trustworthy and their statements are entitled to full faith and credit.  |
| That the tax Books of Tradition County shows that hat Humanell returned property to the  |
| amount of for 1908 for 1909 8 for 1910 8   |
| Sworn under my hand and efficies seel of office this day of Oct 191.3  |
| (SEAL.) JOHNA Welling Ordinary.  |
| Fulton County.   |
| NOTES! Before any questions are narwared, the Ordinary shall ereas applicant and the witness in the following words "You decisions be wear that you will true narware make to each of the cuestions asked you and the wridence you shall give will be the truth. So help you God."  2. All affidevite must be made before the Ordinary 1870, are entitled.  3. All affidevite must be made before the Ordinary 1870, are entitled.  5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by |

Received of Thomas H. Jeffries, Ordinary, the sum of 860 " for funeral expense of Nancy & Harrisel I further certify that this account has not been paid and is I further we now owing to me.

This I day of any 1935.

Awtythornels

Paul Wick

| Harwell, Narcy E. CM                             |
|--|
| For tuito County                                 |
| Application for                                  |
| Expenses of Last<br>Illness and Funeral          |
| (UNDER ACT OF 1919)                              |
| For: The control of Penaloner)                   |
| Date of Death: 1.20 1.193 5                      |
| Amount: \$ ( ).  PAID TO ORDINARY ON THIS CLAIM: |
| 1935 FUND FROM WHICH PAID                        |
| TOTAL GAIN                                       |
| Approved, and ordered paid,                      |
| Affection  |
| A. L. HENSON, Director. Veterans Service Office. |

| -  | RTIFICATE OF DEATH   |
|--|--|
| GEORGIA DEPART   | MENT OF PUBLIC HEALTH 6719   |
| 1327 (1169 Bureau  | of Vital Statistics  |
| 1. PLACE OF DEATH  | Registered No 198  |
| County Fulton Hilitia District (Number   | and Name) State of Geo   |
| Atlanta  | this city or town Yrs. Mos. Ds. NON-RESIDENT (Yes or No).  |
|  | mand Awa Canton H411   |
|  | (If death occurred in a hospital, give its name instead of street and number)  |
|  | y Eliza Harwell  |
| Residence (City or Town)   | (Street and Number) 81 E. Grand Ave. (State) Ga.   |
| PERSONAL AND STATISTICAL PARTICULARS  1. SEX   4. COLOR of RACE   1. Single, Married Widows  | MEDICAL CERTIFICATE OF DEATH   |
| Divorced (write the word   | 16. DATE OF 3-29- 1935 at  |
| Female White Widowed   | (Month, Day, Year) (Hour   |
| DATE OF BIRTH (menth, day, year) 8/17/1846   | 17. I HEREBY CERTIFY, That I attended the deceased from  |
| 7. AGE Years Months Days If less than one day  | March 26, 1, 35 to March 27, 10  |
| riouri Einutes.  | I last saw h OF allive on March 27, 36   |
| (a) Trade, profession or particular kind of over done, as spinar, savyer, bookkeeper, etc.  (b) Industry or business in which savmill, benk, etc. enter mill, senk, etc. (d) Trade reserved to the control of the contro | is said to have occurred on the date and hour stated above.  The principal cause of death and related causes of importance in order of onset and duration of each!   |
| (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.   | Lebar Pneumonia  |
| sawmill, bank, etc.  |  |
| this occupation (month and spent in this   |  |
| BIRTHPLACE Occupation  | Other contributory causes of importance  |
| (P O. Address)   | Age Influenza  |
| ID. NAME Mr.M. MoGoo   | The state of the s |
| IO. NAME. Mr.M. McGee  | What test confirmed diagnosis? Clinical  |
|  | If death was due to external causes (violence) fill in also the following  |
| (P. O. Address) S. C.  |  |
| 1  |  |
| 1  | Was injury an accident, suicide, or homicide?  |
| MAIDEN NAME Miss Brice   | Was injury an accident, suicide, or homicide?  Where did injury occur  (Specify city or lown, if equalds of limits, the eventy, and also the state)  |
| MAIDEN NAME Miss Brice  Distribuace  Do Address Sa. C.   | Was injury an accident, suicide, or homicide?  Where did injury occur  Where did injury occur  Instald et limits, the eventy, and also the state  Did injury occur in a home, public place or industry?  |
| MAIDEN NAME Miss Brice  BERTHPLACE  P O. Address   S. C.  (Ngmed) J. E. Harwell  | Was fairry an accident, suitate, or homicide?  Where did helpery occur (1994) did without it minds of limits, the result, and the the state)  Did injury occur in a home, public place or industry?  Manner of injury  |
| MAIDEN NAME Miss Brice  DESTRIBLACE  FO Address  LINFORMANT  (Signed)  J. E. Harwell  (Address)  SI N. Ownd Are.   | Was injury an accident, swincide, or homicide?  Where did injury occur is made of bints, the result, and the the result on times, is made of bints, the result, and the the date.  Did injury occur is a home, public place or industry?  Manner of injury.  Nature of injury.   |
| MAIDEN NAME Miss Brice  BERTHPLACE  P O. Address   S. C.  (Ngmed) J. E. Harwell  | Was injury an accident, suicids, or homicide?  Where did injury occur in muside of limits, the resure, and the the states (before for sever, it muside of limits, the resure, and the the states)  Did injury occur in a home, public place or industry?  Manner of injury  Nature of injury  (Signed)  M. AcArnold,  M.   |
| MAIDEN NAME Miss Brice    BERTHPLACE   S. C.   INFORMANT   S. C.   LINFORMANT   S. F. Harwell   CAddress   S. F. Harwell   CADDRE | Was injury an accident, swincids, or homicids?  Where did jajury occur or mands of limits, the remote, and the th- disasses the state of the control of the  |
| MAIDEN NAME Miss Brice  1 BIRTHPLACE  (F O Addres)  S. C.  LIMPORMANT  (Signed)  J. E. Harwell  (Addres)  SI N. Grand Are.  BURIAL PLACE  (Country)  Sharon Country  (Panolice)  Atlanta, Gapus 3/31/35  | Was injury an accident, suicide, or homicide?  Where did injury occur in muscle of limits, the remote, and the the state theory occur in a home, public place or industry?  Manner of injury  Nature of injury  (Signed)  M. A.A.P.D.D.L.  |
| MAIDEN NAME Miss Brice    BERTHPLACE   S. C.   INFORMANT   S. C.   LINFORMANT   S. F. Harwell   CAddress   S. F. Harwell   CADDRE | Was injury an accident, suicids, or homicide?  Where did injury occur in mustes of limits, the mester, and the the rester instance of injury occur in a home, public place or industry?  Manner of injury  Manner of injury  (digmed)  M. A.Arnold,  (Address)  Atla, R. Bk.   |

Chief, Bureau Vital Statistics

become a perpetual record in the archive of the Georgia Department of Public Health. Chief, Bureau Vital Statistics

786 30

VETERAL STANCE OFFICE A. L. HENSUN, Director

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

Fueton County

(UNDER ACT OF 1919)

Tho Neffus, ordinary
For: Nancy & Harwell
(Name of Penaloner)

Date of Death : Onch 199, 1985 Amount: \$ 60.

PAID TO ORDINARY ON THIS CLAIM: FROME ONC

TOTAL. 15460 Approved, and ordered paid,

AUG 26 1935

# Application for Payment of Expenses of Last Illness and Funeral (Under Act of 1919)

(To be disbursed by the Ordinary)

|                                      | B. 14                                   | 9   |
|--------------------------------------|---|---|
| GEORGIA,                             |   | County:   |
| Before me,                           |   | County, comes L F Allen for Awtry & Lowndes   |
| that he knew                         |   | , of said County, who, after being duly sworn, on eath says   |
|                                      |   | late of said County, a Confed-  |
|                                      |   | is the identical person named and described in the attached   |
| certified copy of                    | burial certificate; an                  | d 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 \$                     |   | as shown by sworn statements FULLY and COMPLETELY   |
| ITEMIZED, here                       |   |   |
| this the 10 da                       | subscribed before me<br>ny of May , 198 | 5 F. Tillen y lety Laure  |
|                                      |   | TE OF THE ORDINARY  |
| GEORGIA,                             |   | County.   |
| I certify the                        | t. L. F. A                              | Ulen who subscibed  |
|                                      |   | me to be a person whose statement is entitled to full faith and   |
|                                      | certify that I knew                     |   |
| eased pensioner<br>ertificate, was n | is the identical name                   | g affidavit and that said deceased was at the time of death<br>the records of file in my office. I further certify that said de-<br>n named and described in the attached certified copy of burial<br>by and left presents. |
| Given under                          | my hand and seal o                      | f office, this the 10 day of Man 198 5  |
| (Seal of Ord                         | inary)                                  | hung ordinary.  |
|                                      |   | INSTRUCTIONS  |
| 1st. Certified co                    | py of Burial Certificate m              | ust accompany this application,   |
| 2nd. Require the                     | the value of it, and each               | last illness and funeral, to make out their accounts in fully itemized form,  |
| 3rd. Each accou                      | nt must be sworn to befor               | re the Ordinary, and in the following form  |
| "The above and                       | foregoing account is rend               | lered for services in the last illness (or funeral expenses, as the case may  |
| ) OI                                 |   |   |
| attached neatly to                   | this blank, after this blan             | h bill is perfectly legitimate in every respect, and properly sworn to, and<br>ak has been properly completed and signed as indicated.  |
| ad no money must b                   | e paid out until it is retur            | and the bills—must be sent to the Veterans Service Office for approval  |
| 6th. Return this                     | application, and attached               | bills, properly receipted, to the Veterans Service Office.  |

Given under my hand and seal of office, this the , 198\_5 (Seal of Ordinary) Ordinary, INSTRUCTIONS. let. 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 data. 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 ,, 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. Sth. This voucher, if approved, will be sent back to you with the finite 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 field in the Veternas Service Office.

10th. The State door not authorize the payment of these expenses in the event a soldier pensioner is survived by a widew, nor if the pensioner left any states of early hind as wales malicious to pay them, nor if the pensioner had been outside of the State of Georgia for more than twaive (13) months immediately proceeding state of death. Haslitte Widow's Pension Under Act 1910—as Amended by Act of 1919. Fulton Name Mrs Georgea Andret Willow of Since all Haslett Company Approved .....

of said County

J. W. LINDSEY. Commissioner of Pensions.

10-31-1919

### Ordinary's Certificate

| Ordinary's Cerdinate   |                    |
|--|--------------------|
| STATE OF GRORGIA,  |                    |
| COUNTY.  | 1                  |
| ordinary of said county, as certify  |                    |
|  |                    |
| s 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 https://www.incommons.com/lines/signal- |                    |
|  |                    |
| the witness who are much the assumed of front and, that both of them are now residents of said County and<br>were duty sworm by me before signing the foregoing affidavits and that they both are truthful, trust-   |                    |
| worths, and their statements are entitled to full faith and oredit.  |                    |
| Sworn under my hand and official seal of office this Daday of Oxf 19/9   |                    |
| SEAL Ordinary,   |                    |
| Thele- County  |                    |
|  |                    |
| NOTES I Refere any questions are answered the Oldmary shall swear applicant and the witness in the following words:  You do solembly swear that you will true answers make to each of the questions asked you and the evidence constant and the properties of the control of the con |                    |
| ver skull give will be the truth. No hely you God."  Abilit onal affaitivit may be attended if blank spaces are immificient.  Only widows who marred prior to January lat, 1881, are entitled.  All affairsts must be made lefter the Ordinary of the residence of the person to be sworn and certified by   |                    |
| such Ordinary  Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation   |                    |
|  |                    |
| many part (1972). Member due office a many (1972). Selegan in membership der Lant oppdettiggen und der der in 1972.  | manage and         |
| 13p B B  | 7.                 |
| B Pension  S Pension  Lto  Lto  Genya Hoel  Genya Hoel  J. W. LINDSEY,  J. W. LINDSEY,  L. W. L. W. L. W. LINDSEY,  L. W. L. W. L. W. LINDSEY,  L. W. L. |                    |
| ension  on the second s | 1                  |
| The second secon | 31-1919            |
| 13 a 13 5 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | ì                  |
|  | $\sim$             |
|  | ,                  |
| 1 4 12 1 1 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1   | 0                  |
| W. Drader & County. Widow of Widow of Approved Approved  |                    |
| A S X E S A X  | et d.              |
|  | THE REAL PROPERTY. |
| *  | · '1               |
| all the said |                    |
| ž.   |                    |

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

### Questions for Applicant

| STATE OF GEORGIA,  |     |
|--|-----|
| Aulton COUNTY  |     |
| COUNTY.)   |     |
| Description A Manager  |     |
| Personally before me comes. Mrs. Gent gia 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 maker to   |     |
| the following questions to-wit:  |     |
| 1. What is your name, and where do you reside! . MRA REGISTA A MARIATY.  2. How long and since when have you been a continuing resident of the State of Georgia? | - 1 |
|  |     |
| All my life  |     |
| 3. When, where and to whom were you married! Fab. 4. 1872. to Sam. D. HRELEtt.   |     |
| Qwinnett Co., Ga.  | . 1 |
| a. Have you married since the death of first and soldier husband! LQ.  |     |
| 4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con  |     |
| federate Army or Georgia Militia! (State the arms and class of Service.) 1861 _ Gwe innat  |     |
| Ca. Ga., in Ca. "B", 21st Ga. Reg.   |     |
| 5. When and where did the commands of your husband surrender or discharge from the army?   |     |
| Appenation Court House April 1865  |     |
| 6 Was your husband personally present at the time of the surrender or discharge of this command !  | - 1 |
| YAO  |     |
| 7: If he was not present state clearly where he was!   | 1   |
| 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 !   |     |
| o. For how long was he granted leave of absence!   |     |
| e. What was his physical condition when he left his command?   |     |
| f. What effort did he make to return to his command !  |     |
| g. In what way was he prevented from going back to Command   |     |
| h. Was he captured by the enemy at any time?NQ   |     |
|  |     |
| 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 dief. AUG. 8, 1889. Atlanta. Ga.   |     |
| k. Were you residing together when he died!  |     |
| I If not, how long had you resided apart? Never resided apart  |     |
| m Are you now a widow!   | 1   |
| 9. Have you or your husband heretofore been paid a pension by the State?   |     |
| If so, when and for what cause were you or your husband placed on the roll!  |     |
| Neyer applied  |     |
| Sworn to and subscribed before me this the   |     |
| Mas Glassia Allalo I   | ~   |
|  |     |
| Athan P Wallet Ordinary  |     |
| of Fulton County   |     |
| • ,  |     |
| (SEAL)   |     |

do he way come that the appoint sind of the sheet contains a true, correct and of Samuel ordanded and much kearing who come hand and real of MARRIAGE LICENSE

Sworn to and subscribed before me this the

24 day of Oct 1919

Ordinary

of Rulton. County

(SEAL)

STATE OF GEORGIA.

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

That she is the widow of Sam D. Haslett, who was a member of Co. "B", 2lstGa. Reg. and who served with said regimentfor 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.

C C ORDINARY FUTON CO., GA.

Mrs Georges Hastite

STATE OF GEORGIA.

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

That she knows Mrs. Gnorgia A. Haslett and knew her husland, 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 together continuously for over fifteen years beforethe death of said Sam D. Haslett, who died in Atlanta, Ga., in 1889; that the said Ere. 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.

This I & Throwen

C O ORDENARY MULTON CO., GA.

do he it that the apparent side of the sheet contain a tribe, correct and secured carry of marriage because of family by backet and miles kearing and for country a recorded in marriage free who is my hand and real of which the sourt of the state of the sourt of the source of MARRIAGE LICENSE

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", 21stGa. Reg. and who served with said regimentfor 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 Georges Hastite

Green Ring arbeit

STATE OF GEORGIA. COUNTY OF FULTOR.

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 husland. Sam D. Haslett; that she knoews of her own personal knowledge that the said Mrs. Georgia A. Huslett and the said Sam D. Haslett lived together continuously for over fifteen years beforethe death of said Sam D. Haslett, who died in Atlanta, Ga., in 1889; that the said Ers. 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.

This I & This wen

O'O DRIE MARY MULTON CO., GA.

said Mrs. Georgia A. Haslett and the said Sam D. Haslett lived together continuously for over fifteen years beforethe death of said Sam D. Haslett, who died in Atlanta, Ga., in 1889; that the gaid Erg. 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.

This I & Throwen

Quelin Reyardens

-COUNTRY OF TO ANY JUDGE, JUSTICE OF THE PRACE, OR MINISTER OF THE GOSPEL. You are hereby authorized to on the Holy . Hate of Matrimony decording to the Constitute and laws of this State and for sorteing this shall be your Sicons And you are hereby required to return this License ton with your berteficate hereon of the fact and date of the Marria faction under my hand and geal this WEATE OF GEORGIA CONTINUENT GOWINNETT COUNTY GOVERNMENT GOUNTY OUNTY WERE COUNTY were joined in Matrimeny by me this 4th day of Febry Grandon Handred Thather g Secondary Port, 7th 1872497

Recorded Prov. 7th 187499 7 10 atte us Jo 

POWER OF ATTORNEY.

| Hasty Bolyt<br>Fulfan Gunt | 5   V)   |
|----------------------------|--|
| INDIGENT PENSION 1897.     | TATE OF GEORGIA  L. Roll  Witness my hand and sea  Executed in perfector of  Executed in perfector of  Executed in perfector of  |
| Name Letoth asto           | GEORGIA.  County  Fact  fully  pt for the pension allowed and re   |
| Approved 7// 1897.         | of request that he remind by of the state of |
| WARRANT HANDED TO          | Shelm her har har har har har har har har har ha   |
| 2/2997                     | aereby authorize   |

### POWER OF ATTORNEY.

| to receive and receipt fo | County  The pension allowed and real county  at Carrol  and seal this 2 8  Proceed | oguest that he remit same | huna   |        |
|---------------------------|--|---------------------------|--|--------|
|                           | kor sigy-namenewski agyabidi   |                           | Box Political Po |        |
| IGENT PENSION             | that hash  | 7//                       | WARRANT HANDED TO  | 2/2997 |

Questions for Applicant.

| Questions for Applicant,   |       |
|--|-------|
| STATE OF GEORGIA,  |       |
| Fruiton, County.   |       |
|  |       |
| of said State and County, desirint to avail himself of the Pension Act approved December 15th, 1884, hereby submits his proofs, and after being duly sworm true answers to make to the following questions, deposes and answers as follows:  | g     |
| 1. What is your name and where do you reside? (give State, County and post office)   |       |
| Modernt theating Thereton Comers, you East inclusion   | -     |
| 2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?   |       |
| 3. When and where were you born? 18-11 This has well too ingestich   | 11.06 |
| 4. When and where and in what company and regiment did you enlist or serve   | -     |
| ellerch 1842 To B 4 fortist que regiment   |       |
| 5. How long did you remain in such company and regiment?   |       |
| - 3 gand   |       |
| · · · · · · · · · · · · · · · · · · ·  |       |
| 6. For how long a period did you discharge regular military duty ?   |       |
| 7. When, where and under what circumstances where you discharged from service?   |       |
| 18 65 aleur Jucanfiabya Minnerales of the horeties   | 116   |
| 8. What is your present occupation? Martining and real stille by five it   |       |
| 9. How much can you earn (gross) per annum by your own exertions or labor? Nothing   |       |
| 10. What has been your occupation since 1865?  |       |
| 11. Upon which of the following grounds do you base your application for pension, viz.: first "age an  | d     |
| 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 ear your support? If upon the second, give a full and complete history of the infirmity and its extent?  |       |
| upon the third state whether you are totally blind and when and where you lost your sight?   |       |
| and figurety what to read by receive of the diagrams   | u I   |
| 13. What property, effects or income do you possess and its gross value  | -     |
| 14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any   | · .   |
| did you make of same?  |       |
| to the second se |       |
| 10. In what County did you reside during those years and what property did you then return for taxation  | •     |
|  |       |
| 18. How were you supported during the years 1898 and 1896?   |       |
| 17. How much did your support cost for each of those years, and what portion did you contribute theret   | 0     |
| by your own labor or income? I have the seal Nations 120/12:   |       |
| 18. What was your employment during 1895 and 1896? What pay did you receive in each year   | 9     |
| 19. Have you a family? If so, who composes such family? Give their means of support? Have the  | ·     |
| s homestead? god 1212y - organ the shared 1260   |       |
| The second secon | -     |
| 20. Are you receiving any pension, if so what amount and for what disability?  |       |

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

### QUESTIONS FOR WITNESS.

| Z TOIL TOIL WINIEGO.   |
|--|
| STATE OF GEORGIA.  |
| Danlow county  |
| STATE OF GEORGIA.  Ounty.  Ounty.  Ounty.  Ounty.  Ounty.  Ounty.  Ounty.  Sollerfield Y & B HOY A of said State and County, having been presented   |
| of said State and County, having been presented  |
| as a witness in support of the application of Proble, Hosty for pension  |
| under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the   |
| wider the Act approved to personal or pension of the following questions, deposes and answers as follows:  1. What is your name and where do you reside?  2. What is your name and where do you reside?  3. He had been and where the pension of the p |
| 9: B. HILA On Call mille Barlow Polls  |
| 2 Are you nequalited with Roll Agoly , the applicant, is of  |
| the applicant, is of   |
| how long have you know him? It to have hours him forty gens  |
| 3. Where does he reside, and how long has he been a relident of the State? In Allfacto, INCON Ed. 12 Form tell. He has a few of the Box of the Devon know of his bearing served in the Confederate army or the Georgia million? How do you know the "FC AU. The Derver With him  |
| Tolare suformed. All his life in you   |
| 1. Degon know of his having served in the Confederate army or the Georgia militia? How do you  |
| know this It Ill. The Derven With him  |
| 11 14 Daing timpany  |
| in the same company and regiment girthe entire In moreh 1563, of Con Station Company and regiment girthe entire In Moreh 1563, of  |
| Cars Station tomban, B 11th Va Reading   |
| 6 Were you a member of the same company and regiment? We Were  |
| How long did be perform regular military duty, and what do you know of his service as a Confed-  |
|  |
| erate seither, and the time and circumstances of his discharge from the service?   |
| the fear, the was beginn spenier, we no  |
| the land the the the was ausenorga   |
| What property, effects or income has the audient? (Give more the   |
| Le had ne hillerile 18 months of knowledge.)   |
| Title years . Hellow & gard Apelder the do not the war discharged with the war discharged with the war discharged with the war discharged with the personal when we left year person does or income has the applicant? (Give your means of knowledge) to has ne property it income has the applicant? (The course  |
| What property effects or preome did the applicant possess in 1895 and 1896, and what disposition, if any did to make of some \( \text{Miles} \) \( \text{Miles} \) \( \text{Miles} \) \( \text{Miles} \)   |
| and did be make of some NV thinks Of All   |
| A  |
| Lis projection and physical condition of Wel hauler  |
| The Allen is of Constitution and passent condition   |
| the projects continue 15 way our   |
| X/ *   |
| We Cauch of his bank twally out of any sort, if so, why?   |
| accument the von many, ora vige  |
| and deafines   |
| 12. How was be supported thring the years 1805 and 1800? We do not know the form of the support of these two years was derived from his own labor or income?  13. What portion of his support for these two years was derived from his own labor or income?  14. Give a full and complete statement of the applicant's physical condition that entitles film to a pension  |
| but by Mintelas ten Supporter him  |
| 13. What portion of his support for these two years was derived from his own labor or income?  |
| the avital move  |
| a fair and complete statement of the appricant's physical condition that entitles him to a pension   |
| under the Act of December, 15th, 1894? Die is Vld. Lie ble   |
| and deap   |
| 1//  |
| 15. What interest have you in the recovery of a pension by this applicant?   |
| 0  |
| the land Holy 1847   |
| the July 1887 Jis Witness.  Ordinary.  Ordinary.   |
| July Cordinary.  |
| -  |

### AFFIDAVIT OF PHYSICIANS.

| STATE OF GEORGIA,  |
|--|
| Existing County. (Q)   |
| Personally same before me of asser   |
| Dr. A. Sucked , both known to me as reputable physicians   |
| and county, who being severally sworn, as on oath that they have examined carefully  |
| A. 10 Astry, applicant for pension under the Act of 1894, and after  |
| such personal examination say that his precise physical condition is as follows:   |
| He find that the applicant is Suffering  |
| from Spinal oritation. Chronico Brookchitis  |
| and Deufress.  |
| E 1000 1100 E  |
| We first a second that the state of the stat |
| 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.   |
| World to add adoscribed before life, this  |
| the 23 day of 1897.) A. Lwehn M. )   |
| Ordinary.  |
|  |
| ORDINARY'S CERTIFICATE.  |
| STATE OF GEORGIA,  |
| County.  |
|  |
| the applicant 72 the case of t |
| fide resident of this State on the first day of January, 1894, and that the witnesses, viz   |
| The resident of this state of the first tay of canting, 1004, and that the witnesses, viz  |
| are of trustworthy character and that their statements are eatitled 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 County show that applicant  |
|  |
| returned for taxation in his name in 1895,   |
| of property, and in 1886,  |
| In my opinion the foregoing clain is made in good faith.   |
| Witness my hand and seal of office, this 2 5 day of 1897.  |
| Ordinary   |
| of Jere to County.   |
| NOTE.  |
| Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shell 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 (and "  |

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

Sworm to and subscriped before me, this
the day of Holy 1897

Jin resallerfula Witness.

Ordinary

of County.

NOTE

" ituese my name and seer of onice, time - 5 cay of -- 1897

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 saked of you, and the swidence you shall give will be the whole truth, so help you God." Additional saficarists may be statched if Blank spaces are insufficient.

Girgio 2 I, GW Himmels, Bostow County; Orning of sois seaunty hurty cortify that Gev. W Soften field and E.B. Ford of said launty are huntrowthy and his Stolermunts are trusted to Jud faith and Credit; that They look lay of frescribed by land, before ausworms the genotions in the opposition of Robert Hardy for pension. Without my Robert Hardy for pension. Without my hand and work this the 10th day of Fiby 1897.

Borlow Co. La.

NAME Easty, Robert

YEAR 1007 COUNTY Pulson

WHEN AND WHERE BORN? 1881 Fichmend Co. Borth Carolina.

ENLISTED WHEN AID WHERE?

HANK.

COMPANY AND REGIMENT? Co. B. 40th. Go. Begt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WEEKE?

RELEASED.

WHEN AND WHERE SURRENDERED? Sevenneh, Go. 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.

287

Barlow Co. ka WHEN AND WHERE SURRENDERED? Sevenneh, Go. 1868. IF NOT PRESENT AT SURRENUER, WHERE WERE YOU? DIED, WHEN AND WHERE? BURIED. WITNESSES. B.B. Fort, George v. setterfield, sene sommad - No deta. JW

STATE OF GEORGIA.

County.

| Hatcher I. A. Fulton Co                              | Purin Off 20 1597<br>htmus does not ausmi<br>11+14 forthish -<br>Rich of older |
|--|--|
| INDIGENT PENSION<br>1897.                            | Rich of Chang Truemi   |
| Same J. R. Hutcher  Sounty Fielder  pproved 5/10 188 | ₹ <b>.</b>   |
| WARRANT BANDED TO                                    | •  |

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

anima a di mandinistika (

Witness my band and sen! this.

Executed in presence of

1897.

| 1.  |                 |         | herel   | y authorize                            |
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| receive and receipt for the per   | uion allamad as | of _    |   |  |
| a section and receipt for the per-  |                 | by      |   | ************************************** |
| Witness my hand and sea   |                 | day of. |   |  |
| Executed in presence of   |                 | )       |   |  |
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| GENT PENSIO 1894.   |                 | 7       |   |  |
|   | Ž.              |         | AARANT EARDED TO  |  |
|   | Z 1             | Ŧ       | 9   | . 113                                  |

#### Questions for Applicant.

| 13. What property, effects or income do you possess and its gross value?  14. What property, effects or income did you possess and its gross value?  15. In what County, did you reside during those years and what property did you then return for taxastion?  16. How were you supported during the years 1895 and 1896?  17. How much did your support cost for each of those years, and what portion did you contribute thereto by your complete forms of the property of the your support of the | ALUST be Answered. | County  County |
|--|--------------------|--|
| day of Continue Applicant.   | Every Question Mad | When and where were you born?  When and yhere and in what company and regiment did you enlist or serve.  Be well and where were you be company and regiment?  Be well and did you remain, in such company and regiment?  When, where and under what cjrcumstances where you discharged from service?  When, where and under what cjrcumstances where you discharged from service?  When, where and under what cjrcumstances where you discharged from service?  When and you could also ground be an anound by your own exertings or laight?  What it you present compation?  How much can you seare (gross) per annum by your own exertings or laight?  Upon which of the following grounds do you fame your application for pegalon, viz. if rely "age and poverty"; second "infarmity and its extent.? If upon the second, give a full and complete history of the infarmity and its extent.? If upon the second, give a full and complete history of the infarmity and its extent.? If upon the second, give a full and complete history of the infarmity and its extent.? If upon the second, give a full and complete history of the infarmity and its extent.? If upon the second, give a full and complete history of the infarmity and its extent.? If upon the second, give a full and complete history of the infarmity and its extent.? If upon the second, give a full and complete history of the infarmity and its extent.? If upon the second, give a full and complete history of the infarmity and its extent.? If upon the second, give a full and complete history of the infarmity and its extent.? If upon the second, give a full and complete history of the infarmity and its extent.? If upon the second, give a full and complete history of the infarmity and its extent.? If upon the second, give a full and complete history of the infarmity and its extent.? If upon the second give a full and complete history of the infarmity and its extent.? If upon the second give a full and complete history of the infarmity and its extent.?  It was properly of the full and complete history of |

| QUESTIONS FOR WITNESS.   |
|--|
| STATE OF GEORGIA.  |
| Fuetan County.   |
| January D Callery, of said State and County, having been presented   |
| as a witness in support of the application of There & Hoteley 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?  |
| Altimeter des  |
| 2 Are you acquainted with J R Malaken, the applicant, is of  |
| how long have you known him? Tuffy years   |
| 3 Where chees he reside, and how long has he been a resident of this State? Beel was   |
| 4. Do you know of his having served in the Confederate army or the Georgia militia? How do you   |
| know the yes, He helanged to my Europeany  |
| C/4/2-44. tor 3  |
| When, where and in what company and regiment did be enlist? 1862 - At Mount  |
| 6. Were you a member of the same company and regiment?   |
| 7. How long did he perform regular military duty, and what do you know of his service as a Confed-   |
| erate soldier, and the time and circumstances of his discharge from the service?   |
| this at home at a sick fulliar of  |
| S. What property effects or income has the applicant? (Give your means of knowledge)   |
| He has no properly - I throw him personally  |
| 9 What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if  |
| any did he make of same " how at all   |
| <i>t</i> ,   |
| 10. What is the applicant's occupation and physicial condition?  |
| Thylistal Condition July good  |
| Il lathe application with the state of the s |
| 11. Is the applicant unable to support himself by labor of any sort, if so, why?   |
| accome of his backwell   |
| 12. How was be supported during the years 1895 and 1896? by Maring Received  |
| What portion of his support for these two years was derived from his own labor or income?  |
| hery little  |
| 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pansion  |
| under the Act of December 18th, 1894? The  |
| Contract in the army   |
| 15. What interest have you in the recovery of a pension by this applicant?   |
| Sworn to and aubscribed before me, this  |
| be 5-10 day of Telly 1807  |

#### AFFIDAVIT OF PHYSICIANS.

| STATE OF GEORGIA,  |
|--|
| Fullan County.   |
| Personally came before me  |
| , both known to me as reputable physicians   |
| of said county, who being severally sworn, say on oath that they have examined carefully  The Montestan policies of the Act of 1894, and after   |
| Both lyes yearly improved has been physical condition is as follows:   |
| qually naphred Alm chronic theumolin   |
| 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   |
| Sworn to and subscribed before me, this the day of day of 1897. W.H. Jaglerane 111. K.   |
| ORDINARY'S CERTIFICATE.  |
| STATE OF GEORGIA,  |
| Factor County  |
| County.)   |
| Ordinary in and for said County, hereby certify that   |
| Ordinary in and for said County, hereby certify that   |
| Ordinary in and for said County, hereby certify that   |
| the applicant resident of this State on the first day of January, 1894, and that the witceases, vis :  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 each hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses.   |
| The applicant resident of this State on the first day of January, 1824, and that the witcesses, via resident of this State on the first day of January, 1824, and that the witcesses, via rear 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 cath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.  |
| are of trustworthy character and that their statements are entitled to full faith and credit.  I further certify that the tax digests of   |
| the applicant resident of this State on the first day of January, 1884, and that the witceases, vis :  are of trustworthy charactes 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 County show that applicant returned for taxation in his name in 1896, County show that applicant returned for taxation in his name in 1896, County show that applicant returned for taxation in his name in 1896, County show that applicant returned for taxation in his name in 1896, County show that applicant returned for taxation in his name in 1896, County show that applicant returned for taxation in his name in 1896, County show that applicant returned for taxation in his name in 1896, County show that applicant returned for taxation in his name in 1896, County show that applicant and county show that applicant returned for taxation in his name in 1896, County show that applicant and county show that applicant returned for taxation in his name in 1896, County show that applicant and cou |
| the applicant resident of this State on the first day of January 1884, and that the witnesses, vis :  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 each 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 County show that applicant returned for taxation in his name in 1896, dollars of property, and in 1896, dollars of property.   |
| the applicant resident of this State on the first day of January, 1884, and that the witceases, vis :  are of trustworthy charactes 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 County show that applicant returned for taxation in his name in 1896, County show that applicant returned for taxation in his name in 1896, County show that applicant returned for taxation in his name in 1896, County show that applicant returned for taxation in his name in 1896, County show that applicant returned for taxation in his name in 1896, County show that applicant returned for taxation in his name in 1896, County show that applicant returned for taxation in his name in 1896, County show that applicant returned for taxation in his name in 1896, County show that applicant and county show that applicant returned for taxation in his name in 1896, County show that applicant and county show that applicant returned for taxation in his name in 1896, County show that applicant and cou |

| STATE O | F GEORGIA |
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County.

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

Witness my hand and seal this

Executed in presence of

(L. S.)

POWER OF ATTORNEY. STATE OF GEORGIA,

County.

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

\_1900. [L. S.]

hereby authorize

Witness my hand and seal, this

Executed in presence of

SOLDIER'S PENSION INDIGENT

For Those Aiready

INDIGENT No. 7

SOLDIER'S PENSION

RICHARD JOHNSON

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

| Personally appears The County of FULTON  County, State of Georgia, who being duly sworn, says on oath that he is a bona hade citizen and resident of said County and State, and has resided in said State continuously ever since the day of Tilalel 18-5; that he is 4 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 14772 in Company of 2 2 Regiment of that his physical condition is as   |
|--|
| County. State of Georgia, who being duly sworn, says on oath that he is a bona note citizen and resident of said County and State, and has resided in said State continuously ever since the day of Titalell 18-5; that he is 5 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 All Titale in Company of Regiment of  |
| and resident of said County and State, and has resided in said State continuously ever since the day of Titalell 18-5; that he is 5 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 1177000 in Company of 18 Regiment of  |
| by occupation a that he enlisted in the military service of the Confederate States (or of the State of Later States for the term of 1477200 in Company of 148 Regiment of  |
| that he enlisted in the military service of the Confederate States (or of the State of LL ) during the war between the States, and served for the term of 2477200 in Company   |
| crate States for of the State of   |
| and served for the term of 1222 in Company of 9 Regiment of  |
| Regiment of  |
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| Serverie Calletie Co   |
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| ·  |
| that his property consists & the following items   |
| and the second s |
|  |
| 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,<br>1864 and the acts amendatory thereof, and makes application for the pension to which he   |
| entitled for the year 1899. I have heretofore as a resident of FULTON  |
| county been allowed a pension for the year 189 $\sqrt{}$   |
| South to add when the Land Company of the Company o |
|  |
| day of day 1800.) The contract of the contract |
| Ordinary.  |
|  |
| State of Georgia,  |
| FULTON County.   |
| W H HULSEY. Ordinary of said Court   |
| Ordinary of said County,   |
| do certify that I am well acquainted with L. C. 92. 34. 64. the  |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him<br>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   |
| dey of 6 4 1899.   |
| (401)  |
| rour less  |
| Ordinary FULTON County.  |
| Note. The blank spaces, much be dilect.  Note. Affidavit should not be attended before January 1st, 1899;  |

## For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA,  County.  |   |
|---|---|
| personally appears TR Haveher 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 que day of Mar. 1875; that he is 55 years old and   |   |
|   |   |
|   |   |
| erate States (or of the State of) during the war between the States,                                  |   |
| and served for the term of 24 Mac in Company of 7 th Regiment of                                      |   |
| Lil ; that his physical condition is as   |   |
| follows:  |   |
| 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 Fullione                            |   |
| county been allowed a pension for the year 189 9  |   |
| Sworn to and subscribed before me, this, the  |   |
| 15 day of any 1900, much  | • |
| monthing Ordinary.  |   |
| Oldinary.   |   |
| State of Georgia,   |   |
| E11. 1201   |   |
| County, )   |   |
| I, W. H. HULSEY, Ordinary of said County,   |   |
| I. W. H. MULSEY. Ordinary of said County, do certify that I am well acquainted with T.R. Tre-circ 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/   |   |
| (Amx) day of  |   |
| your year hear here.  |   |
| FULTON  |   |
| OrdinaryCounty.   |   |
| Nors.—The blank spaces must be filled,  |   |

| Function County                 | hereby authorize 3, 7, Jacob of Fairburn allowed and request that he remit same to | 2   |
|---------------------------------|--|-----|
| or examined provide pension     | allowed and request that he remit same to  | (1) |
| 179mis                          |  |     |
| W trass by hand and seal thus 1 | the day of Journey 1901.   | :1  |
| La mile president               | V. 12 . 19   |     |

# STATE OF GEORGIA, Suttone I. Thomas Relations hereby authorize John Wilmes of Attenta Lya to receive and receipt for the pension allowed, and request that he remit same to Me by hund at Atlanta Lya by Witness my hand and seal, this day of 1944

POWER OF ATTORNEY.

Executed in the presence of

FULLE COURT HOSE ALREADY ENFOLLED.

No. 35C

No. 35C

INDIGENT

SOLDIER'S PENSION

1904.

County KULVUL

Co. Regiment Free

WARRANT ISSUED

WA

For Those Already Enrolled

INDIGENT

SOLDIER'S PENSION.

ounty

WARRANT

JOHN W. LINDSEN

WARRANT HANDED TO

t's

Harrien State Printer

WARRANT HANDED TO

no leta

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

| County.  |
|--|
| personally appears 11 thatter of 2000  |
| County State of Georgia, who being into sworn, says on eath that he is a bona note citizen and resident of said County and State, and has resided in said State continuously ever since the the said of the said State continuously ever since the said Stat |
| to time to be a set of the section o |
| that his property consists of the following items $\hfill = \hfill = \hfil$ |
|  |
| of the value of the value of the spin and the value of t  |
| Swarn to and subscribed before me, this the particle of the day of the Land Market Andrews and the land of the Land Market Andrews   |
| STATE OF GEORGIA,  |
| do certify that I am well acquainted with the applicant in the foregoing affiliavit, 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 County C |



### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

Fulton. County. County, State of Ceorgia, who, being duly sworu, says on oath that he is a hona tide citizen and resident of said County and State, and has resided in said State continuously ever day of / 11 1 18 at that he is by occupation a , that he enlisted in the military service of the Confederate States (or of the State of\_\_\_\_ during the war between the States, and served for the term of \_\_\_\_\_\_\_ in Company \_\_\_\_\_\_ of \_\_\_\_ th Regiment that his property consists of the following items: \_ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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 I STATE OF GEORGIA, FILLOIL County I, John St. W streets of Ordingry of said Count do certify that I am well acquainted with the applicant in the foregoing affidavit, and am'well satisfied that the statements made

Affix Your Year here

to be, and that he resides in this County.

Nors.—The blank appear must be filled.

Nors.—Affidavit shortd not be attested before January ist. 1904.

by him in his said affidavit are true, and I know he is the individual he represents his self

Given under my official signature and seal, this

In A Wil Kinson

## For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA,  |
|--|
| personally appears Thateher of Tullar  |
| personally appears Il Hatcher of Julean  |
| 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 Asy of May of |
| and by occupation 2  |
| 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 211 wows in Company , of 2 th Regiment  |
| of 14.   |
|  |
| follows:   |
| the orac of white  |
| <b>1</b>   |
| that his property consists of the following items.   |
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|  |
| 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 "Yulton county been allowed a pension for the year 1900".   |
|  |
| Sworn to and subscribed before me, this the day of 1901.   |
| day of 1901. All I All of Crondinary.  |
| VICE IN AHUS Augustinan  |
|  |
| STATE OF GEORGIA,  |
| County.  |
| I. Conting that I am well acquainted with Nocace Ordinary of said County,  |
| do certify that I am well acquainted with 1800 the m   |
| 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  |
|  |
|  |
| Given under my official signature and seal, this   |
| day of   |
| day of Jun 10 all Micon  |
| Ordinary Faillian County.  |
| Norx—The blank spaces must be filled. Norx—Affinavit snould not be attested before January 1st, 1901   |

Dr nelmen

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA,  |
|--|
| Fulton. County.  |
| TD 11 1.7  |
| Personally appears / A / Halland 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   |
| ince the 9 day of Marc 18 45; that he is years old and   |
| y occupation a, that he enlisted in the military service of the Con-   |
| ederate States (or of the state of) during the war between the   |
| States, and served for the term of 2 1/2 R in Company 1, of 11 th Regiment   |
| f Ma ; that his physical condition is as   |
| oilows:  |
| Y)   |
| No.  |
| hat his property consists of the following items:  |
|  |
| Tages of   |
| of the value of Dollars, that by reason of his physical  |
| ondition and poverty he is unable to support himself by his own exertion or labor, and   |
| hat he receives no pension but the one herein applied for.   |
| Deponent desires to participate in the benefits of the Act, approved December 15th,<br>894, and the Acts amendatory thereof, and makes application for the pension to which he |
| s entitled for the year 1904. I have heretofore as a resident of   |
| County been allowed a pension for the year 1 Fulton.   |
| C  |
| Sworn to and subscribed before me, this the The Hiller   |
| Om Alverinson Ordinary   |
|  |
| STATE OF GEORGIA,  |
| Bulton. County.  |
| I, Ordinary of said County   |
| o certify that I am well acquainted with & / talkler   |
| he applicant in the foregoing affidavit, and am well satisfied that the statements made  |
| y him in his said affidavit are true, and I know he is the individual he represents himself  |
| be, and that he resides in this County.  |
| Given under my official signature and seal, this   |
| day of 1804  |
| your }   |
| County.  |

| STATE C  | OF GEORGIA,  |
|--|--|
|  | County.  |
| 1,   | hereby authorize   |
| =  | of   |
| to receive a   | and receipt for the pension allowed and request that he remit same to  |
|  | at   |
| by   | The second secon |
| Witn   | ness my hand and seal, this day of1902.  |
|  | [L. S.]  |
| Execut   | ated in presence of  |
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| Sec (  | INDIGENT INDIGENT INDIGENT INDIGENT Regiment Regiment Regiment Regiment WARRANT ISSUED WARRANT BANDED TO WARRANT BANDED  |
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| 71 %   |  |
| ] 置 ;  | INDIGENT DIER'S PEN 1902. Fulto Regiment WARRANT ISSUED WARRANT ISSUED WARRANT HANDED TO WARRANT HA    |
| (FOR THOSE ALREADY ENROL   |  |
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| ing the second s | - Santana real among the state of the santana and the santana and the santana and the santana and the santana  |

#### POWER OF ATTORNEY.

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|---|-------------------------|--------------------------------|-------------------|
| STATE OF GEORGIA  | }                       |                                |                   |
| 1 0 0   | COUNTY.                 |                                |                   |
| I,  |                         |                                | hereby authorize  |
|   | of.                     |                                |                   |
| to receive and receipt for the pe   | nsion allowed, and      | d request that h               | ic remit same to  |
| 9   | at                      |                                |                   |
| hy  |                         |                                |                   |
| WITNESS my hand and seal, ti  |                         | day of                         | 100.7             |
| Williams my hand and seal, ()   | 118                     | day of                         | 1967              |
|   |                         |                                | li s              |
| Executed in presence of   |                         |                                |                   |
|   |                         |                                |                   |
|   |                         |                                |                   |
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| 2   |                         | 2 3                            | r:                |
| â <b>2</b>  | 3- 1                    | MT ISSUED  // F 1907  LINDSEY. |                   |
| FOR THOSE SCHOOL ED.  NO. 130 INDIGENT  LOOP  LOOP  TOO  TOO  TOO  TOO  TOO | 311                     | , &                            | 9                 |
|   | 18.                     | EN EY                          | WARRANT HANDED TO |
| SE ALREADY ELS.  VDICEN  SR'S PE  BOO7                                      | // 7.7<br>L<br>Regiment | WARRANT ISSUED                 | ND                |
|   | Si is                   | VT /                           | AH .              |
| INDI  | , ×                     | RA W                           | KRANT HAND        |
| IND                                     | . 8                     | WA!                            | RR.               |
|   | · 1                     | ř,                             | W A 200           |
|   | # A                     |                                |                   |
| <b>S</b>  | Name<br>County          |                                |                   |
|   |                         |                                |                   |

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| The second secon |
|--|
| STATE OF GEORGIA,  |
| County,  |
| Personally appears A Matetyry of Fulton.   |
| County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizer  |
| and resident of said County and State, and has resided in said State continuously ever   |
| since the 9 day of Muy 1840; that he is years old and  |
| by occupation a 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 for the term of 21/ fur in Company Lt, of 21th Regimen  |
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| /  |
| Gra Kisutilly  |
| - <del>-</del>   |
| 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 1902. I have heretofore as a resident of Fulton.  |
| county been allowed a pension for the year 1961  |
| , , , , ,  |
| Sworn to and subscribed before me, this the day of 1802 1802   |
| Ordinary.  |
| STATE OF GEORGIA.  |
|  |
| John & Wilkenson   |
| I. Ordinary of said County, do certify that I am well acquainted with JH Collection  |
| 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.   |
| CO   |
| Given under my official signature and seal, this  day of   |
| day of   |
| your seal here   |
| Ordinary   |
| Norz.—The blank spaces must be filled.  Norz.—Affidavit should not be attested before January 1st, 1902.   |
| Amuant should not be assessed before January 1st, 1902.  |

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS State of Georgia,

| Country   |     |
|---|-----|
| Personally appears Watcher of Fundamental   |     |
| County, State of Georgia, who, being duly swern, says en oath that he is a bonu fide en ze                                    |     |
| and resident of said County and State and has resided in said State continuously evi  | :1) |
|   |     |
| and by occupation a School that he enlisted in the military service of the Cou  | id  |
| that he emisted in the military service of the Confederate States (or of the State of Alfge Aide ) during the war between the | 1.  |
| States, and served for the term of Il Mos in Company of of the Regimer  | 10  |
| States, and served for the term of 12 2720 in Company 12 of th Regimer  | 1.  |
| of Reherous that his physical condition is . follows: 1/4 farmely percently 116   | ( e |
| follows: If filmely Life Allerthy Life  |     |
|   |     |
| A Miles   |     |
| that his property consists of the following items:  |     |
|   |     |
|   |     |
| of the value of Dollars. I am now earning   | K.  |
| by my laber. Dollars per month. That by reason of his   |     |
| physical condition and poverty he is unable to support himself by his own exertion of   | T.  |
| 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 15:  |     |
| 1894, and the Acts amendatory thereo, and a also application for the pension to which h                                       | C   |
| 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 1.7. A Recognition.            |     |
| Sworn to and subscribed before me, this the   | _   |
| day of 1907.  |     |
| day of 1907. Strains Ordinary.  |     |
|   |     |
| State of Georgia,   |     |
| Fulton County   |     |
| 1 William of said Court   |     |
| 1. A Will occurry of said County do certify that I am well acquainted with I. A. Ralesco                                      |     |
| the applicant in the foregoing affidavit, and am well satisfied that the statements may                                       |     |
| by him in his said affidavit are true, and I know he is the individual he represents himsel                                   |     |
| to be, and that he resides in this County   |     |
| Given under my official signature and seal this   |     |
| 1007  |     |
| Jay of He   |     |
| AMIA  |     |
| Ordinary LILOTA County.   |     |
| Nove -The blank spaces must be filled.  |     |

| STATE OF GEORGIA.  The Iton County.  TR Hatcher hereby authorize Dr J W I of Attanta you   | Velusi |
|--|--------|
| to receive and receipt for the pension allowed and request that he remit me at Allanda Gue |        |
| Witness are hand an i seal, this 27th day of Dec   | 11.8.  |
| Extillusham 1.   |        |
|  |        |

Name I A Houteker County Fuller

Regiment Auch

WARRANT ISSUED

SOLDIER'S PENSION

INDIGENT

1903.

(FOR THOSE ALREADY ENROLLED

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Jatohu 2º

no bate

WARRANT HANDED TO

BY PICHELL

GOT HEITER & SAID FINDER, ALBERT

JOHN W. LINDSEY,

1/22

Hatcher J.R.
Fulton Caunty
(FOR THOSE ALREADY EMBOLIED.)

SOLDIER'S PENSION
1905.
Name I'M Adatehou

POWER OF ATTORNEY.

| STATE OF GE       |                  | }            |                |                      |
|-------------------|------------------|--------------|----------------|----------------------|
|                   |                  | COUNTY.      |                |                      |
|                   | I,               |              |                | hereby authorize     |
|                   |                  | of.          |                |                      |
| to receive and re | ceipt for the p  | ension allow | ed, and reques | t that he remit same |
|                   |                  | at           |                |                      |
| by                |                  |              |                |                      |
| WITNESS m         | y hard and seal, | this         | day of         | 196.5                |
|                   |                  |              |                | [4. 57]              |
| Executed in       | the presence o   | r            |                |                      |

Regiment 2nd La

County

WARRANT HANDED TO

L PL

I PL

WARRANT ISSUED

OHN W LINDSEY.

" tate

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

|                        | F GEORGIA,   |   |  |
|------------------------|--|---|--|
| Fulto                  | 1  |   |  |
| Personally ap          | pears IN Houtek  | ies of said                                 |  |
| County, State of Ge    | eorgia, 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 44           | day of Mar   | 18 45; that he isyears old and              |  |
| by occupation a        |  | nlisted in the military service of the Con. |  |
| federate States ( or   |  | ) during the war between the                |  |
|                        | for the term of 2 yrs  | in Company 4, of 200 Regiment               |  |
| 1111                   | in an ila  |   |  |
| - full                 | 2 4 P  | that his physical condition is as           |  |
| and the s              |  |   |  |
|                        |  |   |  |
|                        |  |   |  |
| that his property co   | insists of the following items:  | -   |  |
|                        |  |   |  |
|                        | and the same of th | -   |  |
| of the value of        |  | Dollars, that by reason of his physical     |  |
| condition and pove     | rty he is unable to support hin  | uself by his own exertion or labor, and     |  |
|                        | pension but the one herein app   |   |  |
|                        |  | its of the Act, approved December 15th,     |  |
| 1894, and the Acts a   | imendatory thereof, and makes  | application for the pension to which he     |  |
| is cutifled for the y  | ear 1903. I have heretofore a  | as a resident of Fullow                     |  |
| county been allowed    | la pension for the year 190.   | 2-  |  |
| 27 the day of          | Discribed before me, this the 1902 (Wilkinson Ore  | J'R'x Houteter                              |  |
| STATE OF               | GEORGIA.   | ,   |  |
| Fully                  | County.  |   |  |
|                        | R Wilking  |   |  |
|                        | well acquainted with   | Ordinary of said County,                    |  |
|                        |  | ll satisfied that the statements made by    |  |
| him in his said affida | avit are true, and I know he is  | the individual he represents himself to     |  |
| be and that he reside  | es in this County  |   |  |
|                        | Given under my official signate  | ure and seal, this 27th                     |  |
|                        | day of DEC-  | 1902  |  |
| A" . )                 | John   | W. Wilkinson                                |  |
| C                      | Ordi   | Tulton Com                                  |  |
|                        | Ording -The blank spaces must be filled.   | uary County.                                |  |
|                        |  | sefore January Is., 1903.                   |  |

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA,  | A STATE OF THE PARTY OF T |
|--|--|
| County.  |  |
| Pearsonally appears J. Ob. Al  | atcher_of  |
| County, State of Georgia, who, being duly s  | worn, says on oath that he is a bona fide citizen  |
| and resident of said County and State and  | d has resided in said State continuously ever  |
| since the day of_  | 18; that he isyears old and  |
| by occupation a  | he enlisted in the military service of the   |
| lederate States or of the State of   | erdia  |
| States, and served for the term of /2 Mi   | of Luci Regiment   |
| of San Mulling   | that his physical and it   |
| follows: Infirmuty pove  | ety and Ide  |
| /  | 7 care   |
|  |  |
| that his property consists of the following it   | ems  |
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| 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 th  | e 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 heretof  | ore as a resident of 1 1111011   |
| County been allowed a pension for the year l   |  |
| Sworn to and subscribed before me t  | ts the   |
| , day ol   | 5. To Marketolice  |
|  | Ordinary.  |
| aniha on anana   | 1  |
| STATE OF GEORGIA.  |  |
| County )   | •  |
| A Committee of the Comm | Ordinary of said County,   |
| do certify that I am well acquainted with  | . D. Heatener  |
| the applicant in the foregoing affidavit and   | am well satisfied that the statements made   |
| by him in his said affidavit are true, and I kr  | now he is the individual he represents himself   |
| to be, and that he resides in this County.   | 575 de 140   |
| Given under my official signa<br>day of  |  |
| uny 01   | 1905.  |

Affix your feal here

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1908.

County.

Ordinary.

| TO THE STATE OF THE PRINCE TO THE PRINCE THE |               | Count                    | ry. }        |                  |               |
|--|---------------|--------------------------|--------------|------------------|---------------|
| TOWN WITNESS my hand and seal, this day of 1908.  Executed in the presence of Town MARRAYT HANDED TO TOWN TOWN TOWN TOWN TOWN TOWN TOWN T  |               | I.                       |              |                  | hereby author |
| MINDICENT  No. 236  INDICENT  INDICENT  REFARENT ISSUED  WARRANT ISSUED  WARRANT HANDED TO  WARRANT HANDED T |               |                          |              |                  |               |
| MANUAL AND THOSE MANUELLE AND THOSE  | to receive an | d receipt for the pens   | ion allowed, | and request that | he remit sam  |
| INDICENT  ON HARRAY EMBOLE  No. 236  INDICENT  NO. 236  INDICENT  NO. 236  INDICENT  ON. WARRAY ESSUED  WARRAY ISSUED  WARRAY HANDED TO  OFFICE OFFI  WARRAY HANDED TO  OFFI  ON WARRAY HANDED TO  ON WAR |               |                          | . at         |                  |               |
| ON THOSE ALIELDY CONSTRUCTION OF PROPERTY AND ON THOSE OF THOSE |               |                          |              |                  |               |
| ON THOSE ALIENDED TO THOSE ALIENDED TO THOSE ALIENDED TO THOSE THO | WIINE         | ss my hand and seal, thi |              | day of           |               |
| OR THOSE ALIEDATE ERBOLLED  No. 236 INDIGENT INDIGENT IPOG.  Regiment. L.  Regiment. L.  MARRANT ISSUED  WARRANT ISSUED  WARRANT HANDERT  OHN W. LANDSEN.  WARRANT HANDERT  OHN W. LANDSEN.  OHN W. LANDSEN.   | Execut        | nd in the presence of    |              |                  |               |
|  | 1. Accus      | in the presence of       |              |                  |               |
|  |               | Charles Charles          |              |                  |               |
|  | ) á           | KSION                    | in a         | 905              |               |

PRE APPEAL ANS URRETURNED ALLEMEND PRINCIPAL

#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| LOW ALLFIGANTS HERETOLOKE AFFORED LENSIONS.  |
|--|
| State of Georgia,  |
| T 11   |
|  |
| Personally appears 1. Matcher of Tulton  |
| 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 theday of18 \( \subseteq \Sigma\); that he is \( \begin{aligned} \cup \text{ years old and} \end{and} \)   |
| by occupation a, that he enlisted in the military service of the Con-  |
| federate States (or of the State of Clarific ) during the war between the  |
| States, and served for the term of & Markin Company of of Regiment   |
| of GA RIALINA  |
| follows: Infirmity powerty and lige.   |
|  |
| The second secon |
| that his property consists of the following items:   |
|  |
|  |
| of the value ofDollars. I am now earning   |
| by my labor, Dollars per mouth. 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  |
| Ordinary.  |
|  |
| State of Georgia,  |
| Fulton County.   |
|  |
| do certify that I am well acquainted with J. N. Hattener   |
| 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   |
| NI ABOLITHON   |
| Ordinary County.   |
| Nors.—The blank spaces must be filled.  Nors.—A fildavit should not be attested before January 1st, 1906.  |

Fulton County. I, Ordinary of said County, do certify that I am well acquainted with J. M. Matthur 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 Affix your seal here Ordinary\_ Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January 1st, 1906. Tueton 1929 East Point, Ga., July 11 1927 M T. R. Hatcher deceased. Application for Pension A. C. HEMPERLEY & SONS Due Deceased Pensioner EMBALMER AND FUNERAL DIRECTOR UNDER ACT 1919
To pay expenses of last illness and funeral) AMBULANCE SERVICE 223 South Main Street Throw H deffues ordinary Office Phones Fairfax 1636-1637 Res. Phone Fairfax 1788 Casket & box. Dark of Death, is easy 19 1927 4150.00 Embalming. 15.00 Vincum \$ 10000 Suit. 28.00 Gloves. (P. B.) 3.00 Dis Approved and ordered fall Paper notices. 8.00 Drayage on box. 4.00 Hearse. John W. Clark 15. . \$223.00 Communication of Pensions GEORGIA. FULTON COUNTY MERSONALLY comes & R Hemperly, Mngr of A C Hemperly & Sons, who upon oath says that the above accunt is just, true, due and SECAPIO. Vivietore unpaid. Sworn to and subscribed before me this July 11 1927 Ordinary Ful out above in full and send its blank to Pension Department for approval. Of Himbuly to 8 mank to remission Department for approval. Do not pay out the money until the approved blank is in your bands 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 as Southets 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)

Personally before me, the Ordinary of said County, comes.

1. R. Hemperly of said County, who, after being sworn, on oath

| says that he knew T. R. Hatcher  | of said Count   | ty, and that said Pensioner                              |
|--|---|--|
| was on the Pension Roll of said County at the time of death,   | which occurred in   | Fult on  |
| County, in this State, on the 19 day of  | June  | 1927 , and that  |
| a Pension of   | ) Do  | llars was due pensioner and                              |
| unpaid at the time of pensioner s death, and that pensioner  | left no widow or depend   | ent children surviving, and                              |
| no estate of any value sufficient to pay these funeral expens  | ses, which amounted to t  | he sum of \$ 223.00 per                                  |
| sworn statements fully and completely ITEMIZED hereto  | attached.   |  |
| Sworn to and subscribed before me  |   |  |
| Marketon order   | DA 1.   | <b>4</b>   |
| Fulton County  | R. Mampali  | 7  |
|  | . o A.C. Hemperly   | & Bons   |
| (Seal of Ordinary)   |   |  |
|  |   |  |
| CERTIFICATE OF   | ORDINAR   | Y  |
| GEORGIA, Fulloy County.  |   |  |
| I. Thoo H. Jeffues   |   |  |
| E de la  | Ordinary  | of said County, do certify                               |
| that I personally know C. R. Hamp  | ierry   | , who is a residen                                       |
| eitisen of said County, and that said person is of truthful and t  | rustworthy character, ent   | itled to full faith and credit                           |
| that I also knew TR Hotches  | whi   | le in life and that this wa                              |
| the same person whose name appears on the Pension Roll of.   |   |  |
| was paid a Pension of  |   | (Dollar  |
| in said County for 192.7, and I now believe said pensioner   | to be dead; and that th   | e instructions at the foot o                             |
| this voucher have been carefully observed in making up this  |   | ich are attached hereto.                                 |
| Given under my hand and official seal, this  | day of  | 1927   |
| (Seal or Ordinary)   | has the   | Ordinary   |
|  | tail  | Kon County   |
| HISTAVOTION  |   |  |
| IMPIROCHO  |   | mized form, giving each stem and                         |
| ist. Require those claiming expenses of last illness and funeral, to make the value of N. and each date.   |   |  |
| and. Each account must be sworn to before the Ordinary and in the folk   | owing form: Do not use the terr   | ns: "just, true, due, unpaid," etc.)                     |
| ind. Each account must be sworn to before the Ordinary and in the folk "The above and foregoing account is rendered for services in the last ill   | owing form: Do not use the term<br>ness (or for funeral tapenses, as                            | ns: "just, true, due, unpaid," etc.)                     |
| and. Each social must be sworn to before the Ordinary and in the folia- "The above and foregoing account is rendered for services in the last ill who died without owning sufficient prep- | owing form: Do not use the term<br>nees (or for funeral supenses, as<br>sety to pay this bill.  | ms: "fust, true, due, unpaid," etc.) the case may be) of |
| ind. Each account must be sworn to before the Ordinary and in the folk "The above and foregoing account is rendered for services in the last ill   | owing form: (Do not use the term<br>ness (or for funeral expenses, as<br>sety to pay this bill. | ns: "just, true, due, unpaid," etc.) the case may be) of |

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| Tolus         | a Pension<br>of his deat | from £                  | 28  | lay of  | Jun             | ^ 3                      | County for                 | _County, a   | nd was pe<br>at the tire<br>was due  | aid<br>me |
|---------------|--------------------------|-------------------------|---|---|-----------------|--------------------------|----------------------------|--|--|-----------|
|               | of Georgia               |                         |   |   |                 | $\overline{}$            |                            | Dollars from   | n the Sta  | te<br>in  |
|               |                          | d he is of)<br>under my | hand and s                                      | and trustw  | orthy character | hunt                     | to full ere                | lfris  | , 192<br>, Ordinas   | ry        |
| HAtcher, T.R. | fuelow (mile)            | 1926                    | Application for Pension Due<br>Deceased Soldier | (UNDER ACT 1891) (To be paid to his Widow or Dependent (Andrea) | Seen Harelien   | Date of Narray Left 1920 | Approved and ordered paid. | 9 00x 2 7 XX 9400856. Commissioner of Pensions. Tributy: Fill out above in All and send blank to Pension Descriptions. | ral before you pay out the money, and<br>a return it with your pay-colls for per-<br>nent sling in the Pension Department. | 90        |
|               | GEORGIA,                 | authorize               | and cons  |   | count           | Later with mines         | the same                   | , of said C  | County, my   | - 44      |

CERTIFICATE OF ORDINARY

STATE OF GEORGIA. Face County.

1. The Harman County.

1. Ordinary of said County, do certify that I personally know here Cliq Halles, the applicant, and that she

is the lawful widow of R that her who was on

| STATE O         | F GEORGIA,                       |                                     |  | Count  | ORDI   | WAKI                |  |              |
|-----------------|----------------------------------|-------------------------------------|--|--|--|---------------------|--|--------------|
| I,              |                                  | 00 H                                | ! Jo   | leve   |  | linaru - 4 (4       | County, do cert  |              |
| that I per      | sonally know.                    | hu                                  | Ell  | la H   | telie  | the applie          | eant, and that s   | ify          |
| is the lawf     | ul widow of                      | $\mathcal{I}$                       | R  | Hal  | lies   | applic              | , who was  |              |
| the Pension     | n Roll of said                   | ؛ ـــــــ ا                         | Ful  | Con  | . Language   | Cou                 | inty, and was pa   |              |
| a Pension       | from                             | tu                                  | llow   | <u>ጎ</u>                                       | - Co   | onty for 192        | 2., and at the tir   | me           |
|                 | h on the                         |                                     | r9   | Felo   | u v  | 8 ~                 | , there was due  |              |
| him and un      | and I know                       | 729                                 | 20   | all  | en.  | •                   | rs from the Sta  | ite          |
| witness, and    | ↑<br>d he is of a tru            | thful and t                         | rustworth:   | v character e                                  | and antitled to  | 6all 40             | , the with   | ın           |
|                 | under my hand                    |                                     |  |  |  | lun creat.          |  | <b>5</b>     |
|                 | of Ordinary                      |                                     |  |  | 19   |                     | 0 7  |              |
|                 |                                  |                                     |  | ا  | har  | Nys                 | egnes Ordina   | rv           |
|                 |                                  |                                     |  |  | y in   | etal                | . Coun   |              |
|                 |                                  |                                     |  |  |  |                     |  |              |
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|                 | 79.7                             |                                     |  |  |  |                     |  |              |
| nty             |                                  |                                     |  | . 1 1  | . 2  | <b>F</b> a          | 를 당신당수 개   |              |
| County          | Due                              |                                     | ndent  | 4  | 1927   | 1881 X              | d send d send d ap- y, and rr per- nt.   |              |
| , County        | on Due                           | t                                   | Dependent  | len  | 900 g 100 f  | 199                 | of remions.  Il and send  and for ap- money, and lis for per- referent.  |              |
| County          | ension Due                       | oldier<br>1891)                     | w or Dependent   | cher   | two gr   | 4 192               | user or ventous.  artment for ap the money, and wy-rolls for per Department.   |              |
| Oct. County     | Pension Due                      | d Soldier<br>ACT 1891)              | Widow or Dependent<br>frem)                              | ateler<br>betelver                             | el. 1970   | Lask 199            | mananeous or efundan. Department for an out the money, and ur pay-rolls for per- niton Department.   | 0            |
| Motor County    | 1925<br>for Pension Due          | ased Soldier<br>DER. ACT 1891)      | his Widow or Dependent<br>Children)<br>RV                | Habelen  | 128. 1920  | Clash 192           | out above in full and send along the payon the money and by our the money and by your pay-voils for per- e Pension Department.   | 31           |
| ello., comty    | 1925<br>tion for Pension Due     | eceased Soldier<br>(UNDER-ACT 1891) | d to his Widow or Dependent<br>Children)<br>RV           | a Habelen<br>R. Holelen                        | 1944 19 1901   | W. Clash 1921       | Will out above in full and send Pennion Department for ap- you pay out the money, and in the Pennion Department.   | 30           |
| West County     | 1925<br>lication for Pension Due | Deceased Soldier (UNDER-ACT 1891)   | e paid to his Widow or Dependent<br>Children)<br>RV.     | Ila Halscher                                   | Death June 2 15 1926                                   | w. W. Elaak 1991    | The Commensure of reasons.  Y: Fill out above in full and send it to Pension Department for ap- tice you got out the money, and tran it with your opy-rolls for per- ling in the Pension Department.                         | 97) "        |
| Fullow , County | 1925                             | Deceased Soldier (UNDER-ACT 1891)   | To be paid to his Widow or Dependent<br>Children)<br>RV  | 511 + Hatelen                                  | of Death June 12 1920                                  | Huyez               | dinary: FIII out above in full and send blank to Pension Department for applicate you out the money, and return if with your pay-rolls for per ent filling in the Pension Department.  | \$ 1.0 (2.6) |
| Fullow, Coury   | 1925 Application for Pension Due | Deceased Soldier (UNDER ACT 1891)   | (To be paid to his Widow or Dependent<br>Children)<br>RV | Win Silla Halseller.                           | Date of Marriage Tal. 1970 Date of Death June 2 2 1977 | Polin W. Clark 1993 | Ordinary: FIII out above in full and send<br>this blank to Penaion Department for ap-<br>proval before you app out the money, and<br>then return it with your pay-rolls for per-<br>marent filing in the Penaion Department. | \$12 CA      |
| Fullow. County  | Application for Pension Due      | Deceased Soldier (UNDER-ACT 1891)   | (To be paid to his Widow or Dependent (Midren)           | Win Silla Halbeller. Widow of T. R. Holleller. | Date of Death June 12 1920                             | Blu W. Clark 1993   | Ordinary: Fill out above in full and end this blank to Pension Department for ap- through above to apy out the money, and then return it with your pay-rolls for per- manent filing in the Pension Department.               | \$ 75°       |

Pension Roll and paid from... Witness my hand this

#### Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)

| T. R. Heat class   |                                |
|--|--------------------------------|
| and that said Pensioner was on the Pension Boll of County  and was paid a Pension of County  And was paid a Pension of County  The County of County  The County of County  The |                                |
| and County, who after being duly sworn, on oath says that she is the widow of  Hellow  Gounty  and that said Pensioner was on the Pension Roll of  County  Cou | A STATE OF THE PERSON NAMED IN |
| and that said Pensioner was on the Pension Boll of Fullou County only was paid a Pension of County only said tourty for 19 %, and that the said Pensioner died in Fullou   | -                              |
| and was paid a Pension of fifty (\$50.00) Dollarstolis, from said tourny for 19 /, and that the said Pensioner died in Fuelou  | 1                              |
| and was paid a Pension of fifty (\$50.00) Dollarstolis, from said tourny for 19 /, and that the said Pensioner died in Fuelou  |                                |
| from and County for 19 7, and that the said Pensioner died in Fullow  County on the V8 day of June 1977.   |                                |
| County on the V8 day of June 1977.   | 4                              |
| owner, on the case day of  | de.                            |
| and at the time of his death a Pension of \$ was due him fromCounty  | Ī                              |
| and unpaid for 1927. Applicant further swears that she married the said ER Heales  |                                |
| on the day of Felt 1900, in Delkalb- County and  |                                |
| State of Ja and resided with him from the date of marriage to his death as his   | 1                              |
| awful 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 Vf day of all q . 1929  IN R Marbut Cordinary Am Ella Natcher (L. 8.)  Start of Ordinary County   |                                |
| un Rugarbut Ca Ordinary No 8000 1670   |                                |
| tulyon Gounty of M celas Muchez (L. 8.)  |                                |
| Seal of Ordinary)  |                                |
| AFFIDAVIT OF WITNESS   |                                |
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| 200 CONTROL DE CONTROL | 1                              |
| reasonally before me comes , who means says that he knew   |                                |
| nd that he knows Mrs.  |                                |
| 200  |                                |
| bove applicant; and knows that the shid.   |                                |
| U Info   |                                |
|  |                                |
|  |                                |
| ogether as husband and wife at the time of his death on theday of  | . 1                            |
| , 19 , and that she is his dependent widow.  | 1                              |
| Sworn to and subscribed before me thisday of, 1925.  | -                              |
| , Ordinary   |                                |
| (Seal of Ordinary)   | . 3                            |
| DISTRUCTIONS:  |                                |
| (Seal of Ordinary)   |                                |

## pplication for Pension Due Deceased Soldier (To Be Pald to His Widow or Dependent Ohlidren) (UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, Fullow County.

|      | and that said Pensioner was on the Pension Roll of   |
|------|--|
|      | 0.00   |
|      | and was paid a Pension of Tuffing (5000) Dollars   |
| 9    | from said County for 19 17, and that the said Pensioner died in Tuellow  |
|      | County on the V8 day of June 1929  |
|      | •  |
|      | and at the time of his death a Pension of \$was due him fromCounty   |
|      | and unpaid for 1927. Applicant further swears that she married the said 1. K. Haller   |
|      | on the day of Felt. 1936, in Flescall. County and  |
|      | State of, 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<br>paid to her.  |
|      |  |
| 0    | Sworn to and subscribed before me this . V9 day of July 1929   |
| V    | Tiller (L. 8)  |
|      |  |
|      | (Seal of Ordinary)   |
|      |  |
|      | AFFIDAVIT OF WITNESS   |
|      | STATE OF GEORGIA, Tullou County.   |
|      | OA COOL  |
|      | Personally before me comes who   |
|      | on oath says that he knew while in life  |
|      | and that he knows Mrs. Clea Hateler, the   |
|      | above applicant; and knows that the said 1. R. Halcher   |
|      | and Vino Ella Halcher were in due form of law married in the County  |
|      | O / AA   |
|      | of Bollack in the State of A.a. on   |
|      | the day of tell - 1977, and that they were residing  |
|      | together as husband and wife at the time of his death on theday of (4-19-1)  |
|      | Fel. 1976, and that she is his dependent widow.  |
|      | - O  |
|      | Sworn to and subscribed before me this 24 day of 1929  |
| L    | Chin B. Cularlat Ordinary 1 01 1/1   |
|      | Tuelton County   |
|      | (Seal of Ordinary)   |
|      | PLET NO. 1011  |
|      | an This form is for referry of Service and Disabled Steller pundature, who died after Repeater Lat. If positioner died after January In Service Annual Control of the Contr |
|      | the Free of marriage was to make.  The Do has not the marriage form of marriage corellants in common verse throughout the State, extinate only to france.  |
|      | Buch creditable is suffery the bully for use in any pendent application. A plain certifical written on the back of the copy of marriage<br>loans in the proper these.  Also Creditary decid counter the blank after it is find in, and use that comprising in bully and correctly constant.  |
|      | seals affined, and that back of application, when faded is the last the Pointer of the Pointer o |
| 100  | The Later the printer with you feel extension as Joseph Department of the later than the later t |
| 20   | the Day to me product of the application. This section is the while heat or the section is the section of the section is the section in the section in the section is the section in the section is the section in the s |
| a sh |  |

| of were in due form of law married in the County   | and the Ella Halles were in due form of law married in the County of Balles in the State of Ha on the day of February 100, and that they were residing   |
|--|--|
| the day of \( \frac{13}{13}, \) and that they were residing together as husband and wife at the time of his death on theday of   | the day of 1917, and that they were realding together so husband and wife at the time of his death on the day of (6-25-27)   |
| Sworn to and subscribed before me thisday of, 1925.  Ordinary, County  | Sworn to and subscribed before me this 29 day of July 1999  Grilling R. Lucarlant, Ordinary J. M. Aller  |
| (Seal of Ordinary)   | (Seal of Ordinary)   |
| its. The form is for velorer of farries and Disabled Soldier paraissees, who died after Kovember Let. If pensioner died after January 104, Intellig dependent officiare has a soldier, both generation may one this form is their behalf.  204. Proof of interingly man by mode.  207. Do not not to the one-monoidy large form of marriage centificials in common regard throughout the fluis, enthalts only for francing- linease in the proper fully one below for one is any pension application. A pinks certificate written on the back of the copy of marriage  (40. The Ordinary should constant the blank fact it is filled in, and so, that corryidating is fully and correctly despitated, and the substituted, and that head of application, when fielder, is filled in.  As proper girls of the contract of the application and approved in the Possion Department and criterion to you as your application, when   | Let. That form in for velouir of florelies and Disable Soldies pussions; who died after Merimbo Lat. If pennioner died after Jun- uary 18, herberg disablest children best no velous, that provides form to pake behald.  18. On the lat. We manistering trap from a marriage nutries in a means reson throughout the fines, articulae only to froming, that correlates is naturely not kept for our is any pennion projected. A place correlated perimeter on the task of the copy of marriage that correlates is natural to the correlate of the co |
| the payment of the application with your final estimates to the Practor Department.  The Section life application with your final estimates to the Practor Department to the part of the p | there is the recommendation of the control of the c |
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Triller County.

1. Ma Sophismu County.

1. Ma Sophismu Coultanta Special mereby authorize

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|          | Fultan Como                              |
| To Ti    | Heretofore Paid.                         |
| (draw)   | 908.                                     |
| FromA    | arabin (3-1912)                          |
| No.      | ). > <del>F</del> 8                      |
| IN       | DIGENT                                   |
| WIDO     | W'S PENSION,                             |
|          | ar ending Dec. 31, 1903.                 |
| 4        | PAID TO                                  |
| mrs Soph | some Kutherek                            |
| - Ful    | ton County                               |
| Widow of |  |
| Co. 0 /2 | X fee Regiment                           |
| JOH      | IN W. LINDSEY, Commissioner of Pensions. |
| WA.      | RRANT ISSUED                             |
| -        | 1903                                     |
|          | AND HANDED TO                            |
| 040. W.  | HARRISON, STATE PRINTER ATLANTA CA.      |
| 48       |  |

Reseased in the presence of Williams in Ordinary

day of Jeans Whereof, I have bereunto set my hand and seal, this 29th

Authorita Hallocack [L.S.]

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

| STATE OF GE           | m c                                | County.                                   |                       | gale   |
|-----------------------|------------------------------------|---|-----------------------|--|
| on bu                 | Sophronu                           | in Hathe                                  | etanta ;              | , hereby authorize                           |
| to receive and re     | ceipt for the pen                  | ision paid hereon                         | , and request the     | he remit same to                             |
| In Witness day of Jun | Whereof, I have                    | 1908.                                     |                       |  |
| Executed in           | n the presence of                  | copile                                    | nica Ha               | heack [L.S.]                                 |
|                       | dinary                             |   |                       |  |
| , On                  | many                               |   |                       |  |
|                       |                                    |   |                       |  |
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| 7/2 az                |                                    | Se | Spinear Control       | 1803   |
| O33                   | INDICENT DOTS PRIS                 | miles                                     | R<br>IDSEY,           | SSUED<br>TO                                  |
|                       | S S                                | PAID TO                                   | W. LIN                | ARRANT ISSUEL AND TAKED TO OUT CLIEB         |
| No.                   |                                    | of the                                    | OHN                   | 2 30   |
| 0 2 2                 | Z 2                                | EN 18                                     | 2 2                   |  |
| e di                  |                                    | The Soft                                  | Widow of<br>Co. of 10 | 744  |

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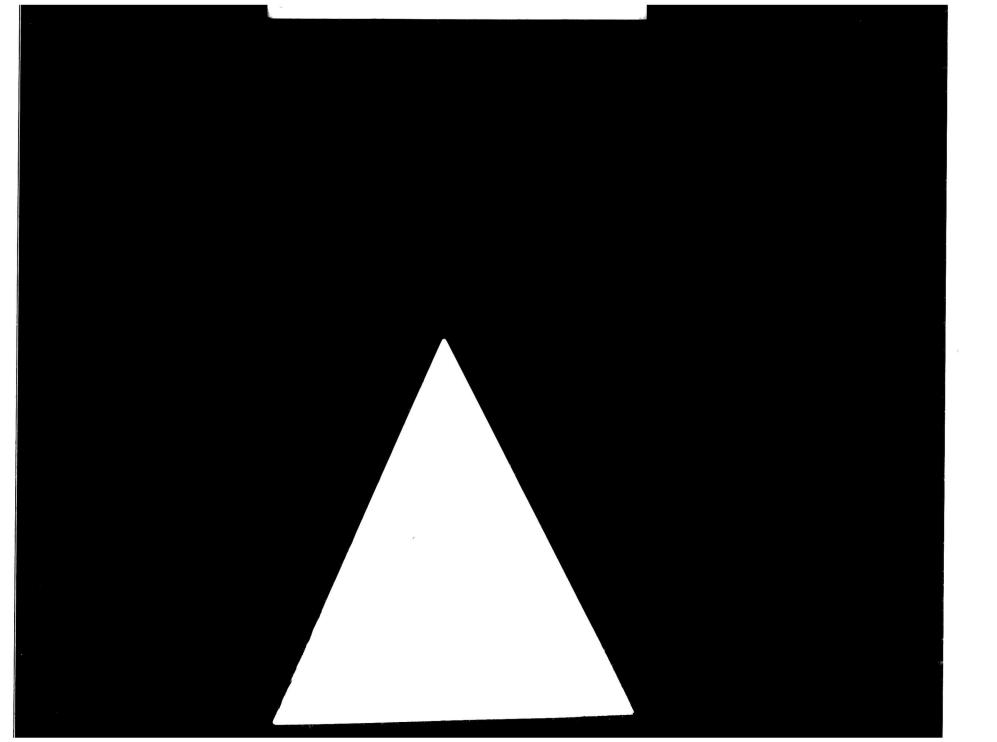
FORM No

#### FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA, PERSONALLY COMES MRS.  |
|--|
| County of Fulton - Sophronia Catherek  |
| who, being sworn, says on eath, that she is a bona fide resident of said County of   |
| Fullon State of Georgia, and that she has RESIDED in said State  |
| continuously ever since Sth Cot 1838 That she is the Widow of  |
| a M Matheock Who was a soldier in Company  |
| It of the /xx Regiment of Lya  |
| Volunteers, that he enlisted in said regiment on or about the month of Africa  |
| 186. 2, and served in the Anmy up to June 180 2. That he died  |
| 186.2. and served in the Arany up to June 186.2. That he died on the July 4. day of 186.2.   |
| The state of the s |
| Dud from relates of Mearles  |
|  |
|  |
| - AA   |
|  |
| Name .   |
|  |
| 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   |
| he year 18 0 3   |
| I have been allowed an Indigent pension as a resident of Houralion   |
| County, under Act 1900, for the year 1908, and now apply for the ponsion provided by law for the   |
| cear ending December 81, 1908.   |
| Sworn to and subscribed before me,   |
| 18 29 Kday of June 1908 Sophionia Hatecock   |
| William Ordinary Post-Office   |
|  |
| State of Georgia, John William   |
| Futtory County. Ordinary of and County, certify that I am well   |
| equainted with Mra softmonic Couther ell who made the above affidavit and  |
|  |
| m satisfied that the facts therein stated are true, and I know she is the individual she represents  |
| erself to be, and that she has continuously resided in this State since the  |
| ay of GCT 18.38  |
| Given under my official signature and seal, this the age day of June 1908.   |
| John Wilkinson   |
| 9 Beal. Sent South   |
| N( TE.—All blanks must be filled.  |
| Vonchers and affichate augt beite liefeante beandes let, 1903.   |
|  |

| Sworn to and subscribed before me,   | Sophonia Hatherek  |
|--|--|
| John 29 day of Jeel 1908.  | Post-Office  |
| State of Georgia,  | John R Wilkinson   |
| Fulton County.   | Ordinary of said County, certify that I am well  |
|  | Tather ell who made the above affidavit and  |
|  | ue, and I know she is the individual she represents  |
| herself to be, and that she has continuously residuously of 0 c 18.38  |  |
| Given under my official signature and seal,  | this the 22th day of June 1908.  |
| Official   Seal.   | this they est day of Jane 1908.  Some Urlburson  Ordinary of Frutton County.   |
| NOTE.—All blanks must be filled.   |  |
| Aoncperd 363 thidate and   | pedi Hulo@hi henriki, 1st' 1803.   |
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| Single Control of the | and the same of th |
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| GEORGIA, Horalson  | County.  |
|  | home Halkcox   |
| the holder of thes Certificate was win   | ow gleed sol-Pensioner.  |
| and paid the sum of \$6000   | Dollar s   |
| troin this County, in 1901 Zand that he, or she,   | non vesities in Fallor   |
| County.  | 2.   |
|  | ture, this June yth 1903   |
| 2/   | osabluteleson  |

Thorabuteleson



Ordinary's Certificate

| etulan county (ms)   |  |        |                   |  | s d  | <b>y</b>  |
|--|--|--------|-------------------|--|--|---|
| Widow's Pension  | NOTES :  |        | SEAL              | orthy are  | were duly sworn  | that I know M is so the person sho repo                               |
| widow's rension  | The state of the s |        |                   | \$ E   | 121  | 7 2 3   |
| Under Act 1910—as Amended by Act of 1919.  | all g<br>onall g<br>fida<br>wido   |        |                   | a v  | 1 1 2 2  | E   |
| County Fullow  | solemnly sweet<br>solemnly sweet<br>the will be the<br>ficheria ma<br>was who mant be<br>tified ropes of   |        |                   | worthy and then statements are entitled to full faith and credi- | Cley   | the fee   |
| Name Mis Manue Houplen   | 2977   |        |                   | 11 7   | *~   | 1 2 2 2   |
| Widow of Teter Hampton   | mat you wa<br>th. No hel<br>e attached<br>prior to Ji<br>e before t  |        |                   | ntitled to   | ning the   |   |
| Company Capstandry   | he Ordin<br>Il true h<br>pyrusio<br>of bland<br>nuary l<br>he Ordin  |        |                   | of office  | foreko   | COUNTY COUNTY   |
| Regiment   | nary storage (at Jacobs)   |        |                   | e taly   | ing its  | 7 -   |
| Approved   | The real   |        |                   | 12 1   | The state of the s | wona fide   |
| 1  | Appleant as<br>each of the<br>fficient<br>fried<br>ence of the   |        | 7.7               | day X  | emed fusion that the distance in   | 07  |
| of In nov + 1708   | questions asks<br>questions asks<br>person to be<br>person to be   | 3      | week.             |  | at a   | Ordinary of said County, do certify<br>the applicant for pension. She |
| And the second s | d you and the  |        | , Ord             | *  | of said County and   | nd County   |
| J. W. LINDSEY,   |  | _      | Ordin <b>ar</b> y |  | E ou   | and do  |
| Commissioner of Pensions.  | ting words the evidence certified by   | County | ş                 | ₹  | 5 Š  |   |
| Byrd Printing Co., State Printers, Atlanta.  | 7 7  | dy     |                   | F.   | and  | She unity   |
|  |  |        |                   |  |  | 1   |

Falten Co.

Mrs. Nann'e D. Mamptlin,

bonk "de resident of Je., on distribution busbend's death, and prove this stainment to be true.

Must amen's and state when she become a

l'ension Office 2/17/22

J.W. Lindsey, Jon. f lersions.

| Ordinary's Certific  | ate  |
|--|--|
| STATE OF GEORGIA,  |  |
| tuelon, GOUNTY   |  |
| I trouts feffices  | Ordinary of said County, do certify  |
|  | the applicant for pension. She   |
| with purson who represents herself to be and she is a bona fide e  |  |
| THE WAX WE SHOULD ASSESS THE THE THE PARTY THE   |  |
| the natures who arrests to the service of husband; that both of the  | ware now residents of said County and  |
| were duly sworn by me before signing the foregoing affidavith at   | od that they both are truthful, toust  |
| worthy and their statements are entitled to full faith and credit  |  |
| Sworn under my hand and officeal seal of office this )   | lay of 2 10 21   |
| SEAL hus 7   | Taffra Ordinary  |
| 1 0114   | F A. I   |
| *  | County   |
| Softes the reas quest as are answered the Ordinary shall swear ap  | plicant and the witness in the following words:  |
| 5.3.18.5 In the airs quest in a me anomized the Intrinsity shall some any control seems that you will true amone a made of the second gives will be therefore. So bely you find, any one of the second gives will be the tree of the second gives a manufacture of the second gives    | b of the questions asked you and the evidence  |
| A stillayds who narrod prints January lat, last are catifle<br>a stillayds in set be made before the Ordinary of the residen-<br>ment triangle.  | ed of the person to be sworn and certified by  |
| Attach certifie! opies f carriage incesse f obtainable. If not reputation  | prove marriage, by some person, or by general  |
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| £ , a  | 401  |
| 1 10 8 3 3   | O Bear   |
| 30 to 1 to 2 2   |  |
| 3 2 3 3  | J. W. LII.<br>Commissioner   |
| S T S  |  |
| 18.73 3 3 3  | 0,6  |
| 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2  |  |
| Widow's Pension Widow's Pension Widow's Pension Dater Act 1910—a Amended by Act of Name Many Marcacae ( Hangel. Nishow of Alex How pitter. Supperved.  | 201 1 2  |
| Widow of Company Beginsent   | M.T.   |
| A PONSOM A   |  |
| The state of the s |  |
| Common Annual Principles   | Line & as the state of the stat |
| Iton Co.   | Pension Office   |
| Mrs. Nannie E. Mamptlin.   | 2/17/22  |
| Must amend and   | I state when she became a  |
| bons fide resident of Ga., and date of hush  | and's death, and proces  |
| this statement to be true.   |  |
| J.W.   | Linder,  |

Com. of Pensions.

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

#### Questions for Applicant

STATE OF GEORGIA.

| Fulter COUNTY  |
|--|
| Personally before me comes the . The week in application and State and county.   |
| of said State and County,  |
| and, after being duly sworn, says that she descrea 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<br>the following questions to-wit.  |
| 1. What is your name, and where do you reside the state of the State of Georgia. 2. How long and since when have you been a continuing resident of the State of Georgia.   |
| Company of the Compan |
| When, where and to whom were you marguett ) seek to the seek of th |
| a Have you married since the death of first and soldier husband?   |
| 4 When, where and in what Company and Regiment dad your husband enlist as a soldier in Con-  |
| federate Army or Georgia Militat (State the arms and class of Service) St. 151.  |
| 5. When and where did the comparates of your husband surrender or discharge from the grays.  |
| 6 Was your husband personally present at the time of the surreinder or discharge of this command 1   |
| 7 If he was not present state clearly where he was !   |
| 8 Where was his command when he ieft? If The promother to a first tree a   |
| a For what cause did he leave his command?   |
|  |
| b. By whose authority did he leave his command t   |
| c. For how long was he granted leave of absence t  |
| c. What was his physical condition when he left his command!   |
| f. What effort did he make to return to les command?   |
| g In what way was he prevented from going back to Command  |
| b Was he captured by the enemy at any time!  |
| if so, when and where captured and where held as a prisoner, and when a 4 for what cause released?   |
| When and when I I  |
| ) When and where did your first husband the !  |
| k Were you residing together when he died!   |
| If not, how long had you resided apart t   |
| m Are you now a widow!   |
| If so, when and for what cause were you or your husband piacen on the roll!  |
|  |
| Sworn to and aubscribed before me this the   |
| aselin R La Cardonal Ordinary  |
| of   |
|  |

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 t k. Were you residing together when he died! I If not, how long had you resided apart! .... m Are you now a widow!

9 Have you or your husband herwlofore been paid a pension by the State! Fulton Co. Pension Office If so, when and for what cause were you or your husband placed on the roll! 2/17/22 Sworn to and aubscribed before me this the

The day of 1924

Ordinary

Ordinary Mrs. Nammie E. Hamptlin. 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. J. W. Lindsey. (SEAL) Com. of Pensions.

Houser

Widow's Pension Under Act 1910-as Amended by Act of 1919.

County Tueton Sam Mary P. Hauser Water of fottlet Hausen Company 13 Regiment 1 S. S. Ind. Approved Joseph W. Colank Commusioner of Brians

Hauser, Mas

J. W. LINDSEY, Commissioner of Pensions.

mary shall sweer applicant and the witness in the following words:

see an aske to each of the questions saked you and the oridence

L.

e entitled.

said County and

#### Ordinary's Certificate STATE OF GEORGIA, Fullow COUNTY.

.....Ordinary of said County, do certify that I know Mary R Hauset ... 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 - the The is now resident of said County and

Mis Class againg the foregoing affidavits and that worthy, and their statements are entitled to full faith and credit

Her te my questions are americal the Ordinary shall swear applicant and the altaess in the following words:

An office of the swear that you will true agrees make to each of the questions asked you and the syldence
Addit cond artifactist may be attached if blank appear are immediately asked by the syldence of the period to January 1st, 1881, are estitled.

This wildows who married prior to January 1st, 1881, are estitled.

The period of the period of the swear that the syldence of the period to be aworn and certified by arch Ordinary match tenders of the syldence of the period to be aworn and certified by arch Ordinary in the make the syldence of the period to be aworn and certified by a some person, or by general reportation.

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

#### Questions for Applicant

| STATE OF GEORGIA,  |
|--|
| Tulton COUNTY  |
| Personally before me comes. Mary Rebbeca 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 whose days and the same name and whose days are not same and the same are not same are not same and the same are not same and the same are not same |
| 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 1875 Athene, Ga. to   |
| Gottliek Hauser  |
| s. Have you married since the death of first and soldier husband!  |
| 4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-   |
| federate Army or Georgia Militia! (State the arms and class of Service.) July 20 1861 at   |
| Camp Pinkens. SC. in Co. "B" lat Reg. Inf. 8,C. known as Orr's Rifles  |
| <ol> <li>When and where did the commands of your husband surrender or discharge from the army!</li> <li>Dont know</li> </ol>   |
| <ol> <li>Was your husband personally present at the time of the surrender or discharge of this command?</li> </ol>   |
| No.  |
| 7 If he was not present state clearly where he was! He was mounded June 87, 1868 at  |
| 8. Where was his command when he left! Gaine's Mill which gaused the 10so  |
| a. For what cause did he leave his command! Qf. his right las become the knee.   |
| b. By whose authority did he leave his command! Reget red honerable discharge ar   |
| c. For how long was he granted leave of absence! Colu, his SC on April 17. 1863  |
| c. What was his physical condition when he left his command! NOTER BOLE to return to   |
| f. What effort did he make to return to his command! military duty   |
| 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?   |
| TOTAL CONTROL OF THE  |
| j. When and where did your first husband die! Athens, Ga., July 28, 1908   |
| k. Ware you readding together when he died! XAA.   |
| I If not, how long had you resided apart! ESYST resided apart  |
| m Are you now a widow!   |
| 9. Have you or voir husband basets.  |
| 9. Have you or your husband heretofore been paid a pension by the State? Y98   |
| If so, when and for what cause were you or your husband placed on the roll!  On 44sabled roll of Clarke County, Ga. and transferred to   |
|  |
| Sworu to and subscribed before me this the   |
| day of March 19 28   |
| Chewal Onaron ordinary)  |
| Fulton County  |
| (SEAL)   |

STATE OF GEORGIA. COUNTY OF FULTON.

personally before the undersigned authority new 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. May Re Harrise

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

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

| STATE OF GEORGIA,  |
|--|
| COUNTY. \$   |
| Personally before me comeswho, 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.)  |
| / When the state of the state o |
| 4. When and to whom was she marris 1/  |
| 5. How long and since when did you know her husband?   |
|  |
| 6. When and where did  |
| 7. Were the applicant and her husband living together as husband and wife at the date of his death?  |
| . We take approach and her museum average together as museum and write at the date of his death?   |
| 8. If not, how long did they live apart before his death?  |
| Were they divorced!  |
| 9. When, where and in what Company and Regiment did  |
|  |
| 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!  |
| 18. Were you personally present when it was surrendered!   |
| were youand how came you theref  |
|  |
| 14. Was the husband of applicant personally present at surrender! If not   |
| where was hef  |
| cause did he leave Command (Give date.)  |
| authority did he leave his Command !   |
| ong was he granted leave !   |
|  |
|  |
| 15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com-   |
| nandf  |
| 16. What effort did he make to return to his Command and how, do you know this! Of your own  |
| mowledge or how!   |
| Owner, A. and an benefit of Subsequent Africa  |
| Sworn to and subscribed before me this the   |
| day of   |
| Ordinary )   |
| County.  |
|  |

| For Fullow County   | Sworn to and subsense   |
|---|---|
| 1929  | 'af   |
| Application for Pension Due Deceased Pensioner (UNDER ACT 1919) (To pay expenses of last illness and funeral)   | Affidavit of Witne  |
| Throo H Jeffices Ordinary<br>Forkus heavy R. Hauses   | STATE OF GEORG  |
| Amount \$ /00 00  Approved and ordered paid   | and truthful persons, residing  own personal knowledge Mr  the lawful widow of N. A |
| John W. CLAKK, 12 Feb, 2 9 Commissioner of Pensions.  | has not since remarried. That   |
|   | same man who was on the pe  |
| 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 subscribes  27 day of f  |
|   |   |

JATEL

| authority did he leave his Command f   |  |
|--|--|
|  | owledge, was he prevented from returning to his Com  |
| mand1  |  |
| 16. What effort did he make to return to his Co<br>knowledge or how?   | mmand and how do you know this? Of your own  |
| Sworn to and subscribed before me this the   | }  |
| Ordinar  | ,  |
| of   | <b>7.</b> ∫  |
| the state of the s | 21.00  |
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| C.   | The state of the s |
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| Sworn to and subscribed before me, this the  |  |
| day of   |  |
| ord Ordi   | nary.  |
|  | County   |
|  | *  |
| Affidavit of Witnesses to Prove Mar  | riage and to Whom-Date of  |
| Death of Hus   |  |
| STATE OF GEORGIA.  |  |
| County   |  |
| ( Karne  |  |
| Personally before me come and truthful persons, residing in said County, who after   | . known to be responsible  |
| was personal knowledge Mrs N. 12 Dame  | having duly sworn on or h, say that of their   |
| he lawful widow of V. Harris &   | who died in  |
| aid State of Lecegia on in a good  | July 19 / and that she   |
| as not since remarried. That she became the wife of 🐇  | Hande & on the 17 day of now.  |
| # 1875 and that she and he had resided together as   | man and wife continuously since Ma & fia,  |
| day of In and that the A   | aid & Hamel was the  |
| ame man who was on the pension roll of said State  | He Sould of County   |
| when he died.  |  |
| Sworn to and subscribed before me, this the  | lenny W De   |
|  | ,  |
| Ordinary   |  |
| ot / 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)

Tullow

(Seal of Ordinary)

Personally before me, the Ordinary of said County, comes & Lee Willer with Hun Patterson You of said County, who, after being sworn, on oath says that he knew hus mary & Hauser of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Fullow

County, in this State, on the day of

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 3. per sworn statements fully and completely ITEMIZED hereto attached

Sworn to and subscribed before me Gillon & County of Lee Miles

## CERTIFICATE OF ORDINARY

GEORGIA. Fullow GEORGIA. Tues of County.

1. Thos H. offices . Ordinary of said County, do certify that I personally know Roke whicher, with Huratters. 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 knewhere heavy R. Hausan 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 the process of the process of the 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

> ., Ordinary County

Given under my hand and official seal, this (Seal of Ordinary)

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

, 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.

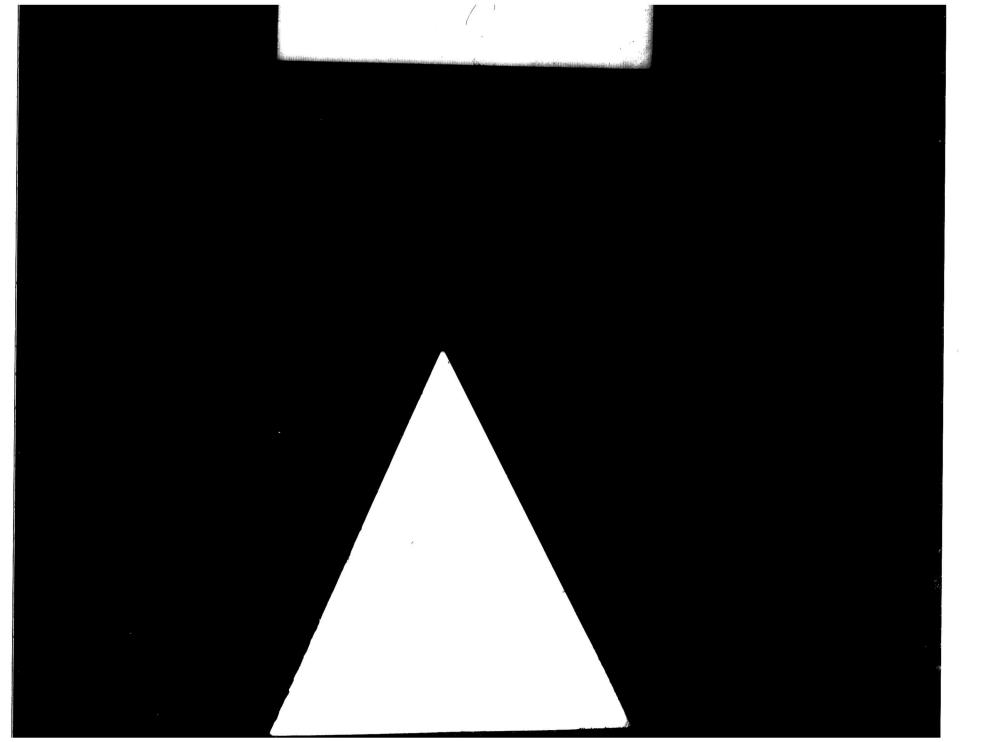
6th. Ordinary should see that the back of this blank, when folded, is filled out.

foot of this voucher have been carefully observed in making up this voucher and the bilis which are attached hereto Given under my hand and official seal, this , 192 4 (Seal of Ordinary) Ordinary County INSTRUCTIONS: 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date. 2nd. Each account must be sworn to before the Ordinary, and in the following form. (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 ..., 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 sworm 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 sectlement, to the Pension Department. 6th. Ordinary should see that the back of this blank, when folded, is filled out. K.Hablished 1882 H. M. PATTERSON & SON Spring Hill at Tenth ATLANTA, GA. mo Sold to F. & Pencer, 1 Dermitees Many debecca Happer SF6 Musle at 5.8 Nov. 13, 15.8. Tt ur Com 1 to Service Including Sasket 3135.00 C.ECIAL DISTURBUILDS FOR Y IT TOTALISMOE One Rail by Ticket 3187.€3 County f Filton) State of Worgin) Parconaily appeared before me F. W Patterson who, on outh, coals has the coverage account two and correct.

in said County for 192 8 , and I now believe said pensioner to be dead; and that the instructions at the

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Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendment of 1920. county + ulton Name Motter @ Howis Widow of Edward Bacon Haurs Date of Magriage
Company
Regiment Approved

# Ordinary's Certificate

JOHN W. CLARK,

STATE OF GEORGIA.

COUNTY

dent citizen of said State

ful and trustworthy and their statements are entitled to full faith and eredit signing the foregoing affidavits, and that they are truth

are now residents of said

198 6

(SEAL OF CRD:NARY)

Given under my hand and official seal of office this

INSTRUCTIONS

I before any pursuants are answered the fordings phall wear applicant and the witness in the following dense you shall give some that you will true mones, make it made of the questions asset you and the certain some you shall give the whole that have read to distinguish affactor may be startled if bank spaces are numbered.

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the back of the application carefully to the bulky form of Marriage Fertificate

FOR AUGUST PPROVED

| STATE OF GEORGI   |  |
|---|--|
|   | ∠ S COUNTY   |
| that I know IN N  | Ordinary of said County, do certify  |
| she is the person she   | represents herself to be, and that she has been, continuously, a bona fide resi  |
| der to studen of said S   | ate since January 1st, 1920; that I also know .  |
| the witness was awas  | rs to the service of husband, that both of them are now residents of said  |
| Courty and were duly  | sworn by me before signing the foregoing affidavits, and that they are truth   |
| ful and trustworthy a   | nd their statements are entitled to full faith and eredit.   |
| GEAL OF ORDINA  | hand and official seal of office this f. day of County Ordinary.   |
|   | INSTRUCTIONS:  |
| words "You do solemnl<br>dence you shall give will<br>2 Additional affidat<br>3 Only widows who | ions are answered the Ordinary shall swear applicant and the witness in the following<br>y award that you will true answers make to each of the questions saked you and the evi-<br>be the whole truth. So help you God."<br>it may be attached if Joins spaces are insufficient.<br>married prior to January 1st, 1881, are entitled. |

A taken tearned.

A taken tearned by the application carefully.

Fill out the back of the application carefully.

Dut use the backy form of Marriage Certificate in vogue throughout te State. A short, simple form is

#### 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:

| STA | TE | OF | GEORGIA |
|-----|----|----|---------|
|     |    |    |         |

THE SAME OF THE PARTY OF THE PA

W. CLARK

Fulton

| Personally appears before me, Thollie Courty Haris Haris   |
|--|
| 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)
- 2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? State 1417
- 3. When, where and to whom were you married? Jan. 1, 1167 to conserve Bacon Havishe Upciella Cin
- a. Have you married since the death of first and soldier husband?
- 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.) ter. 15, 1, 6 2 ut Louch upolea (la Cold 1 st wa 2 mg
- 5. When and where did the commands of your husband surrender or discharge from the Servdon't know
- 6. Was your husband personally present with his command when it was surrendered or discharged?
- 7. If he was not present, state specifically and clearly where he was?

  8. 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?
- e What was his physical condition when he left his command? Could leave u
- f. What effort did he make to return to his Command?
- g. In what way was he prevented from going back to Command? (T decarate h. Was he captured by the enemy at any time? 4 20
- i. If so, when and where? In what prison was he held and when was he released? The volume of the country of the volume of the country of the volume of the country of the volume of the
  - k. Were you residing together when he died?.... 4
  - 1. If not, how long have you resided apart? here resided upart
  - m. Are you now a widow? 444 9. Have you or your husband heretofore been paid a pension by the State? 110

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

Sworn to and subscribed before me, this the ne, this the day of sleep Butterton Ordinary

mode le Havis

Tueston

(SEAL OF ORDINARY)

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.

Only widows who married prior to January 1st, 1881, are entitled.

All afflatists must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.

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

Attach certified copies of matriage iterate is obtainable. If not, prove matriage, by some person, or by general purposes of the application carefully.

Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle





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

Dear Sir:

I am emplosing herewith application for Widow's Pension filed by Mrs. Hellie C. Havis, of 658 Cumberhand Circle H.E., this city.

garding her husband's service in the Contributes are in the representation of the Contributes are in the representation of the Contributes are in the contributed definite information regarding his personal properties are interested by written to distance for some reserve in the contributed are written to Opelita, Ale. for Contributed any of the marriage record. These shows paper buy the marriage of the marriage than to you to be attached to the marriage of the contribute than to you to be attached to the marriage of the contribute than to you to be attached to the marriage of the contribute than to you to be attached to the marriage of the contribute o

Corred with Mr. Ravies the greatest, cutter that he had one policy of the hadden in this Mr. Asher the process that the control of the parties only to test to later.

Yery traly yours

9. Have you or your husband heretofore been paid a pension by the State?

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

new applied

Sworn to and subscribed before me, this the mode le Havis day of the 1996 b. 2

(SEAL OF ORDINARY)

Fileton County.

MISS LILLIAN HENDERSON



#### 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 cathe, comes E. H. Havis, who, after being duly sworn, deposes and says:

That he is the grand-son of the marriage of Mollie (Collims) Havis and Edward Bacon Havis, and that this affidavit is being made to prove the marriage referred to, in order that said Molline Colline Havis may be admitted to the pension roll of the State of Georgia, under an application made by her, before the Ordinary of Fulthn County, August 18t, 1958;

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

"Miss Mollie Gollins, my cousin, entered into the holy boats of mat/rimeny with Mr. Ed Havis and he hasted away with her to a featival at his home in Loachapoka."

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

E.W. Was

Sworn to and subscribed before

me, this the /o day of August, 1936.

The Affrica

gamet E. Crayer

A L HENBON DIRECTOR C ARTHUR CHEATHAM,

MISS LILLIAN HENDERSON,



#### THE VETERANS SERVICE OFFICE

STATE CAPITOL

ATLANTA

IN RE: Application for pension for

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

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 1881, and that she lived with her said husband to the date of his death and has not remarried, tgis 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.

Alleuson

#### WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON

August 5, 1936.

Respectfully returned to

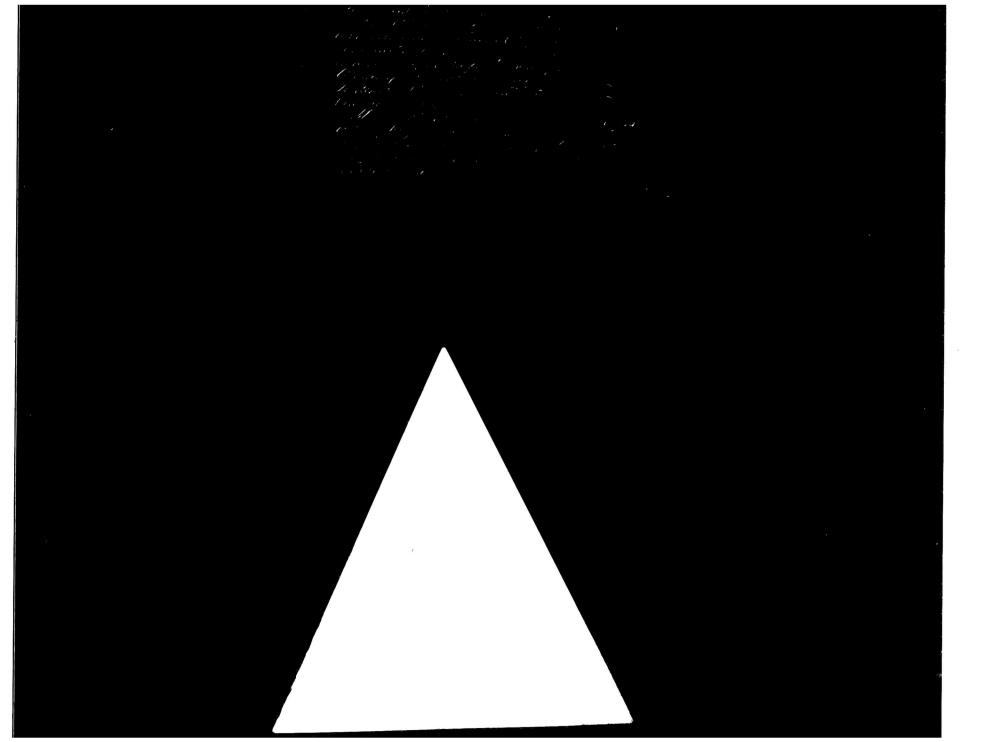
E. H. Havis, 658 Cumberland Circle, N. E., Atlanta, Georgia.

The records show that Edward B. Havis, not found as Edward Bacon Havis, Sergeant and End Lieutenant, Company H, 1st Regiment Alabama Infantry, Confederate States Anny, enlisted February 15, 1862, at Louchapolta, Alabama. He was captured at Island No. 10, April 8, 1862, input somed at Ogmp Butler, Springfield, Illinois and was sent to Vicksburg, Mississippi September 25, 1862, for exchange.

HO. LOUIS FOR EXTENSION.

HE was again exptured July 9, 1865, at Port Hudson, Louisiana, imprisoned at New Orleans, Louisiana, Johnson's Island, Ohio and Fort belaware, Del., being released at the latter place June 18, 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.

Major Ceneral,
The Adjutant General



tete Dept. Public Welfere, Plante, Sept. 15, 1937. Benjamin Franklin Hawas was appointed Stiffergeant, Co. E. 31st Regt. Ge. Inf. Nov. 13, 1861.

... Regteage Lt. Feb. 11, 1863.
Captured, Spptaylyania, Va., Captured, Spptaylyania, Va., Delsare, Bel. June 16, 1865. Widow's Application Under Act of 1910—As Amended by Ast of 1919, and Constitutional Amendments

Director Confederate Records Div.

of 1920 and 1937.

County Fulton Mrs. Annie I. Hawes

Date of Husband's Death Feb. 28; 1912 Company Regiment 3/10 27 1037 Approved DEC 27 1037 193

Name ..... Widow of B. F. Hawes Date of Marriage Dec.15, 1889

on' Certificate

the applicant for

Mrs. Annie I. Hawes

nts herself to be, and that

of said State since January 1st, 1920; that I also know and were Mrs. Geo. F.

by Lorum marriage; that both of them

under my hand

entitled to full faith

you and the

rered the Ordinary shall swear applica-unswers make to each of the questions

ay be attached if blank spaces are insuffice as be prior to January let, 1920, are entitled made before the Ordinary of the County in

Certificate in vogue throughout the State any widow who is already receiving

AUG 19 1937

Application S

of 1910 - As Amend Constitutional An of 1920 and 1937.

#### Ordinary's Certificate

STATE OF GEORGIA,

Fulton

COLINTY

Thomas H.Jeffries . Ordinary of said County, do certify Mrs. Annie I. Hawes that I know 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. Trafton the witness who swears to the sand and an arriage; 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 cruthful 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)

#### INSTRUCTIONS:

- Hefore any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You observe that you will be a savere make to such of the questions asked you and the evidence you shall give will be 2. Additional afficient may be stateded it blank sponse are insufficient.
   Only widows who married prior to January 1st, 1970, are notified.
   Only widows who married prior to January 1st, 1970, are notified.
   All affishive must be made before the Ordinary of the County in which the applicant or witness resides and must be

  - All afficients must be mose perore the trummary or not commany in must be mapped to a property of the process of the process of the special control of the speci

#### 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.)

#### **OUESTIONS FOR APPLICANT TO ANSWER:**

| STATE | OF | GEORGIA, |  |
|-------|----|----------|--|

| TULTON COUNTY   |
|---|
| Personally appears before me, <b>Ers. Annie I.</b> Sawes 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 sworm, true answers to make to the questions propounded, answers as follow, to wit: |
| SECTION 1.  1. What is your name, and where do you reside? (Give Post Office and County).  KES. ARMIS I. Hawes. 586 Milledge Ave. S.R. Atlants, Gs. Fulton County  2. How long and since when have you been, continuously, a bone fide resident citizen of the State  |
| of Georgia?   |

- 3. (1) When, (2) where and (3) to whom were you married?
- Dec. 15, 1889, Lumpkin, Georgia, B.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?..... Yas
- d. If not, how long had you resided apart?....
- e. Are you now a widow?
- 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. 13, 1861, 5th Sergt. 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?

- ..... 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.
- i. If so, when and where? In what prison was he held and when was he released?

June 16, 1865 at Ft. Delaware, Del.

to and subscribed before me, this the Ordinary

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 e. What was his physical condition when he left his Command? f. What effort did he make to return to his Command? (SEAL OF ORDINARY) Ordinary. g. In what way was he prevented from going back to his Command? ... War over when released. Multon. i. If so, when and where? In what prison was he held and when was he released? INSTRUCTIONS: June 16, 1865 at Ft. Delaware, Del. 1. Before any questions are answered the Ordinary shall were applicant and the witness in the following words: "You do selemnly swear that you will turn answere make to each of the questions saked you and the evidence you shall give will be the whole touch. So they you do not be a stached of blanks spaces are insufficient.
3. Only widows who married prior to January 1st, 1950, are entitled.
4. All affairsts must be made before the Ordinary of the Country in which the applicant or witness resides and must be set to the stack of the Sworn to and subscribed before me, this the 2 day of Jeely 193.7 Ordinary (SEAL OF ORDINARY) STATE TERMINDENT OF PUBLIC WELFARE IS BY BUILDING STATE OF GEORGIA FULTON COUNTY ATLAPTA He . Thos. F. Jeffries, Ordinary, TO WHOM IT MAY CONCERN: Fulton County, Atlanta, Georgia. WENEAL: MR. ANTE I. HAVES, WIDOW OF B. F. HAWES, has filed in this office an application for the Georgia pension allowed to widows of Cafe ierate veterans; and it appearing that the late husband of this applicant performed actual military sorvice us a Confederate soldier and was honorably commated from such service; and that applicant was married to suid soldier prior to Junuary lat. 1900, and that the was not remarried; it is, therefore. OEDERED: That said applicant be admitted to the pension

roll of the State of Goorgia for the month of January 19 38 , and thereafter; and that a copy of this order be sent to the

Wolfaro

This, the 27th day of December 1937 .

State Department of Public

Or linary of said County.

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.Bawes, a deceased Confederate Veteran. x Krs. Jes. F. Traffor Sworn to and subscribed before ne, this 25nd, day of July, 1957

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#### CLASS ON PARTMENT OF PUBLIC WELFARE

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ATTLAPTA

Ho . Thos. F. Jeffries, Ordinary, Pulton County, Etlante, Georgia.

WIENEAS:

MR. ANTIE I. HAVES, WIDOW OF B. F. HAWES.

has filed in this office an application for the Georgia pension allowed to vidows of Confederate veterans; and it appearing that the late hurband of this applicant performed actual military cor-vice as a Confederate soldier and was honorably securated from such service; and that applicant was married to said soldier prior to January 1st, 1930, 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 sail County.

This, the 27th day of December 1937 .

Director, Confederate Divis State Department of Public

STATE OF GEORGIA FULTON COUNTY

. .

TO WHOM IT MAY COMGERN:

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.

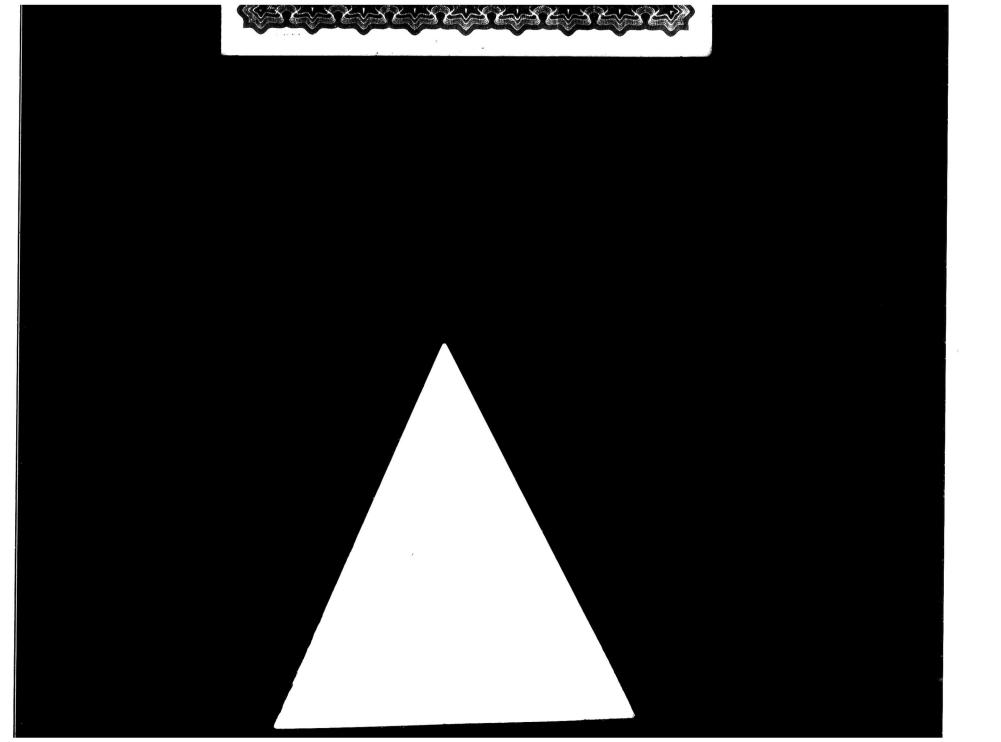
x trus. Des. F. Inaffor

Sworn to and subscribed before me, this 22nd, day of July, 1987



Director, Confederate Division
Stato Department of Public
Wolfaro





and was on the 4th Novem Widow's Pension Under Act 1910—as Amended by Act of 1919. County Fuelow Name Mus a LI Lacuas Widow of and Hause

J. W. LINDSEY, Commissioner of Pensions.

Moranded, Wilderness, Va Moranded, Wilderness, Va May 6. 1864. Home, wounded at

Pilter

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Ordinary's Certificate

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| 19       | aid Coun<br>truthful, | of said  | ounty, do<br>ar pension  |  |
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#### Ordinary's Certificate

| Ordinary   | * Certificate   |                         |
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| Tuelon COUN  | тч. ∫   |                         |
| 1.11 Deffue  | Ordinary of said County,  | do certify              |
| i know I wo a & I tou  | /exthe applicant for pens   |                         |
|  |   |                         |
|  | is a bone fide continuing resident citizen of said  | d County                |
| vas on the 4th Nevember 1908; that I also be   | 4.4   |                         |
|  | hat her now residents of said Con   | unty and                |
| tuly sworn by me before signing the foregoin   | ng affidavits and that the self-truthfu   | al, trust-              |
| y and hour statements are entitled to full fa  | aith and credit.  |                         |
| ero under my hand and official seal of office  | this 27 Asy of Of   | 19/_9                   |
| CA1.   | Ordin   | nary,                   |
|  | 1-11/12   | County.                 |
|  |   | county.                 |
| 1 Before the second of the College   |   | -                       |
| Befuge any questions are answered the Ordin 'You do solemnly swear that you will true as you shall give will be the truth. So help you God   | ary shall swear applicant and the mitness in the following answer make to each of the questions asked you and the spaces are insufficient.  1, 1851, are cettified.  17 of the residence of the person to be sworn and controlled the second of | ng words:<br>e evidence |
| Additional affidavits may be attached if blank<br>Only as less who married prior to January li   | Spaces are insufficient,<br>st, 1881, are entitled.   |                         |
| 4 All affidavits must be made before the Ordinary  | ary of the residence of the person to be sworn and ce   | ertified by             |
| <ol> <li>Attach certified copies of marriage license if of<br/>reputation</li> </ol>   | btainable. If not, prove marriage, by some person, or b   | by general              |
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# Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

Questions for Applicant

| STATE OF GBORGIA,  |
|--|
| Fulton COUNTY!   |
| ,  |
| Personally before me comes. I'm a L Haire  |
| 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 1 half & Hawar 478 Courte and of attack of Ja          |
| 2. How long and since when have you been a continuing resident of the State of Georgia?              |
| Wil my use - Continausty   |
| When, where and to whom were you married! Que 12, 12, 1877 Assess for Care                           |
| Ja, to migustisa da fayeste Harvar.  |
| a. Have you married since the death of first and soldier husband?                                    |
| 4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-         |
| federate Army or Georgia Militia (State the arms and class of Sarvice.) 2001 9-1864                  |
| muplen Fry Co & herty treat Fa Confederate Gine  |
| 5. When and where did the commands of your husband surrender or discharge from the army!             |
| Un appanialas  |
| Was your husband personally present at the time of the surrender or discharge of this command?       |
| ho-  |
| 7. If he was not present state clearly where he was 1 2 adde Lot under a and sect inone              |
| 8. Where was his command when he left! Wilderes care   |
| a. For what cause did he leave his command that that be woulded the which                            |
| b. By whose authority did he leave his command! The sund Rome of dischilter                          |
| c. For how long was he granted leave of absence! Planament desales and the                           |
| e. What was his physical condition when he left his command! Tuesta, lada conflict                   |
| () (//   |
| to the comment   |
| g. In what way was he prevented from going back to Command did not heat forther years a              |
| h. Was he captured by the enemy at any time! 19  |
| i If so, when and where captured and where held as a prisoner, and when and for what cause released? |
| $G\mathcal{I}_{\mathcal{U}}$   |
| j. When and where did your first husband die 1 that acres died frug 1/1903 Vampage                   |
| k. Were you residing together when he died!  |
| I If not, how long had you reaided apart!  |
| m. Are you now a widow!  |
| 9. Have you or your husband heretofore been paid a pension by the State?                             |
| If so, when and for what cause were you or your husband placed on the roll!                          |
|  |
| Sworn to and subscribed before me this the   |
| Sworn to and subscribed before me this the   |
| 19/9)  |
| Attent Market Ordinary)  |
| of Fuelon and  |
| VACOURTY. )  |

| Questions | for | Witnesses | 8.5 | to | Service of | Husband | and | Marriage |
|-----------|-----|-----------|-----|----|------------|---------|-----|----------|
|           |     |           |     |    | 4.4.4      |         |     |          |

| STATE OF GEORGIA,  |
|--|
| tterait COUNTY }   |
| Personally before me comes U. II. Lungson 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! 10,13 Lucips on  |
| reside ! in Sumption for Stewar to Co.   |
| 2. How long and since when have you known  |
| ton 60 gum or over   |
| 3. How long and since when has she continuously resided in this State? (Give date.)  |
| 4. When and to whom was she married! A & Haury How do you know!  |
| 5. How long and since when did you know Q . I Harvey her   |
| husband! The over les years  |
| 6 When and where did Cat Maive   |
| the husband of applicant, diet July 17 d 190 3. 1 Cambridge ha   |
| 7. Were the applicant and her husband living together as husband and wife at the date of his death?  |
| gw-  |
| If not, how long did they live apart before his death?   |
| Were they divorced!  |
| B. When, where and in what Company and Regiment did Like the acces to conjunction of the Company and Regiment did Like the access to conjunction of the company and Regiment did Like the access to the conjunction of the con |
| 10. Were you a member of the same Company! - God   |
| 13. Harriage within an account to the latest the second to |
| 11. How long within your personal knowledge did he perform actual military service with his Company  |
| and Regiment!  |
|  |
| and Regiment!  12. When and where did his Command surrender, and was discharged! ANT. Appleares alleg. No.   |
| and Regiment!  |
| and Regiment!  12. When and where did his Command surrender, and was discharged! ANT. Applications Va  13. Were you personally present when it was surrendered!  14. If not, where were you  |
| 13. Were you personally present when it was surrendered!  14. When and where did his Command surrender, and was discharged!  15. Were you personally present when it was surrendered!  16. If not, where were you  17. Account the surrendered that the surrendered t |
| 13. Were you personally present when it was surrendered!  14. When and where did his Command surrender, and was discharged!  15. Were you personally present when it was surrendered!  16. If not, where were you  17. Paradial Personal  18. Was the husband of applicant personally present at surrender!  19. If not where was he'  19. When, where and for what  |
| 13. Were you personally present when it was surrendered!  14. When and where did his Command surrender, and was discharged!  15. Were you personally present when it was surrendered!  16. If not, where were you  17. If not where was he hashand of applicant personally present at surrender!  18. Was the husband of applicant personally present at surrender!  19. If not where was he hashand of applicant personally present at surrender!  19. When, where and for what cause did he leave Command!  19. When whose   |
| 13. Were you personally present when it was surrendered!  14. Mere you personally present when it was surrendered!  15. Mere you personally present when it was surrendered!  16. If not, where were you  17. Mere you personally present at surrendered!  18. Was the husband of applicant personally present at surrender!  19. If not where was he'  19. Mere was he'  19. Mere and for what cause did he leave Command!  19. Mere data  19. Mere data |
| 12. When and where did his Command surrender, and was discharged! AN. Affectually Va.  13. Were you personally present when it was surrendered!  14. Was the husband of applicant personally present at surrender!  15. Was the husband of applicant personally present at surrender!  16. Was the husband of applicant personally present at surrender!  17. When, where and for what command!  18. When, where and for what command in the command of the leave Command!  19. When the husband of applicant personally present at surrender!  19. When, where and for what command in the command of the leave his Command!  19. When the husband of applicant personally present at surrender!  19. When the husband of applicant personally present at surrender!  19. When the husband of applicant personally present at surrender!  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally present at surrenders.  19. When the husband of applicant personally personally personally personally personally personally personally personally personall |
| 12. When and where did his Command surrender, and was discharged! AM. Affectionity, Va.  13. Were you personally present when it was surrendered!  14. If not, where were you 2. Nos. Affections. and how came you there! Pack stead P thanks.  14. Was the husband of applicant personally present at surrender!  15. If not where was he!  16. Affections. Affections. When Manualled Full When, where and for what cause did he leave for command!  17. And how long was he granted leave!  18. How do you know all this!  2. Manualled J. Accepted Acceptance of Acceptance of Manualled J. J. Manualled J. J. Manualled J. Manualle |
| 13. Were you personally present when it was surrendered?  13. Were you personally present when it was surrendered?  14. Was the husband of applicant personally present at surrendered?  14. Was the husband of applicant personally present at surrendered?  15. When were was he?  16. The the surrendered of the surrender |
| 13. Were you personally present when it was surrendered!  13. Were you personally present when it was surrendered!  14. If not, where were you  15. Were you personally present when it was surrendered!  16. Were you personally present when it was surrendered!  17. If not, where were you  18. Was the husband of applicant personally present at surrender!  19. If not where was he'  11. West the husband of applicant personally present at surrender!  11. When, where and for what cause did he leave Command!  12. West the husband of applicant personally form the whole was he granted to the command!  13. We shall be leave to the surrendered form the whole who was all this?  14. We would be leave the Command!  15. We was the surrendered form the surrendered form returning to his Com-   |
| 13. Were you personally present when it was surrendered!  14. Mere you personally present when it was surrendered!  15. Were you personally present when it was surrendered!  16. If not, where were you  16. Was the husband of applicant personally present at surrender!  17. If not where was he' He was a harm of hours o |
| 13. Were you personally present when it was surrendered!  14. If not, where were you personally present when it was surrendered!  15. Was the husband of applicant personally present at surrender!  16. Was the husband of applicant personally present at surrender!  17. If not where was he' He was a harmounded from what cause did he leave Command! (Give date.)  18. Were you personally present at surrender!  19. If not where was he' He was a harmounded from what cause did he leave to command!  19. When, where and for what cause did he leave his Command!  19. How do you know all this!  19. For what cause, if you know of your own knowledge, was he prevented from returning to his Command!  10. What effort did he make to return to his Command and how do you know this! Of your own   |
| 13. When and where did his Command surrender, and was discharged! AM. Affectivities, Va.  13. Were you personally present when it was surrendered!  14. If not, where were you also he had been and how came you there! Pack that I not where was he! He will be a had been and how came you there? If not where was he! He will be a had been and for what cause did he leave Command! (Give date.) It when the did he leave his Command!  15. Who was the husband of applicant personally present at surrender! When, where and for what cause did he leave his Command!  16. What cause, if you know and 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!  |
| 13. Were you personally present when it was surrendered?  13. Were you personally present when it was surrendered?  14. Was the husband of applicant personally present at surrendered?  15. If not where was he?  16. Was the husband of applicant personally present at surrendered?  17. If not where was he?  18. Was the husband of applicant personally present at surrender?  19. When, where and for what cause did he leave his Command!  19. Whose the Lawrence of the date.  19. Whose substituted have the Command!  19. What cause, if you know of your own knowledge, was he prevented from returning to his Command!  10. What effort did he make to return to his Command and how do you know this! Of your own knowledge or how!  |
| 13. When and where did his Command surrender, and was discharged! AM. Affectivities, Va.  13. Were you personally present when it was surrendered!  14. If not, where were you and how came you there! Pack sheat of the survey of |
| 13. When and where did his Command surrender, and was discharged! AM. Affectivities, Va.  13. Were you personally present when it was surrendered!  14. If not, where were you and how came you there! Pack sheat of the survey of |
| 12. When and where did his Command surrender, and was discharged! AN. Approximate, Va.  13. Were you personally present when it was surrendered!  14. Was the husband of applicant personally present at surrender!  15. When, where and for what where was he!  16. When where was he!  17. When, where and for what cause did he leave Command!  18. We was the survey of th |
| 13. Were you personally present when it was surrendered!  13. Were you personally present when it was surrendered!  14. Was the husband of applicant personally present at surrender!  15. Was the husband of applicant personally present at surrender!  16. Was the husband of applicant personally present at surrender!  17. If not where was he!  18. Were was he!  19. We shall have a shall have a shall have been succeeded from what cause did he leave his Command!  19. We shall have his Command!  19. We have the shall have his Command and how do you know this! Of your own knowledge or how!  19. We have the shall have his Command and how do you know this! Of your own knowledge or how!  19. We have the shall have his Command and how do you know this! Of your own knowledge or how!  19. We have the shall have his Command and how do you know this! Of your own knowledge or how!  19. We have the husband have his command and how do you know this! Of your own knowledge or how!  19. We have the his Command!  19. We have the his Command!  19. We have his Command!  19. We have the his Com |
| 13. When and where did his Command surrender, and was discharged! AM. Affectivities, Va.  13. Were you personally present when it was surrendered!  14. If not, where were you and how came you there! Pack sheat of the survey of |

mand?

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

Sworn to and subscribed before me this the

4. day of Confidence of County.

County.

# MARRIAGE LICENSE

GEORGIA STEWART COUNTY.

I, A.T.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 hamd and seal of office this September 4th 1919.

A. J. Fort Ordinary

MARRIAGE LICENSE

OF LICENSE

AND LEVES

Isound ALC. 1 1877 100

and Recorded on Page 257 Book

C. of Marriage Licenses

C. A. A. Externes

GEORGIA STEWART COUNTY.

I, A.T. 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 C. Ordinary's office said County.

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

A. J. Fort Ordina.

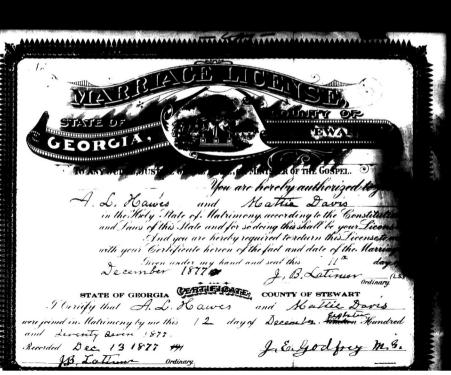
15.00

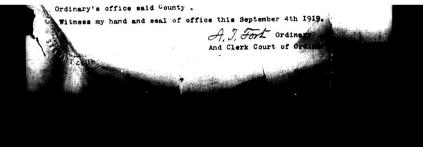
The second secon

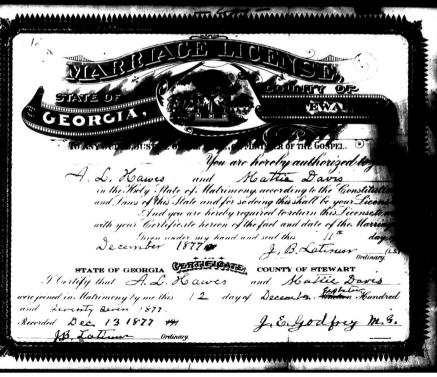
hereby certify that the within is a true copy of the marriage of A.L.Hawas and Mattie Davis as taken from the records of the Ordinary's office said County.

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

A.J. Jork Ordinary And Clerk Court of Ordinary







Recorded Dec 13 1877 491

AB Latter Ordinary J. E. Godfrey m. G.

# ORDINARY'S CERTIFICATE

| LANGETT STATE OF THE STATE OF T | Section of the sectio | A constitution of the second             | made an administrative to   | of the same  |   |
|--|--|--|---|--|---|
| No. Fultan C   | NOTES  |  | hefor   | on t   | know  |
| 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 1919 11, 1910— As Amended by Act of 1919.  | S. I. Before any question 'You do solembly. 'You shall give will be Additional affairsts I. All affairsts must 4. Only widows who un 5. Attach entified copin 6. Widows of Disabled service—because he   | Sworn under my hand and official (SEAL.) | That I also know with a state of the foregoing were duly sworn by n before signing the respective affidavits, and that they are truthful and trustworthy and their statement are entitled to full faith and credit. | person abe represents herself to be, and that she as a bona fide outiniting resident of said County and was no the $\mathcal{A}$ day of $\mathcal{MMMM}$ | Theo K  |
| Name Mus transastavas Widow Dayton Haves   | is are asserted the Ordin<br>wear that you will tree at<br>the trath. So hely you Go<br>may be stratched it blank<br>be made before the Ordin<br>tried prior to first Jamus-<br>s of marriage hieres if of<br>Pensioners must use the !  | ficial scal                              | e affidavits, and that t  | If to be, and that she is  | La COUNTY   |
| Company<br>Regiment  | ary shall swear applicant an ary shall swear applicant and a locate of the area of the state of the state of the state of the county of readon, 1881, are entitled.  The county of readon, 1881, are entitled.  Bine Application Blank and and was not required to do and was not required to do   | office this 7                            | that both of hey are truthfu  | a bona fide con  | the applies   |
| pproved  | all every applicant and the witness is believed to the questions maked witness that the process of the questions and the process of the questions are sufficient. It was the process of the process of the process of the process of the questions are processed to the questions of the questions of the questions are processed to the questions of theq | £ 1680                                   | witness in to moreoge, and I also ke that both of the foregoing were duly aworn by awe truthful and trustworthy and their statements.   | itinuing resident of   | Ordinary of said Southern applicant for this pension,                                   |
| J. W. LINDSEY, Commissioner of Pensions.  Bird Printing Co., State Printers, Atlanta.  | you and<br>person,   | Ordinary.                                | wee, and I also know<br>to duly sworn by mand their statements  | said County and was  | (ordinary of said County, do certify that I<br>int for this pensor, and that she is the |
| 10-30-1920   |  | 0  | B   | -  |   |

#### ORDINARY'S CERTIFICATE

| STATE OF GEORGIA,  |
|--|
| tullon COUNTY)   |
| Ordinary of said County, do certify that I   |
| know Mrs truce of awes 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 2 day of I warch 1970   |
| That I also know witness as to marriage, and I also know   |
| Mus L. H Januagan that loth of the foregoing were duly sworn by my 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 scal of office this   |
| SEAL Ordinary  |
| Fleton County  |
|  |
| NOTES: Hefore 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. No belp you God." |
|  |

you shall gove will be the train. So easy provides are insufficient.

All a fiducts must be made before the Ordinary of the county of residence.

All a fiducts must be made before the Ordinary of the county of residence.

County widows who married prior to first January, 1881, are entitled.

A titch certified evenes of marriage license if obtainable. If no, prove marriage, by some person, or by general

Widows of Disabled Pensoners must use the Blue Application Blank and state and prove full term of bushaud's

merice. Lecause he made no proved of service and was not required to do so.

0

1928

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

Thoo H Jeffices Ordinary

Date of Death tan 77

Amount \$ /00.00

Approved and ordered paid

John W. CLARK, 20 Phil Commissioner of Pensions.

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

Od

#### WIDOW'S AFFIDAVIT

| STATE OF GEORGIA,  |
|--|
| tullon COUNTY)   |
| Personally before me comes Mustrances Hames of said County,  |
| who, after being duly sworn, says that she is the widow of Paylon & Houses   |
| to whom, in the County of Carroll State of Sa she was married on   |
| the 4 day of Dec 1864, and that she remained his wife, and resided with him to the   |
| hate of his death in Felry 1920 and that she has not since his death remarried. At   |
| the time of his death he was a resident of Fullow County, in said State  |
| of Georgia, and he was on the Judigout Pension Roll of the State and paid a pension  |
| of a pace in Fullow County for 1942 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 Tullor and she  |
| has so continuously resided since Just mount   |
| Sworn to and subscribed before me, this the  |
| William B. March 1920 Mes Francis XXX awiy   |
| Within Rualist Ordinary Miles Virtues NO Fallow  |
| fuctor County  |
| SFAL.  |
| Affidavit of Witnesses to Prove Marriage and to Whom.  |
| Date of Death of Husband   |
| STATE OF DEORGIA,  |
|  |
| Fullow COUNTY  |
| Fullow COUNTY )  |
| Personally before me comes Wess & H. Jewingan known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that   |
| Personally before me comes were & H Jerungan known to be   |
| Personally before me comes Wess & H. Jewingan known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that   |
| Personally before me comes were & H. Jewingan known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of he own personal knowledge Mrs. Transces Haubes who made the foregoing  |
| Personally before me comes line & H. Jelingan known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of been own personal knowledge Mrs. Transces Hauses who made the foregoing affidavit, is the lawful widow of Peylon Allause who died in Full Box.   |
| Personally before me comes when S. H. Jahrugan. known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of the own personal knowledge Mra Laures Hauris, who made the foregoing affidavit, is the lawful widow of Peyfou al Hauris, who died in County in said State of   |
| Personally before me comes when & H. J.  |
| Personally before me comes when a first partial known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say; that of the own personal knowledge Mrathautes Actually who made the foregoing affidavit, is the lawful widow of Payloria & Hautes who died in County in said State of  |
| Personally before me comes. And I follow to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of the own personal knowledge Mrs. Tanker Haules who made the foregoing affidavit, is the lawful widow of Paylou & Haules who died in County in said State of  |
| Personally before me comes that I have been duly sworn, say: that of the own personal knowledge Mrs. I am I have been duly sworn, say: that of the own personal knowledge Mrs. I am I have been duly sworn, say: that of the own personal knowledge Mrs. I am I have been duly sworn, say: that of the own personal knowledge Mrs. I am I have been duly sworn, say: that of the own personal knowledge Mrs. I have been did in the foregoing affidavit, is the lawful widow of County in said State of the own personal knowledge Mrs. I have been duly of the own personal knowledge Mrs. I have been duly of the own personal knowledge Mrs. I have been did in the own personal knowledge Mrs. I have been duly of the own personal knowledge Mrs. I have been did in the own personal knowledg |
| Personally before me comes that I following the having been duly sworn, say: that of the composition of the  |
| Personally before me comes that I have been duly sworn, say: that of the own personal knowledge Mrs. I am I have been duly sworn, say: that of the own personal knowledge Mrs. I am I have been duly sworn, say: that of the own personal knowledge Mrs. I am I have been duly sworn, say: that of the own personal knowledge Mrs. I am I have been duly sworn, say: that of the own personal knowledge Mrs. I have been did in the foregoing affidavit, is the lawful widow of County in said State of the own personal knowledge Mrs. I have been duly of the own personal knowledge Mrs. I have been duly of the own personal knowledge Mrs. I have been did in the own personal knowledge Mrs. I have been duly of the own personal knowledge Mrs. I have been did in the own personal knowledg |
| Personally before me comes that I following the having been duly sworn, say: that of the composition of the  |
| Personally before me comes that I followed the persons residing in said County, who after having been duly sworn, say: that of the own personal knowledge Mra Laures Hauring who made the foregoing affulant, is the lawful widow of Peyfon at Hauring who died in County in said State of and that she has not since remarried. That she became the day of the  |

#### 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, Fuelou County   |
|--|
| Personally before me, the Ordinary of said County, comes Rhee Mutter with  |
| H. m. Patterson Son of said County, who, after being sworn, on oath  |
| says that he knew Muso O. L. Hawas of said County, and that said Pensioner   |
| was on the Pension Roll of said County at the time of death, which occurred in Tulton  |
| County, in this State, on the 77 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 \$ $\gamma 947^{\circ}$ , per sworn statements fully and completely   |
| ITEMIZED hereto attached.  |
| Sworn to and subscribed before me,  Quilling included, Ordinary  Trulton Scounty  (Seal of Ordinary)   |
| CERTIFICATE OF ORDINARY  |
| GEORGIA, Tulon County.  I. Thoo Hylffine Ordinary of seid County, do certify that I personally know & seathfuller wall Patterson Don, who is a resident  |
| citisen of said County, and that said person is of truthful and trustworthy character, entitled to full  |
| faith and credit; that I also knew the true the Hause while in life and that this was  |
| the same person whose name appears on the Pension Roll of County, and  |
| was paid a Pension of 1000 Humber (2000) Dollars   |
| in said County for 192.7, 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 day of 1928  |
| (Seel of Ordinary)   |
| INSTRUCTIONS:  |
| lst. 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   |
| attached neaty 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.

of her own personal knowledge Mrs. Transles Haules , who made the foregoing tached hereto and that she has not singe remarried. That she Given under my hand and official seai, this. (Seal of Ordinary) wife continuously since & ... day of Dec the same man who was on the pension roll of said State \_\_\_\_\_ County .....when he died. noof of en amage files hech 5-1919, for owner classon though the decease of history Sworn to and subscribed before me, this the B.M. Patterson & Son 96 North Forsyth Street Atlanta, Ga. Sold to Funeral Expenses of Mrs. (P. L) Hawes January 27, 1928. Casket 200 Transfer to Chapel Embalming, Bathing, Dressing, Hair Dressing Two Constitution Notices Journal Notice 1 98 Cement Vault 50 Pallbearers' Gloves 2 50 Lotor Hearse 15 294 70 State of Georgia) County of "ulton) County of "ulton)
a true and correct bill of the inner the above is a
a true and correct bill of the inneral expenses
of Mrs. P. L. Hawes,
By Lember of Firm Sworn to before me this 30th day of January,

M. A. Bowen

Notary Public, Atlanta, Ga. State at Large

in said County for 192...7...., 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 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 , 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 Depertment 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.

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

# Power of Attorney.

| James Payton L  |  |  | ST         |
|---|--|--|------------|
| INDIGENT PENSION,   | California de la califo | Witness my hand  Executed  | ATE OF GE  |
| 1900.<br>1901<br>Name Porton & Marios                       |  | and seal, the  | GEORGIA, C |
| County Jullon Co. a. 9 4a Battation Approved 1/25 1962 1969 |  | e-   | County.    |
| JOHN W. LINDSEY,  4/2 Commissions of Feddings.              |  | de of the original of the orig | STATEY.    |
| WARRANT HANDED SO   |  | 1900   | bereby .   |
| 1/2 - Over W. Harrison, Beste Princip, Addison.             |  | (L. 8.)  | nutborize  |

#### AFFIDAVIT OF DUVEICIANO

| ATTIDAVIT OF TITTSICIANS.  |
|--|
| STATE, OF GEORGIA.   |
| Dersonally canno before me 1) ( (or n(h) and ). (i.e.b., 14/2) both known to me as reputable physicians  |
| of yed County, who, being securally sworn, say on oath that they have examined carefully applicant for pension under Section 1254, Code, and after   |
| Neveral description or that his process physical condition is as follows.  |
| or got interrelat face, much our wight should a bank of interrelation the shows a minter of about  |
| "h" are shouldn't an   |
| They butter some only that the present a condition of applicant renders him, unable to labor at the vive and grotherent term is expected home of and that we have no interest in said pension  |
| 1.11. ('0) 11.5. 20.   |
| Man K Will Mire on a Cochnary  |
| ORDINARY'S CERTIFICATE.  |
| STATE OF GEORGIA.  |
| A Soule L Kane or resides in said County hereby county and has   |
| 1/10 h ling  |
| Therefore the second second second second second to full form and red to the second se |
| the contribute on power state, and that the fine rest of the difficults was read to the applicate and the same was regard.  I furnish critical for the tax together at \$1.11 ft 2 County show that specifically applicated to a payable of the same was read to the application and the application and the same was read to the same was read to the same was read to the   |
| of property, and in 1809. Dollars of property 7 3 in   |
| Li ery opinion the foregoing chain is made in good faith.  |
| Harry opinion the foregoing chains made in good faith.  Witness my hand and scaled office, the gifts R Little Action Cordinary,  of Neithern County.   |
| NOTES.  1. Before my questions are survered, 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 size will be the whole tenth no being   |

Addition's affiliavits may be attached if hisn's spaces are insufficient.

In every case the th lineary must certify to the character of the witness, and as to the execution of the proof as above.

to avail himself of the Pergion Act (Section 1234 Code), before in the proof of the Pergion Act (Section 1234 Code), before in the proof of and after himsewore true answers to make to the following questions, depokes and passes as follows.

1. What is your pame and what does not end of the state County and post districtions.

2. How long and since when have you been a resident of this state? I want laget in the state of the state 7. Were you present with your company and regiment when it was surrendered? Her, Siz. 8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by show authority?

Dean will, my Company at the Surroudn

Dean work is per anomaly your own exertions or labor? \$100.00 10 What has been your occupation since 1865? Laborer 7 Carpenter 11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "biindness and poverty"? 12 12 nd 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 hat your sight? 1st About sight years. 2 nd - I was injured, in a fall, he my need, about is a little creex, 8 years ago. D. som mable to do any hard labor, maif I lyany hard work, I lays me up. What property, real or personal, or income, do you possess and its gross value of hard no property of value, and no meone. Only some horasolvola it if what disposition it any, by sale or gift, have you made of same of did stol own any wrotesty in any of through the and hour not sold or indeplify in any of Mose Glas, and force not sold of Joseph of Gibbs away from the first of the by our own labor or income There of PUL. — a star. Afron 50 0, a 202.

18. What was your employment during 1808 and 1889. What pay did you receive in each year.

2 did some Carpetelle work. Put was now mall, of could 1800 17.

18. Have you a family? It so, who gooppoon such daily? Give their means of support. Have they a homestead " Yeo. With - Transcal - T. Schildren Thought my

Confidence are married motor. There is a compact.

The support of the support of the support of the support.

The support of the support of the support of the support of the support.

The support of the support of the support of the support of the support. 20. Are you receiving any pension? If so, what amount and for what disability? 21. Have you ever made an application for pension before? Never did 22. How many applications have you ever made and under what chass " Fore at all,

\*\* - II WIT PRINT

#### Power of Attorney.

| STATE C                               | OF GEORGIA,  | i  | I                | Fullow COUNTY   |
|---------------------------------------|--|--|------------------|---|
|                                       | Cou  | nty. Ì                                   | 1                | A4 Talley of said State and County, having been presented   |
| 1                                     |  | 19                                       | hereby authorize | as a witness in support of the application of Parton L Husves for pension   |
| to the area in                        | ore and the project of the Land  | to street that the report same to        | ×                | under Section 1254, Code, and after being duly sworn true answers to make to the following questions,   |
|                                       |  | by                                       |                  | deposes and answers as follows:  1. What is your name and where do you reside? A G Juliey   |
| Willes                                | not taked and soul this  | day of                                   | 1900.            | Alterita  |
| 1                                     | Accorded in a positive of  |  | [L. 8.]          | 2. Are you acquainted with Payton Livered , the applicant, if we now long have you known him? March 1862  |
|                                       |  |  |                  | bow long have you known bim?  |
|                                       |  |  | F                | 3. Where does he reside, and how long and since when has he been a resident of this State."  M. Addanda Gree Born & Russell Keels.                        |
|                                       |  |  | 1                | 4. When, where and in what company and regiment did he enlist, and how do you know."  |
|                                       |  |  |                  | La . 4 9th Sa Balattion Endoble march 1962  |
|                                       |  |  | i                | 5. Were you a member of the same company and regiment", I as lead time  |
|                                       |  |  | 1                | 6. How long did be perform regular military dety" These years or Pute   |
|                                       |  |  |                  | 7. When and where was his gommand surrendered " a ser Wright to   |
|                                       |  |  |                  | 8. Were you present when it surrendered? 500 J how west - I did not me ho   |
|                                       |  |  |                  | 9. Was applicant present?   |
|                                       |  |  | 2                | 10. If he was not present, where was he? Processed 2 do not the   |
|                                       |  |  | Š                | When did he leave his command" For what cause? Legaler  |
|                                       |  |  |                  | By what authority he left? How do you know all of this?"  was Prisent   |
|                                       |  |  |                  | 11. What property, effects or income has the applicant? (Give your means of knowledge.)   |
|                                       | Sandandan dans   | MENTED AN PROPERTY                       |                  | 12 What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what  |
| 2942                                  |  |  |                  | disposition, if any, did he make of same? never us & Krives &   |
|                                       | i de la companya de l |  |                  | 13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?   |
| 14 122                                | <b>5</b>   |  | the say though   | bout Know   |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | g  | 12                                       | 1                | 14. What is the applicant's occupation and physical condition". don't he ere  |
|                                       | EG<br>No   | * *                                      | 4.0              |   |
| Pratt 3                               | •  | "r + sin )                               | ALL I            | 15. Is the applicant unable to support himself by labor of any sort, it so, why " at the first  |
|                                       |  | 6 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1 |                  | 15. Is the applicant unable to support himself by labor of any sort, if so, why are I father of heart with Race receiving Meeter . I do not know the file |
|                                       | P  | · 1 · 1 ,                                |                  | I mer   |

STATE OF GEORGIA,

16. How was he supported during the years 1898 and 1899" Sweet & Auction 17. What portion of his support for these two years was derived from his own abor or income."

Sworn po and subscribed before me, this

His day of JEby 1901

John Wilkinson Ordinary.

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1284, Code? These to use trend to traver a fall Received from a full Received from a function of the full state of the full

|                            | POWER O                                    | F ATTORNE          | Y.  |         |          |
|----------------------------|--|--------------------|---|---------|----------|
| STATE OF                   | DEORGIA.                                   | 1                  |   |         |          |
|                            | County                                     | . }                |   |         |          |
| ï                          |  | hereby authorize   |   | 9.0     |          |
|                            |  | of.                |   |         |          |
| to receive and             | receipt for the pension                    | allowed and reques | t that he remit                                 | same to |          |
|                            |  | at                 |   |         |          |
| by                         |  |                    |   |         |          |
| Witness my                 | hand and seal, this                        | day of             |   | 1903,   |          |
| Francial in                | presence of                                |                    |   | ! s.]   |          |
|                            | presence of                                |                    |   |         |          |
|                            |  |                    |   |         |          |
|                            |  |                    |   |         |          |
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| 2                          |  |                    |   |         |          |
| .E0                        | 6  | 9.                 | 19-3  |         |          |
| FOR THOSE ALREADY ENROLLED | INDIGENT IER'S PENSION 1903.               | 7                  | LINDSEY, Commonwer of From the HANDED TO        | 4       |          |
| O C S                      |  | SUED               | SET<br>Menoral                                  |         | 12       |
| one sarrow                 | IER'S PER<br>1903                          | Regiment Start     | JOHN W. LINDSEY, Commenced of WARRANT HANDED TO | CATA    | 1/2      |
| 2 K = 2                    | DIO SE | Reg<br>ald         | N F   | 2       | Ja.      |
| HOSE S                     |  | VARR               | )HN   | 3       | <i>E</i> |
| 1 E                        | 9  | 12 7               | J. W.A.   | į       | 7        |
| , / 5                      |  | Co. Co.            |   |         | 1        |
| -                          |  | 5 5                | 3/  | 1 11    |          |

| PO   | WER OF ATTORN                                  | IEY.  |
|--|--|---|
| STATE OF GEORGIA.                              | COUNTY.  |   |
| I,   |  | hereby authorize  |
| to receive and receipt for                     | of<br>r the pension allowed, and req           | uest that he remit same to                                    |
|  | At   |   |
| WITNESS my hand and                            | d seal, this day of                            | 1583-5  |
| Executed in the presen                         | nce of   | [1. 8.]   |
| -  |  |   |
|  |  |   |
|  |  |   |
| FOR THOSE ALREADY ENROLLED IN No. 184 INDIGENT | Name A. S. | JOHN W. LINDSEY. Communication of Processes WARRANT HANDED TO |

Hawer, Reytones.

H

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### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| Personally appears PL Naures of Fig. 2.  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 Lady of Mayor 18 18 18; that he is years old and by occupation a Companion, 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 the Confederate States for of the State of the Confederate States for of the State of the Confederate States for of the State of the States, and served for the term of the Confederate States for of the State of the Confederate States for of the Confed |
|--|
| that his property consists of the following items:   |
| Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.  Deponent desires to participate in the benefits of the Act, approved December 15th, 1801, 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 Fullon, county been allowed a pension for the year 1.  Sworn to and subscribed before me, this the Hay of Jersey 1903.  Ordinary.  |
| STATE OF GEORGIA,  |
| Ordinary of said County, do certify that I am well acquainted with Place I factor 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  Ordinary  County.  Nore—The blank spaces must be filled.  Nore—Affidarit should not be attested before Japuary lat, 1966.   |

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, Fulton. County.

| )  |  |
|--|--|
| Personally appears   | · of                                   |
| County, State of Georgia, who, being duly sworn, says  |  |
| nd resident of and County and State, and his resident  | led in said State contains a to        |
| since the all day of 11. All 182   | that have                              |
| y occupation a Lit I in the enlist   | ed in the military                     |
| ederate States for of the State of   | cd in the mintary service of the Con-  |
| tates, and served for the term of States and   | duting he war between the              |
| Butt artilling Cast to   | rion , th Regiment                     |
| ederate States for of the State of tates, and served for the term of Det W. Wetallery Capt. Leadings | toat his physical condition is a       |
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|  |  |
| nat his property consists of the following items:  | )                                      |
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| the value of D   | ollars, that by reason of his physical |
| ndition and poverty he is unable to support himself  | by his own exertion or lab or, and     |
| nat he receives no pension but the one herein applied  |  |
| Deponent desires to participate in the benefits of   | the Act, approved December 15th.       |
| 894, and the Acts amendatory thereof, and makes app  |  |
| entitled for the year 1904. I have heretofore as a res   | sident of _& MILOH.                    |
| ounty been allowed a pension for the year 1  | ) de,                                  |
| Sworn to and subscribed before me, this the  | A Macro                                |
| Bay of JAN 20 1904 1904. Ordin   | 7. A                                   |
| PATE OF GEORGIA,   |  |
| Militon. County.   |  |
| 1. John R. Wilkinson certify that I am well acquainted with  | Ordinary of said County                |
|  |  |
| e applicant in the foregoing affiduvit, and am well :  |  |
| him in his said affidavit are true, and I know he is t<br>be, and that he resides in this County.    | ne individual ne represents hi seli    |
| Given under my official signature and s  | eal this I/IN                          |
|  |  |
|  | Plicipalin                             |
| in in  | - Continues on                         |
| Ordinary   | Allickieron Fulton Counts              |
| Nore — The bank spaces must be filled<br>Nove — Affidavit should my be assessed                      |  |

#### POWER OF ATTORNEY.

| and the second s |                   |
|--|-------------------|
| STATE OF GEORGIA.  |                   |
| COUNTY   |                   |
| I.   | hereby authorize  |
| $\overline{b}\overline{t}$   |                   |
| to receive and receipt for the pension allowed, and request that   | he replit same to |
| by   |                   |
|  | 190-5             |
| Witness my hand and seal, this day of  | 138 3.            |
|  | [L. S.]           |
| Executed in the presence of  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
| W  |                   |
| NO %   | .   1             |
| If the County of | 1                 |
| TAP BE LINE S S S S S S S S S S S S S S S S S S S  | 2                 |
| INDIGENT  INDIGE | WARRANT HANDED TO |
| Itan Course 18th Of Those Alfrange No. V D INDIGEN IDDIER'S PR 1905  RARRANTISSEE  WARRANTISSEE  HOHN W LINDRE   | £ 77!             |
|  | KANT              |
| HOSE STATE OF THE  | WARR              |
|  | III ERANKER       |
| Name. County   | j j               |
| 12 Hill  |                   |

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#### POWER OF ATTORNEY.

|    |  |         | PU              | VE     | H OI  | AI                | IOH            | MEY      | •                               |                   |           |
|----|--|---------|-----------------|--------|-------|-------------------|----------------|----------|---------------------------------|-------------------|-----------|
| S  | TATE   | OF G    | EORGIA,         |        | )     |                   | -              |          |                                 |                   |           |
| -  |  |         |                 | Co     | INTY. |                   |                |          |                                 |                   |           |
|    |  |         | 1.              |        |       |                   |                |          | i i                             | hereby            | authorize |
|    |  |         |                 |        |       | of.               |                |          |                                 |                   |           |
| to | recei  | ve and  | receipt for     | tne pe | nsion | allowed,          | and re         | quest th | iai he                          | remit             | same to   |
|    |  |         |                 |        |       | at                |                |          |                                 |                   |           |
| b  | y  |         |                 |        |       |                   |                |          |                                 |                   |           |
|    | W  | VITNESS | my hand and     | seal,  | this  |                   | day            | e) f     |                                 |                   | 1906,     |
|    |  |         |                 |        |       |                   |                |          |                                 |                   | [1. S.]   |
|    | E  | xecuted | l in the presen | ice of |       |                   |                |          |                                 |                   |           |
|    |  |         |                 |        |       |                   |                |          |                                 |                   |           |
|    |  |         |                 |        |       |                   |                |          |                                 |                   |           |
|    |  |         |                 |        |       |                   |                |          |                                 |                   |           |
|    |  |         |                 |        |       |                   |                |          |                                 |                   |           |
|    |  |         |                 |        |       |                   |                |          |                                 |                   |           |
|    |  | 1       | Z               |        |       | an                |                | 92       |                                 |                   |           |
|    | ã  |         | 2               |        | 4     | R                 |                | 76       | HOM.                            |                   | 1 \$      |
| 3  | COOR SECTION 1234 (FOR THOSE ALREADY ENROLLED. |         |                 | •      | 20    | The state of      |                |          | V. LINDSEY.                     | 3                 |           |
| 5  | 12.4<br>V EN                                   |         |                 | 0      | 13    | ulton<br>Regiment | WARRANT ISSUED | - 1      | JOHN W. LINDSEY Countainment of | WARRANT HANDED TO | ě         |
| -  | CODE SECTION 1274<br>SE ALREADY E              | 5       | IER'S P         | Ŏ      | 1     | I.t.              | 7 18           | (1)      | . LIN                           | HAN               | 75        |
| -  | ALE  | 1       |                 | ă      | 21    | <b>H</b> %        | SRAN           | 111      | N O                             | 7.9               | 1         |
| 3  | ٽ<br>HOSE                                      | , N     | ZE              | =      | B     | S                 | WAS            |          | 105                             | KRR/              | )   j     |
| >  | H .  |         |                 | 1 ,    | an    | S                 |                |          |                                 | *                 | i         |
| \  | Æ  |         | 0               |        | Name  | County<br>Co.     |                |          |                                 |                   | j         |
|    |  | 1       | <b>2</b> 2      |        | Z     | ပိ ပိ             |                |          |                                 |                   | - 1       |

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# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA,  |                                   |
|--|-----------------------------------|
| _County.   |                                   |
| Pearsonally appears Letton S. Mans   | res of                            |
| County. State of Georgia, who, being duly sworn, says on   |                                   |
| and resident of said County and State, and has resided   | in said State continuously ever   |
|  | ; that he isyears old and         |
|  | the military service of the Con-  |
| tederate States of of the State of Line Act  | / ) during the                    |
| States, and served for the term of 3 1/2 in Come   | during the war between the        |
| States, and served for the term of the Comp  | on th Regiment                    |
| miles Infirmily and house  | that his physical condition is as |
| the wife with the seems  | ny.                               |
| , , , , , , , , , , , , , , , , , , ,  |                                   |
| That have been a second of the |                                   |
| that his property consists of the following items:   |                                   |
| 100  |                                   |
| of the silines t   |                                   |
| 1 X I  | Dollars. I am now earning,        |
| by r v labor. Dollars per  | month. That by reason of his      |
| physical condition and poverty he is unable to support I   | imself 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   | e Act approved December 15th,     |
| 1804, and the Acts amendatory thereof, and makes applica   | tion for the pension to which he  |
| is entitled for the year 1905. I have heretofore as a resid  | ent of Fullon.                    |
| County been allowed a pension for the year 1904.   | 1 lui                             |
| Sworn to and subscribed before me, this the day of 1905.   | ietter & the new                  |
| day of 1905.   |                                   |
| Ordinar  | i. Hert                           |
| STATE OF GEORGIA. (  |                                   |
| STATE OF GEORGIA.  |                                   |
| _ County.  |                                   |
| 1  | Ordinary of said County,          |
| do certify that I am well acquainted with Sifter   | X. Juarves                        |
| the applicant in the foregoing affidavit and and well sati   | sfied 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 /\N 2 1905                   |
|  |                                   |
| day of   |                                   |
| (40.)  | - continued                       |
| Ordinary_  | County.                           |
| Nors.—The blank spaces must be filled.  Nors.—Affidavit should not be attested before.   | fanuary 1st, 1906.                |

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| State of Georgia,  |
|--|
| 77   |
| Fulton County.   |
| Personally appears Lyton L. Carves of Till OD.   |
| 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   |
| that he is years old and   |
| by occupation a hat he enlisted in the military service of the Con-  |
| federate States (or of the State of Margia ) during the war between the  |
| States, and served for the term of of the in Company of of I th Regiment of Jatha. Artilling (Copt. Tuylar has physical condition is as  |
| follows: sefermely and poverty.  |
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|  |
| that his property consists of the following items:   |
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|  |
| of the value ofDollars. 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  |
| Sworn to and subscribed before me, this the legling to the land of |
| 24-48  |
| State of Georgia,  |
| County.)   |
| I, Ordinary of said County,  |
| do certify that am well acquainted with Legton I. Larves,  |
| 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 1905  |
| day of   |
| - O. P. Place Nice   |
| Fort French  |
| Ordinary Hulton County   |
| Norz.—The blank spaces must be filled.   |

| POW  | ER OF         | ATTO                    | RNEY.                                    |                   |                     |
|--|---------------|-------------------------|--|-------------------|---------------------|
| STATE OF GEORGIA.  | County        | .}                      |  |                   |                     |
| I,   |               |                         |  | , hereby :        | authorize           |
|  | of            |                         |  |                   |                     |
| to receive and receipt for the   | he pension al | llowed, and             | request that                             | he remit          | same to             |
|  | at            |                         |  |                   |                     |
| by   |               |                         |  |                   |                     |
| WITNESS my hand and se   | eal this      |                         | day of                                   |                   | .1907.              |
| Executed in presence   | er.           |                         |  |                   | [1. 8.]             |
| DACCARCO III presence  | OI.           |                         |  |                   |                     |
| TUDER'S PENSION  | 2. Kureer     | Regiment WARRANT ISSUED | JOHN W LINDSEY, Commissioner of Persions | WARRANT HANDED TO | ALLEN ALLEN         |
| FLALLON COMPANDED TO THE STREET THROUT NO. F. S. F. S. INDIGENT SOLDIER'S PENS | Name Julion   | 7                       | JOHN W. J                                | WARRANT           | ORD. W BARROOM, PT. |

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| State of Georgia,   |                       |
|---|-----------------------|
| County  |                       |
| Personally appears My len Lance of  |                       |
| County, State of Georgia, who, being duly swein, says on oath that he i   | s a bona fide citizen |
| and resident of said County and State, and has resided in said State  | continuously ever     |
| since the day of cell & the 18 ; that he is   |                       |
| and by occupation a Peclal Co. Chat he onlisted in the milities   |                       |
| tederate States (or of the State of Mar 7. A ) during 1   | he war between the    |
| States, and served for the term of 3 1/20 in Company of   | th Pagiment           |
| a Botton at Copt Layden   | )                     |
| tederate States (or of the State of Mary 1. A ) during to States, and served for the term of in Company of or a. A. Botton, at Copf Linguistics, tollows \$2266.2 mater & payed to the state of the state | ical condition is as  |
| and the second second   |                       |
| f , and the second seco  |                       |
| that his projectly consists of the following items: No hich   |                       |
|   | -4                    |
|   |                       |
| of the value of Dollars   | I am now earning      |
| by my labor, Dollars per month. Th  |                       |
| physical condition and poverty he is anable to support himself by his   |                       |
| labor, and that he receives no pension but the one lierein applied for.   |                       |
| Deponent desires to participate in the benefits of the Act approve  | ed December 15th,     |
| 1894, and the Acts amendatory there , and nakes application for the pe  | ension 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.   | - 1                   |
| Sworn to and subscribed before me, this the day of 1907 Southern  | EVIN .                |
| day of 1907   | Com A Comme           |
| July The Ordinary -   |                       |
| State of Georgia,   |                       |
|   |                       |
| Fullian County.   |                       |
| 1. John R William Grained with Lifler & Le  | ry of said County     |
| 101/ax 1/10   | A 2 d d d d           |
| do certify that I am well acquainted with 2 700 10 X  | ctice                 |
| the applicant in the foregoing affidavit, and am well satisfied that the<br>by him in his said affidavit are true, and I know he is the individual he   |                       |
| to be, and that he resides in this County   | represents intesen    |
| Given under my official signature and seal this   |                       |
| day of  |                       |
| John R. Hilans  |                       |
|   |                       |
| Ordinary 2 11110  | County.               |
| Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1907.   |                       |
|   |                       |

John R. Hillanson. County.

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

Georgia, Inherson comes Justoulo John W. Woodruff of said State + County and being dury sworn, on oath says: that he knows Psyton A: Frames, and knew frim in the Confederate army in Virginia; but officiant and Hames were together in the army and served in the some Bottalion, Howes was in (I many I, in the 9th La, Battalion of rilillery, Commanded by Major t. Leyden, is as the boys wed to say in the a my -" Mr. Lexdenis Cannon Company". That Hytour Hawes Ivas a regula of good soldier, went in the service in 1862, and remained induty till the surrender. Affiant does not Imow of the said Peytou & Hawes having any frohesty. Swamto Tubscribea Johnocuff before me Jany 3/st 1902 John Wilkenson Ordinary.

Georgia. A. L. Chuen, of Cobb County Button Co. I Ga, comes us a witness in sup. frost of the application of Byton L. Hawes for Pension of the State, and being duly sworn, In oath, says that his name is A. L. Queen ( Imoun as At Queen) resides near Mableton, in Cobb ormy, La, is well acquainted with Hydow & Huwes; Imown him over 45 years, he stawes, has resided in Georgia all his ife; witness also resided in Georgia all his like, in now 65 years ald, knew each other as troys and from men; Have and witness served together in the Confederated my, in Leyden's Buttalion of Artil. Plery, Hawes in Company A, and Afficient in Ct. 6 "of samobattalion, went in service in 1862, and remained in xervice till Surrender at Appromattox in Arriv, 1865, they we represent with their respective companies and in the battolion at the time of the surrender; Have has no property so far as Afficial knows; and volar as he Imew, or know now, Howe had no property or meome in 896-1897-98-99; Hawes is a carpenter, and his Thypical andition is feeble, and inable to suffort himself and family by his labor: aworn to + subscribed aLx Gurn & before mue garry 24×1902 John & Williams Ordinary

Hudrica, Anthe matter of the hudre of Kyton. of a levroon come john to ves. and Thomas W. Hones, and both being duly swoom on outh, they may that they Imour Paylow i on unes, they have known June or 47 and 37 years respectively, that they know that he has no properly effects, or merme, that he have no mohesty Exchant is maine in the your 1896 1994, 1818, and 1.44, and had nothing that he evale tiens who material property; that he has not correyed away any property in the last Hour heurs; that he is imable to suffer himself that two hypical condition is feelle; that he is a ca freiter of trado; he was supported in the 40 is it 1'1' + 1 14 by and little work as be was able to be in y resist nee I inschilt rem who have to work for their own outstart; that the portion the contributed was very small in those years or since their by his own to for a income: that they Afriants, are brothers, and they know the fires stated of their own Amoroledge as to Peyton L. Hauses, Swom totoubscribed & I Manas ( Jany 25-1902) Il Quy And William Orderay,

Ordinary

the contributed was very small in those years that they Africants, are brothers, and they Imoro the fuels stated of their own fmowledge as to Peyton L. Hunes, Swom to toutserited forms
between Jany 25-1902 Many
Stud William
Ordany

WIDOW'S APPLICATION To Be Put on Roll in Her Own Right When Husband Was on the Pension Roll of Georgia. County Fullows Name Mus Elaging Humas

CD

Company H. Regimen Ja State Alroops

Date of Marriage (947 Approved John Willand

JOHN W. CLARK, Commissioner of Pensions.

ORDINARY'S CERTIFICATE

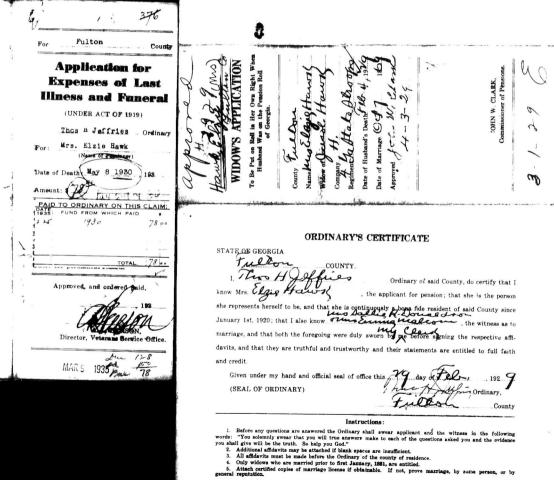
davits, and that they are truthful and trustworthy and their statements are entitled to full faith marriage, and that both the forego January 1st, 1920; that I also know herself to be, and that she is continuously phone fide resident of said County since oing were duly sworn by see before saming the respective affiapplicant for pension; that she is the person Ordinary of said County, do certify that I , the witness as to

(SEAL OF ORDINARY)

my hand and official al seal of office this

Ordinary, . 192 9 County

Before any questions are answered the Ordinary shall swear applicant and "You selemally rewar that you will true answers make to each of the question grows will be the truth. So boly you God" Additional affairst may be attached if blank spaces are mulficlient. All affairst amost be made before the Ordinary of the county of residence (buly volume who are married prior to first Areasy, 1881, are multided, Attach corribed copies of marriage license if obtainable. If not, prove many



### 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  |
| 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 WIRDWING ESTATE of   |
| ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted   |
| to the sum of \$ 376.00 , as shown by sworn statements FULLY and COMPLETELY  |
| ITEMIZED, hereto attached.   |
| this the 12 day of Feb , 1985.  Williams the 12 day of Feb , 1985.  Ordinary.  Ordinary.   |
|  |
| CERTIFICATE OF THE ORDINARY  |
| GEORGIA. Fulton County.  |
| certify that Mrs. J. L. Milam who subscibed  |
| 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 #rs. 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 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 4 day of Feb. , 193 5.  |
| (Seal of Ordinary) / Non / Ordinary.   |
|  |
| INSTRUCTIONS   |
| lat. 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  |
| , and area without owning sunicient 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 suthority 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 octivated 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.

| Fullon COUNTY.   |
|--|
| Personally before me comes was Elgia Hawk of said County,  |
| who, after having been duly sworn, says that she is the widow of Jacob Haurs   |
| to whom, in the County of Longon State of Same she was married on  |
| the 7 day of 1859, and that she remained his wife, and resided with him to   |
| the date of his death in. 19 Wand that she has not since his death remarried; at   |
| the time of his death he was a resident of Tullon County, in said State  |
| of Georgia, and he was on the Pension Roll of the State and paid a pension of \$ 200.00  |
| in   |
| 7 Jang 1 State Militia).   |
| That she is now a bona fide resident citizen of said State of  |
| has, continuously, resided there since 23 day of 724 1929  |
| Sworn to and subscribed before me, this the  |
| day of tell, 1929  |
| When & washer tordinary (Application)  |
| of Fulton Scounty  |
| (SEAL OF THE ORDINARY.)  |
|  |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband.   |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband.   |
| STATE OF GEORGIA.  COUNTY.   |
| STATE OF GEORGIA.  COUNTY.   |
| STATE OB GEORGIA,  COUNTY.  Pursonally before me comessions local data known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says  |
| STATE OB GEORGIA,  COUNTY.  Pursonally before me comessions local data known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says  |
| STATE OB GEORGIA,  COUNTY.  Pursonally before me come Australia & Domaldson known to be  |
| STATE OF GEORGIA.  COUNTY.  Personally before me come Mus Dallia R. Down Shown 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. Light Laure, who made the foregoing  |
| STATE OF GEORGIA.  COUNTY.  Personally before me come Must ball to R. Down of the having been duly sworn, says that of deponent's own personal knowledge, Mrs. Light Land, who made the foregoing affidavit, is the lawful widow of Jacob Land, who died in Tallon   |
| STATE OF GEORGIA,  COUNTY.  Personally before me comessions localized Dorsal disort 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. Light Lauret, who made the foregoing amidavit, is the lawful widow of Lauret who died in Truthon.  County in said State of on the Fifth day of Fifth 1919, and that she has not since remarried; that she became the wife of the county of  |
| STATE OF GEORGIA.  COUNTY.  Personally before me comestima Pallian Danial disort 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. Algorithms who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Algorithms who made the foregoing amdavit, is the lawful widow of Sacratic House who died in Fullow on the Alboratory in said State of the same the wife of the same the same that the same the same the wife of the same the same the same the same the wife of the same th |
| STATE OF GEORGIA.  COUNTY.  Personally before me comestima Pallian Danial disort 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. Algorithms who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Algorithms who made the foregoing amdavit, is the lawful widow of form the foregoing who died in First County in said State of on the fifth day of fifth 1919, and that she has not since remarried; that she became the wife of the first of t |
| STATE OF GEORGIA.  COUNTY.  Personally before me comestual allian. Danial dators 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. Algorithment, who made the foregoing amdavit, is the lawful widow of the foregoing amount is the lawful widow of the foregoing who died in fullow on the fifth day of fifth and that has not since remarried; that she became the wife of the fifth of |
| STATE OF GEORGIA.  COUNTY.  Personally before me comession delical Domacloson 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. Light Lours, who made the foregoing affidavit, is the lawful widow of Lours Hours, who made the foregoing affidavit, is the lawful widow of Lours Hours, who died in Truthon on the Ill. day of Ill.  and that she has not since remarried; that she became the wife of the county of the lawful of the l |
| STATE OF GEORGIA.  COUNTY.  Personally before me comediate Palliar Dornal disort 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. Light Land, who made the foregoing affidavit, is the lawful widow of John Hard County in said State of on the Jib day of Jib 1999, and that she has not since remarried; that she became the wife of day of that she had resided together as husband and wife, sentimously hince that she had he had resided together as husband and wife, sentimously hince the she was the same man who was on the pension roll of said State. So from Fuller County when he died.   |
| STATE OF GEORGIA.  COUNTY.  Personally before rea comessions labelians. Documents 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. Handle |
| STATE OF GEORGIA.  COUNTY.  Personally before me comestino ballica. Docal dator, 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. Higher data who died in truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. Higher data who died in truthful person, resided in truthful person, who died in truthful and that she has not since remarried; that she became the wife of the day of t |

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.

that of deponent's own personal knowledge, Mrs. Light Land, who made the foregoing and wife, some phase or all the same for word than 5 ye and wife, some thousand the same than 5 ye and was the same man who was on the pension roll of said State. when he died. Sworn to and subscribed before me, this the 192 9 sun Sallie R Donaldon



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

8077 1. PLACE OF DEATH County Pulton 1061 City or Town Atlanta Length of residence in this city or town: Yre. Mos. De. NON-RESIDENT (Yes or No.) 138 (Street) 12th St. N.E. Mrs. Elsie Hawk FULL NAME Residence (City or Town) 138 12th St. N.E. (Street and Number) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR or RACE Single, Married, Diversed (write W1 0 Wed Female White 17. I HERREY CERTIFY, That I attended the decrees from Jany e, 1028 is 5/8/1050 is 5/8/1050 is 1 last new h er alive on 5/8/1050 is tend to have occurred on the data and hour related above. The principal cause of death and related causes of importance in the order of onset and duration of each; Acute dilatation of heart Chronic interstitiel nephritis Matthew Almand 10. NAME... What test confirmed diagnosis! elinical II. BIRTHPLACE if death was due to external causes (violence) fill in also the following : Was injury an accident, suicide, or homicide !.... Clemmie Wood IS. MAIDEN NAME. 18. BIRTHPLACE Did injury occur in a home, public place or industry !\_\_\_\_ J. L. Hawk / Nature of Injury (Rigned) 1050 Spring St. (Signed) M. P. Pentegoat Candler Bldg. Sardis Ch. Cem. (Cometery)\_\_\_\_ (Date) 5/10/50 (Postoffice)\_\_\_\_ May 0, 1930 H.M. Patterson & Son

OFFICE OF THE REGISTRAR OF VITAL STATISTICS For the City of Atlanta Atlanta, Ga., 2/12/35 GEORGIA, FULTON COUNTY.

I hereby certify that the foregoing is a true and correct copy of the record of death Number 2077

(Signed)

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.

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. SEAL Received of Thomas B. Jeffries, Ordinary, \$78 -for the account of mes Ehre Hawle . This amount has not previously been paid and is now owing to me. March \_\_\_\_ 1985. mus J. S. milam GEORGIA, FULTON COUNTY. Personally appeared Mrs. Hame Malcom who swears that she was present at the marriage of Miss Elsie Almand to Jacob Hawk, and that said marriage occured in Morgan County, on the 7th day of October, 1869. Sworn to and subscribed before me. in 8 moise malein this 28th day of February, 1929. Olore Gours of Oreinary

I hereby certify that the foregoing is a true and correct copy of the record of death Number 2077

present at the marriage of Miss Elsie Almand to Jacob nawk, and shad said marriage occured in Morgan County, on the 7th day of October,

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

mrs 8 more malein

Oler Bours of Ordinary

# Ordinary's Certificate

| orner caring ?  | try sell   |  |  |
|---|--|--|--|
| Mr foring   | NOTES  STATE OF  Know the  know the  clerk  trustwo  | Sworn of (SBAL)  | STAT   |
| Confederate   | F. Addition and Ad   | 2  |  |
| Soldier's Application Order Act 1910—As Amended by Act of 1918. | do noism and be the ional after fidentia after fide   | a de   | GEORGIA  Lacon  Lacon  County  and they  |
| County Fulton   | my swear the whole trut savits may to be made do such of TULTOL AS HOLE TO TULTOL AS   | d and official   | 7 1 5 3  |
| Vame Jacob Hawk   | h. So he   | as and a second an | (COUNTY)  Ordinary of said County certify that I know the foreson is the person is the represents himself to be and I also know. When the same that I also know the forest that I also know the forest and were duly sworn by no before signing the forest and truthful and trustworthy and their statements are entitled to full faith and all truthful and trustworthy and their statements are entitled to full faith and   |
| Company H   | ill true ording to be ordinated  | of office .his   | COUNTY COUNTY  |
| degiment 4th Ga Reg. and Brigade                                | Ordinary sha<br>no God."<br>no God."<br>no God."<br>Ordinary of the<br>Jacob de<br>Jacob de<br>J | nary   | NTY   NTY  |
| pproved   | make to each c make t mak   | Ro   | Ore Ore  |
|   | The same of the sa   | day  | Ordinary of is the person is the person to the person of the person of the person of the duly sworm of the duly sworm of the person of the per |
| 된<br>당  | of the questions make the parson in the parson in the the walk the walk the walk the part that he was that he was the part that the part that the part that he was the part that  | Á.   | Ordinary of sail County certify that I known is the person he represents himself to be and the county of the winess awearing to the ware duly aworn by no before signing the foregonal their statements are entitled to full faith and   |
|   | plicant or  | 1  | said County sertify that I know<br>he represents himself to be and<br>the witness awaring to the<br>by no before signing the forego-<br>tens are entitled to full faith and  |
| 8   | 1 0 0 0 1 2 E  | ,  | ounty sertify that I know<br>presents himself to be and<br>presents the sering to the<br>the witness awaring to the<br>before signing the forego-<br>te entitled to full faith and<br>re-critical to full faith and  |
| J. W. LINDSEY, Commissioner of Pensions.                        | and a time   | 19   | that I If to be earing t earing t  |
| Byrd Printing Co., State Printers, Atlanta.                     | words: widenee  that if worn by worn by 11 and 111919.   | 1/2  | know know and sand   |
| 10-23-1919  | F.   |  |  |

10-23-1919

### Ordinary's Certificate

| eredit<br>Sworn <b>vill</b> er in | Janear Hard I also a strength of they are all truth  | know G. J. M. Market & S. M. Market & S. M. Market & M.  | sion is the person he repre  | e witness awearing to the  |
|-----------------------------------|--|--|--|--|
| SEAN.                             | Education are analysis of the control of the contro | Ordinary County  Count | itall seers applicant and witness make to each of the questions or are insufficient the rounty in which the applic | ers in the following words: naked you and the evidence cant or witness resides and  Certify trat I fine represents times was duly sworn ty |
| trustwortry ar                    | dier's Application Act 1910—As Amended by Act of 1918 Railfoc  | Name Jacob Hawk Company R Regiment 411, Ga. Rag. 2nd Erigade   | /V -12   | TW LINDERY, Commissioner of Pensions, August 1616.   |

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

### Questions For Applicants to Answer

STATE OF GEORGIA,

| Milton COUNTY.   |
|--|
| Jacob Hawk   |
| 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. 12tb. St.,   |
| 2 How long and since when have you been a continuous resident citizen of this State?   |
| All my life  |
| <ol> <li>Did you enlist in the Army of the Confederate States or in the organized militia of this State from<br/>1861 to 18651 Yes.</li> </ol>   |
| 4 When and where, and in what Company and Regiment did you enhat! (Give the arm and cleas of Walton, Co., Lander, Land |
| 5. How long did you remain in the actual military service with said Company and Regiment! (Give  |
| date of discharge)Until_aurrender_in_1865  |
| 6. When and where was your Company and Regiment surrendered or descharged from the Service?  |
| In South Caroline 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 Scuth Carelina near Columbia.   |
| b When did you leave the command!After murrender   |
| 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 Who fill you and plant to the first to the |
| f. Why did you not return to your command after leave expired?   |
| k 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? .NQ   |
| 10 Have you ever applied for the Georgia Pension and had it refused? and for what cause it was   |
| ot allowed! N9   |
| 1 Magui  |
| Sworn to and subscribed before me, this the  2 day of September 1919 Ordinary;   |
| thun Rux arbut Ordinary)   |
| County.  |
| opart  |

### Questions for Withers as to Service

| STATE OF GEORGIA.  |
|--|
| Wallon COUNTY  |
| MA Malconn of said State and County is hereby presented  |
| as a witness in support of the application of Salol Flawk 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 as your name and where do you reside! W.H. Malson, Mouses. Walter & Ga  |
| 2 How long and since when have you known I have to have the applicant!   |
| 3 Where does he now reside, and since when has he been a bone fide continuing resident in this State   |
| Slat Les Ker Cofe  |
| When where and in what Company and Regiment did Janet March enlist during  |
| and from 1561 to 1565. Give date and place. In 184 Manne on Co N. May  5 How did you obtain your information of this Service! I wan with him |
| in ill of their service  |
| 6 How long within your own personal knowledge did he perform actual military service with this longing and Regiment! Give date: May 1865.    |
| 7 When and where was his command surrendered or discharged (give date and place)   |
| in south Caroline 15 mules from argenty by   |
| . Were you personally present at the surrender! Yes  |
| 9 if not, where were you and how came you there!   |
|  |
| 16 Was the apprount personally present with his command at surrender!  |
| 11 If no, where was he and now came him there!   |
| 12 When and he leave his command all want by such Man Cugo where was his command   |
| when he left it! For what cause did he leave!  |
| By whose authority did he leaveand how   |
| long was he granted leavet   |
| all that you have stated to be true? If of your own knowledge, tell clearly and specifically   |
| A I have stated very personal Rusionage  |
| 13 In what way was he prevented from returning to his command!   |
| low do you know! I was there   |
| 14. What effort did he make to return to his command and how do you know ( - Zee-  |
| 15 Was applicant captured as a prisoner  |
| In what prison was he held!and   |
| Sworn to and subscribed before me, this the  |
| Sworn to and subscribed before me, this the with Malcom  |
| La Ganeta Ordinary)  |
|  |
| county   |
| SEAL)  |

### Questions for Witness as to Service

| STATE OF GEORGIA,  |
|--|
| COUNTY.  |
| Of said State and County is hereby presented   |
| as a witness in support of the application of Jacob Haurh 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. J. Mitchell Mouse   |
| the Walten Co.   |
| 2. How long and since when have you known Jacob Nawl the applicant   |
| 3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State,  |
| and how do you know! allanda be has been a continue resear   |
| I have that all his life   |
| 4. When, where and in what Company and Regiment did fact Haust enlist during   |
| war from 1861 to 1865! (Give date and place.) June 1864 Moure & Co N. 4  |
| 5. How did you obtain your information of this Service? & fan him in service   |
| almost very 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 Chil 1865-  |
| 7. When and where was his command surrendered or discharged (give date and place).   |
| 8. Were you personally present at the surrender 1  |
| 9. If not, where were you and how came you there! A swar at home on fuelent  |
|  |
| 10. Was the applicant personally present with his command at surrender! At Asya la som   |
| 11. If not where was he and how came him there!  |
| 12. When did he leave his command!   |
| when he left it is S. New Caryer br what cause did he leave! Alexander   |
| By whose authority did he lead   |
| and now  |
| all that you have stated to be true! If of your own knowledge, tell clearly and specifically   |
|  |
| Ruswledge and what afflean Tolera  |
| Knowledge, and what afflicant tolores  |
| 13. In what way was he prevented from returning to his command! Attraction  14. How do you know! The War War land a work of the command of th |
| 213. In what way was he prevented from returning to his command!   |
| 13. In what way was he prevented from returning to his command? Sunce of the way was he prevented from returning to his command? How do you know? The way was been supported by the way was and how do you know?   |
| 13. In what way was he prevented from returning to his command?  14. What effort did he make to return to his command and how do you know?  15. Was applicant captured as a prisoner.  16. Was applicant captured as a prisoner.  17. Was applicant captured as a prisoner.  |
| 13. In what way was he prevented from returning to his command?  14. What effort did he make to return to his command and how do you know?  15. Was applicant captured as a prisoner.  16. Was applicant captured as a prisoner.  17. What prison was he held?   |
| 13. In what way was he prevented from returning to his command!  How do you know!  14. What effort did he make to return to his command and how do you know!  15. Was applicant captured as a prisoner.  If so, when and where!  and when released   |
| 13. In what way was he prevented from returning to his command?  How do you know?  14. What effort did he make to return to his command and how do you know?  15. Was applicant captured as a prisoner.  In what prison was he held?  and when released  Sworn to and subscribed before me, this the   |
| 13. In what way was he prevented from returning to his command!  How do you know!  14. What effort did he make to return to his command and how do you know!  15. Was applicant captured as a prisoner.  If so, when and where!  and when released   |
| 13. In what way was he prevented from returning to his command?  How do you know?  14. What effort did he make to return to his command and how do you know?  15. Was applicant captured as a prisoner.  In what prison was he held?  and when released  Sworn to and subscribed before me, this the   |
| 13. In what way was he prevented from returning to his command?  How do you know?  14. What effort did he make to return to his command and how do you know?  15. Was applicant captured as a prisoner.  In what prison was he held?  and when released  Sworn to and subscribed before me, this the   |

### Ordinary's Certificate

| I, the apresides services ing after credit. | pplicant  pplicant  that  that | hey are both          | ail truthfu                 | A snow A so said com and true seal of off | nty. an  | Ma<br>Ma<br>d were | Lean Hawfe duly sworn | by me before signents are entitled      | imself to the session with the session w | to the                                |
|---|--------------------------------|-----------------------|-----------------------------|---|----------|--------------------|-----------------------|---|--|---------------------------------------|
| NOTES                                       | 2. Addit                       | hall be the whi       | le truth. So<br>may be atta | help you o                                | od.''    | make 1             | to each of the        | and witnesses in the questions asked yo | u and the ev   | idefice                               |
| No.   | Confederate                    | Soldier's Application | County                      | Company                                   | Regiment | Approved           | 1                     |   | J. W. LINDSEY,<br>Commissioner of Pensions.  | Brd Pteins Os. Sine Priners, Atlanta. |

num Benk, Jessi

YEAR 1000 COUNTY Pulton.

WHEN AND WEERE BORN? Bosicons of Coargle all his life.

ENLISTED WHEN AND WHERE? June 1864 at Menroe, Walton; Co., Ca.

RANK:

COMPANY AND REGINENT? Co. E 4th Co. Rogt. and Brigedo Militie.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? April 9,1005 about 15 miles from Augusta

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? DIED, WHEN AND WHERE? BURIED: WITNESSES: W.J. Skilenters Company Company of the A.T. Mitcheller Company Comp 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 (J. B.)

THRU HAWK, JACOB

FULTON COUNTY

FULTON COUNTY

Volume

Number

2892139

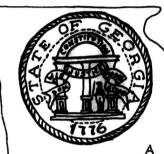
I CERTIFY I WAS THE OPERATOR WHO PHOTOGRAPHED THIS FILM. IN ATLANTA, GEORGIA, AUGUST

15X - V

DATE

MANN FILM LABORATORIES

END



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

Ben W. Fortson, Jr. Secretary of State. Mrs. Mary Givens Bryon Archivist 1. 484 GREENSBORG, NORTH CAROLINA, It accordance with the terms of the Military Convention, entered into on the Fenty-sixth day of April, 1866, between General Joseph R. Johnston, Commanding the Confederate Army, and Major-General W. T. Sherman Commanding the United States Army in North-Carolina; hes given his solemn obligation not to take up arms against the Government of the United States until properly re-leased from this obligation; and is permitted to return to his home, not to be disturbed by the United States authorto be disturbed are he may reside.

J. S. M. M. M. C. S. A.,

Commonding. itios so long as he observe this placetim and obey the laws in force where he may reside.

### United States of America.

### GHORGIA, FORSYTH COUNTY

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

Sworn to and subscribed before me at this day of 1843. i ke staning one I DO CERTIFY that the foregoing is a true copy of the original oath administered by rac to the foregoing deponent, the day and date above written. for All & Condinary!

mili Fri Recu

Confederate

Contederate
Soldier's Application.

County Haulton
Name Manine
Company A K
Regiment A Manine
Approved

J. W. LINDSEY, Commissioner of Pension

2/14-19

Manual Prints Admin

# APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

### Questions for Applicants to Answer.

| STATE OF GEORGIA.  |
|--|
|  |
| County.  |
| for the penging provided by Ast of 1010  |
| for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with<br>his testimony to make out the same, and after being duly sworn true answers to make to the questions<br>propounded, answers as (Glores to which the proposition of the proposition |
| propounded, answers as follows, to wit:  |
| 1. What is your name and where do you reside? (Cive County and Post-office).   |
| The world of the date (Cols: ((Lay))   |
| 2. How long and since when have you been a continuous resident citizen of this State?  |
| Siace 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?   |
| 4. When and where and in what Company and Bagiment did you enlist? (Give the arm and class.)   |
| of Service) Many 1 Mark and Company and Magnent did you callet (Give the prim and class of Service) Many 1 Mark and 1 Millian Service with any 1 Median and Company and Regiment?  |
|  |
| o. When and where was your Company and Regiment surrendered or dischanged in   |
| at disease there 21 C Contract was as Carrent I die to   |
| 7. Were you actually present with your Command when it was surrendered or discharged? 14 P   |
| 8. If you were not actually present, state specifically and clearly where you were   |
| The spot ware state of the spot 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 each value on the 4 Nov. 1908? (Make list by items and value.)   |
| (make list by Items and Value.)  |
| A Company of the Comp       |
|  |
| 10. What property of any kind have you disposed of and for what purpose since 4 Nov.   |
| 1963. To whom and for what price?  |
| do lama  |
|  |
| possession and control of yourself and its cash value? (Make itemised list)  |
|  |
| and the state of t       |
| 12. What annual or monthly income or earnings of yourself and the source derived have  |
| you? and the source derived have   |
|  |
| 13. Are you drawing a pension of any amount from this State or the United States?  14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was   |
| not allowed?   |
| not allowed?   |
| Sworn to and subscribed before me, this the  |
| day of Sept 1916   |
|  |
| January Ordinary   |
| of Partion County.   |
| County.  |

10. What property of any kind have you disposed of and for what purpose since 4 Nov.

1908. To whom and for what price?

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

12. What annual or monthly income or earnings of yourself and the source derived have you?

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

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

Sworn to and subscribed before me, this the

day of Jacobson County.

County.

GEORGIA. FULTON COUNTY.

Personally appeared before the undersigned, Clerk Coart 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. ". Inman, of Atlanta, Georgia, who was Third Lieutenant in this Company.

Sun Harrison

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

Clerk, Court of Ordinary, Fulton County, Georgia. Slerk, Court of Ordinary, Fulton County, Georgia.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

hereby authorize

| July 1                                      | 1                           | day at           |
|---|-----------------------------|------------------|
| FOR THOSE ALREADY ENROLLED.)                | 臣                           | IN IN            |
| No. 6273                                    | Executed in the presence of | WITHE            |
| DISABLED                                    | in the                      | W SS             |
| OLDIER'S PENSION                            | presenc                     | Witness Whereop, |
| 1904.                                       | e of                        |                  |
| Jame JF Harrison                            |                             | byby             |
| a Zuckegiment Grassability lest right leg   | •                           | et my hanc       |
| mount, \$ 100 00 1904.                      |                             | and seal,        |
| JOHN W. LINDSEY,  Commissioner of Pensions. |                             | in it            |
|   |                             | 2                |
| WARRANT HANDED TO                           |                             |                  |
| Ore. W. Harrison, State Printer, Atlanta.   | Ī                           |                  |
|   | ٤                           | 49               |
| The Astra                                   |                             |                  |

### POWER OF ATTORNEY.

| STATE OF GEORGIA,              | _COUNTY.                                  |   |
|--------------------------------|---|---|
| Ι,                             | and the second                            | hereby authorize                                |
|                                | of  |   |
| to receive and receipt for the | pension paid hereon, and reques           | t that he remit same to                         |
|                                | by  |   |
| IN WITNESS WHERFOF.            | I have hereunto set my hand and s         | eal, this                                       |
| day of                         | 1904.                                     |   |
|                                |   | [L. S.]   |
| Executed in the presence       | of  |   |
|                                |   | ,   |
|                                |   |   |
|                                |   |   |
|                                |   |   |
|                                |   | الله النو                                       |
|                                | 23. 1 7                                   | 190   |
| <b>3</b> 000 <b>2</b> 000      | E # 2 9 30                                | TO TO   |
|                                | m - 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | OHN W. LINDSEY, Commissioner of ARRANT HANDED T |
| DISABLEI                       | Se | LIN   |
| S SA                           | 2 1 4 4 3                                 | ANT OS  |
|                                | 2 4 63 4 B                                | WABRANT   |
| DISABLED                       | unty D                                    | <b>★</b>  |
|                                | Name Sounty So & Dissibility Amount,      | -0  |

" Y THE ANTE HERETOFORE ALLOWED REASIONS"

### POWER OF ATTORNEY.

|                      | Ι,-                               |           | UNTY.)    | . o <b>f.</b>  |  | _her                                      | eby auth          |
|----------------------|-----------------------------------|-----------|-----------|--|--|---|-------------------|
|                      | and receipt fo                    |           |           |  | and reques   | st that he                                | remit sar         |
|                      |                                   |           |           | oy   |  |   |                   |
| In W                 | ITNESS WHEREO                     | F, I have | hereun    | to set my  | hand and   | seal, this.                               |                   |
| day of.              |                                   |           | 1905.     |  |  |   |                   |
|                      |                                   |           |           |  |  |   |                   |
| E.X                  | ecuted in the                     | presence  | O1        |  |  |   |                   |
|                      |                                   |           |           |  |  |   |                   |
|                      |                                   |           |           |  |  |   |                   |
|                      |                                   |           |           |  |  |   |                   |
|                      | Alabation 64 - acres 19 (10) - 11 | **        | 1         | · aliza  | nare i   | ш   | 11                |
| contrata state. Some |                                   |           | 1         | CV DAMES   | 1805   | *   | 1                 |
| î l                  | 1 3                               | 5         | 3         | M  | 1 =  | i oit                                     | 1 6               |
| OULED.)              | NOIS                              | 10101     | ue        | ŽĮ.  | 2  | of Pension                                | 5 2               |
| ENROLLED.)           | ED                                | 5.        | una       | The state of the s | The state of the s | DSEY,                                     | DED TO            |
| 8- 6                 | BLED REPORTOR                     | 05.       | barrie    | 1ton.  | Mann A   | LINDSEY,                                  | HANDED TO         |
| ALREADY              | SABLED<br>R'S PRINCION            | 1905.     | - Harrie  | Fulton.  | of Stan 18   | IN W. LINDSEY, Commissioner of Pensions   |                   |
| ALREADY              | DISABLED IRP'S PRINCIPAL          | 1905.     | F. Marrie | F. Oh  | Amount, \$100,000  | JOHN W. LINDSEY,  Commissioner of Pension | VARRANT HANDED TO |

LOB VALUEVELL PER BUSH V

| FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.  |
|--|
| STATE OF GEORGIA,  |
| Fection County.  |
| Tall   |
|  |
| 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 culisted in the military service of the Cou-  |
| federate States (or of the State of) during the war between the  |
| States, and served as a formula in Company a, of Inch Regiment   |
| of La Volunteers Sule Irosh 's Brigade; that whilst engaged in such unlitary service in the State of Language, on the 22 day   |
| he was wounded, injured or diseased as follows:  |
| Lost right by  |
| wer regni reg  |
|  |
| NAME OF THE PERSON OF THE PERS |
| /  |
| 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   |
| County, been allowed an invalid pension of Dollars, for the year 1903,   |
| Sworn to and subscribed before me, this the  |
| 27th day of Jan 1804 & Transan   |
| thus Williamson Post-office  |
| Norm.—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,  |
| Futton County.   |
| t, John William 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 27th  |
| John & Willinson   |
| Ordinary Fruitton County.  |
| Nora.—Bill all blanks and of Campany and Regiment.  Nora.—All rouchers and affidivits must bear date after January, 1, 1824.   |

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA,  |
|--|
| Fulton. county.  |
| Personally appears I 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 sur left 18; that he enlisted in the military service of the Con-   |
| federate States (or of the State of Slanger ) during the war between the   |
| States, and served as a  |
| of   |
| in such military service in the State of, on the 22 day  |
| of 1864, he was wounded, injured or diseased as follows:   |
| A  |
| Lost right leg.  |
| Down right rey.  |
| Manager Control of the Control of th |
|  |
| to be to the second to the sec |
| 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   |
| Julton. County, been allowed an invalid pension of   |
| and Hemdred Dollars, for the year 1904.  |
| One of and subscribed before on this she   |
| day of JAN 2 1905 1905.  |
| 1 0 1 1  |
| Post-office allanta  |
| Norz.—Stile 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.  |
| CTATE OF CEODGIA   |
| STATE OF GEORGIA,  |
| Fulton. COUNTY. S. Ordinary of said County.  |
| I, Ordinary of said County,  |
| do certify that I am well acquainted with fit. Marrison  |
| 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   |
| All  |
| Ordinary Fulton. County.   |
| Norn.—Fill all blanks and of Company and Regiment.   |

### POWER OF ATTORNEY.

SOLDIER'S PENSION

1906.

### POWER OF ATTORNEY.

| STATE OF GEORGIA,COUNTY.   |                            |                  |
|--|----------------------------|------------------|
| Ī,   |                            | hereby au        |
| of   |                            |                  |
| to receive and receipt for the pension paid hereon, and reque  |                            |                  |
| by   | ****                       |                  |
| In WITNESS WHEREOF, I have hereunto set my hand and s  | eal this                   |                  |
| lay of1907.  | ,                          |                  |
|  |                            |                  |
| Executed in presence of  |                            |                  |
|  |                            |                  |
|  |                            |                  |
|  |                            |                  |
|  |                            |                  |
| 1 2 1/1 / 2  | F 5                        | H                |
|  | enerio                     |                  |
| ENSIGNATION OF THE PROPERTY OF | . 6                        | 2                |
|  | W. LINDSEY<br>Commissioner | DED              |
| ISABLE BOOZ Ulton.   | EIN                        | A VIII           |
| SE A NEW YORK  |                            | F X              |
| \$ D E 5   | NHOL                       | ARRANT HANDED TO |
|  | 7                          | 18               |

FOR APPLICANTS AS ESTAFORE ALLOW ID PLASIONS

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| State of Georgia,  |               |
|--|---------------|
| County.  |               |
| Personally appears J. F. Micrison of F1114   |               |
| ,  |               |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona  |               |
| and resident of said State, and has resided therein continuously ever since the  |               |
| day of1870; that he enlisted in the military service o   |               |
| federate States, (or of the State of Stanfield) during the war b   |               |
| States, and served as a Lieute in Company U, of the  |               |
| of Volunteers 's Brigade; that while in such military service in the State of on the on the  | st engaged    |
|  |               |
| of 1864, he was wounded, injured or diseased   | as follows:   |
| 1/10 1/1   |               |
| Sort Right leg.  |               |
|  | THE RESERVE   |
|  |               |
| The second secon |               |
| AND THE RESERVE OF THE PERSON  |               |
| and as a second of the second  |               |
| Deponent makes application for the pension to which he is entitled for   |               |
| ending October 26th, 1906. I have heretofore, under said law, as a r   |               |
| County, been allowed an invalid  | pension of    |
| Dollars, for the year 1905.  |               |
| Sworn to and subscribed before me, this the  | 1)01          |
| Post-Office  |               |
| Post Office Letters  | ua,           |
| Lynna (New Sed action 1989)  |               |
| Norm.—State fully the nature of the wound or character of disease which causes the disability porticularly the extent of the disability resulting from the wound or disease.   | , and explain |
| State of Georgia,  |               |
|  |               |
| County.)   | :1 0          |
| -11 01-11-   | ounty         |
| do certify that I am well acquainted with  | . ,           |
| the applicant in the foregoing affidavit, and am well satisfied that the stateu  |               |
| by him in his said affidavit are true, and I know he is the individual he represe  | nts nimsel    |
| to be, and that he resides in this County.   | 16            |
| Given under my omeiat signature and sear, this   | ,,,           |
| day of 1906.   |               |
| Ann Pulton   | County.       |
| here Nors.—Pill all blanks and of Company and Regiment.  | ,             |
| Note. — Fill all blacks and of Company and segment.  Note. — All voughers and affidavite must bear date after January les, 1906.   |               |

| FOR | APPLICANTS | HERETOFORE | ALLOWED | <b>PENSIONS</b> |
|-----|------------|------------|---------|-----------------|
| Sto | te of Cent | rie )      |         |                 |

| Personali                               | ly appears J. J. Jarre Jore of Fulton  |
|---|--|
|   | /  |
|   | f Georgie, who, being duly sworn, says on oath that he is a bona fide citizen  |
|   | said State, and has resided therein continuously ever since the  |
|   | 18 ; that he estisted in the military service of the Con   |
|   | (or of the State of) during the war between the  |
| States, and der                         | ved as a Paro rate in Company Q, of 2 th Regimen   |
| 01                                      | Volunteers Cumanuia's Brigade; that whilst engage  |
| in such military                        | service in the State of Serigia on the 22 - da   |
| of gre                                  | . he was wounded, injured or diseased as follows   |
| 11-1                                    | Ballemean Marieur &c.  |
| Xost                                    | Right leg.   |
| -                                       |  |
|   |  |
|   | -93 - 93   |
| -                                       | **************************************   |
|   | · · · · · · · · · · · · · · · · · · ·  |
| • | the second secon |
|   | makes application for the pension to which he is entitled for the year   |
| ending October                          | County, been allowed an invalid pension o  |
| Due He                                  | Dollars, for the year 1906.  |
| 0                                       |  |
|   | y of 1807.   |
| da                                      |  |
| Lutin                                   | R. Wolkinson Postoffice 168 Kounday St   |
|   |  |
|   | fully the nature of the wound or character of disease which causes the disability, and explain of the disability resulting from the wound or disease.  |
|   | •  |
| State o                                 | of Georgia,  |
| Fult                                    | on. County.  |
|   | 7 0 2/1  |
| 1,                                      | // // 1/   |
| do certify that                         | I am well acquainted with f. J. Marrison   |
| the applicant in                        | the foregoing affidavit, and am well satisfied that the statements mad   |
| by him in his a                         | aid affidavit are true, and I know he is the individual he represents himse  |
| oy nim in his s                         | he resides in this County.   |
|   |  |
| to be, and that                         | Given under my official signature and seal thisAN 2  |
| to be, and that                         | A 4 - 1)   |
| to be, and that                         | Given under my official signature and seal this AN 2   |
| to be, and that                         | Given under my official signature and seal thisAN 2  |
| to be, and that                         | Given under my official signature and seal this AN 2- day of 1807.  John R. Williamson.  (, Otdinary 111400 County.  |
| to be, and that                         | Given under my official signature and seal thisAN 2  |

| certify that I am well acquainted with applicant in the foregoing affidavit, and am well s him in his said affidavit are true, and I know he is the and that he resides in this County.  Given under my official signature and sed and of  | sal, this JAN 1 1906  Will Kurson  County.  | do certify that I at<br>the applicant in the<br>by him in his said<br>to be, and that he r<br>Giv | m well acquainted with free foregoing affidavit, and am well affidavit are true, and I know he is resides in this County.  Ven under my official signature and of foreign of free foregoing affidavit must blanks and of Company Roya.—All vuckers and affidavit must  |
|--|---|---|--|
| a de la companya de   | illio enercitate contro estacistica decidente an un eventad financia delice e canta |   |  |
|  |   |   |  |
|  | Harrison, J. F.<br>Fulter County<br>No.   |   |  |
| The second of th | Application for Pension.  Due Deceased Soldier Under                                |   | Sound State of the |
| The manufacture of the second  | By Mra East Mars Widow at M. Karry  | E   |  |
|  | of County Leader  |   |  |
|  | APPROVED AND PAID,  |   | <b>1</b>   |

|                | John St. Will                         |   | Ordinary of said County,             |
|----------------|---------------------------------------|---|--------------------------------------|
| do certify th  | hat I am well acquainte               | ed with L. J. MC  | arrison                              |
|                |                                       |   | ed that the statements made          |
|                |                                       |   | adividual he represents himself      |
| -              | hat he resides in this Co             |   | rational in represents intersect     |
| to be, and the |                                       | rial signature and seal   | ΔΝ 2-                                |
|                |                                       |   | this                                 |
|                | day of                                | 1907.   |                                      |
|                |                                       | John R  | Millionson.                          |
| your<br>seal   |                                       | ( , Ordinary  | F1114 County.                        |
| 1              | Nors.—Fill all bir<br>Nors.—All vouch | anks and of Company and Regi<br>ers and affidavite must bear da | ment.<br>se after January 1st, 1937. |
|                |                                       |   |                                      |

State of Georgia, Forsyth County.

1 9 V Jacco 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 Liceuses and Marriages Cerlifical of Jessi J. Harrison dust Cerlifical of Jessi J. Harrison dust Cerlifical of Jessi J. Harrison

with the original second thereot, 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 SS day of May 1912

A Dece V

### Application for Pension Due Deceased Soldier

UNDER ACT APPROVED OCTOBER 9, 1891.

| STATE OF GEORGIA County,   |
|--|
| Personally before me comes Mrs Sannac Course of said county,   |
| after being duly sworn, on oath says that she is the widow of F. Carrison  |
| who was duly enrolled as a Constitution Pensioner from the county  |
| of Fully and was paid a pension of One Houndier  |
| Dollars from   |
| died in county on  |
| the day of deep 1994, and at the time of his death a Pension   |
| of Court County  |
| and unpaid for 1984. Applicant further swears that she married the said on the lotter day of Mariok  |
| 18/13, in French county and State of Lerrica 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.   |
| Sworp to and subscribed before me this 2 2 day of home 1902  |
| LAU AF I IN IN   |
| The Continue Ordinary,   |
| Tulton County.   |
| anna Il Amiron [L.S.]  |
| AFFIDAVIT OF WITNESS.  GEORGIA, Author County.   |
| AFFIDAVIT OF WITNESS.  |
| AFFIDAVIT OF WITNESS.  GEORGIA, Suttan County.   |
| AFFIDAVIT OF WITNESS.  GEORGIA, County.  Personally before me comes of the county.  Who  |
| County.  AFFIDAVIT OF WITNESS.  GEORGIA, Surface County.  Personally before me comes of the county while in life and that he knows has been made and that he knows that the said the above applicant; that he knows that the said the county while in life and that he knows that he knows that the said the county while in life and that he knows that he knows that the said the county while in life and that he knows that the said the county while in life and that he knows that the said the county while in life and that he knows that the said the county while in life and the county while and the county while in life and the county while while in life and the county while in life and the county while while and the county whi |
| AFFIDAVIT OF WITNESS.  GEORGIA, Lower County.  Personally before me comes of the county while in life and that he knows has good Mrs. County while in life and that he knows has good Mrs. County while in life  |
| AFFIDAVIT OF WITNESS.  GEORGIA, County.  Personally before me comes of the county while in life and that he knows has been marked to the above applicant; that he knows that the said and the county of the county o |
| AFFIDAVIT OF WITNESS.  GEORGIA, County.  Personally before me comes of the county while in life and that he knows that the said for the above applicant; that he knows that the said form of law married in the county   |
| AFFIDAVIT OF WITNESS.  OBORGIA, Justine County.  Personally before me comes of the County while in life and that he knows has been written and that he knows that the said of the above applicant; that he knows that the said of the county of  |
| AFFIDAVIT OF WITNESS.  OBORGIA, Justine County.  Personally before me comes of the County while in life and that he knows has been written and that he knows that the said of the above applicant; that he knows that the said of the county of  |
| AFFIDAVIT OF WITNESS.  GEORGIA, July County.  Personally before me comes of the said while in life and that he knows that he knows that the said the above applicant; that he knows that the said and the said were in due form of law married in the county of the day of the said and the said were in due form of law married in the county of the said and were in due form of law married in the county of the said and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from date of marriage to the day of his death on the said together as husband and wife from the said together as husband and wife from the said toget |
| AFFIDAVIT OF WITNESS.  OBORGIA, Justine County.  Personally before me comes of the County while in life and that he knows has been written and that he knows that the said of the above applicant; that he knows that the said of the county of  |

NOTE 1st.—This form can be used by guardian or minor children where there is no widow

Stal of Georgia to any Ordained for eight Colunty minutes, of the Grace or Hotory Cubic and to Office Suchics of the Grace for more hereby withought to John Mass Comming to Harrison and miss Comming to the Constitution and laws of this Stale, and for so doing this whall be your sufficient lienes Sires under my hand and seal of Coffice this 18 day of March 1818, Mand Bently Ordinary

Foragin County Mr Jeste & Harrison

were duly joined in matricion by me actording to the above liches

This The 16 " day of March 1878

CLOVILLE

I hereby certify That

land Miss & L Survis

Norm lat.—This form can be used by guardian or misor children where there is no widow.

GEORGIA, Wall County.

1 Certify, That J. S. Sarrison

the holder at this Certified was Disabled Conscious, and paid the sum of CNC Street & red \$10000 \text{Tribates}

trom this County, in 1903, and that he, or she; now cesides in Tellon,

County.

Green under my hand and afficial signature, this Jama? 11. 190.

Midway

land Miss & L Sturis the The 16 " day of March 1878 467 Venalle WIDOW'S APPLICATION

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

Namagulia Harrison Widow of Will Harrison

19 ga Date of Marriage Nov

019

Approved Julin W. Celani

Ordinary's Certificate

STATE OF GEORGIA,

1. Then H. Hollies - Ordinary of said County, do certify that I know Mrzybla H. Charles - the applicant for pension; that she is the person

davits, and that they are truthful and trustworthy and their statem ents are entitled to full faith

and credit

Before an ejections are answered the Ordering shall rever applicant and the witness in the following worn to add the process of the questions asked out and the evidence you shall give still be the truth. So help you God.

All officiarity must be suite before the Ordering shall be the County of t Civen under my hand and official seal of office the day of FR (SEAL OF ORDINARY) . 192 7

1-8-28

### Congress of the United States Bouse of Representatibes Mashington, B. C.

Gainesville, Ga. December 30, 1927.

Hon. Thos. H. Jeffreys, Atlanta, Ga.

Pear 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. Davie 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 y u will remain in office just as long as you want it.

With every expression of kindest regards and best wishes, I am

| Ordinary's Certificate   |
|--|
| STATE OF GEORGIA.  COUNTY.  I. The Holden County.  Ordinary of said County, do certify that I know Mindela 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 & D. Harrison. the witness are the said and that both the foregoing were duly sworn by go before signing the respective affi   |
| davits, 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 day of the control of |

Instructions.

Instructions.

Instructions.

Instructions are answered the Ordinary shall swear applicant and the witness in the following words: 
You solemnly swear that you will true sarawers make to each of the questions saked you and the wridence 
you shall give will be the truth. So help you God.\*

A didtional affidavits must be made before the Ordinary of the County of residence.

A did stification to the made before the Ordinary of the County of residence.

A did stification who are married pirtor to first Samuray, 1854, are entitled.

Only widows of Diabeled Penaloners must use the Blue Application Blank and state and prove full torm of husband's service—because Disabled Penaloners must use the Blue Application Blank and state and prove full torm of husband's service—because Disabled Penaloners must use the Blue Application Blank and state and prove full torm of husband's service—because Disabled Penaloners.

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### APPLICATION FOR PENSION BY A WIDOW

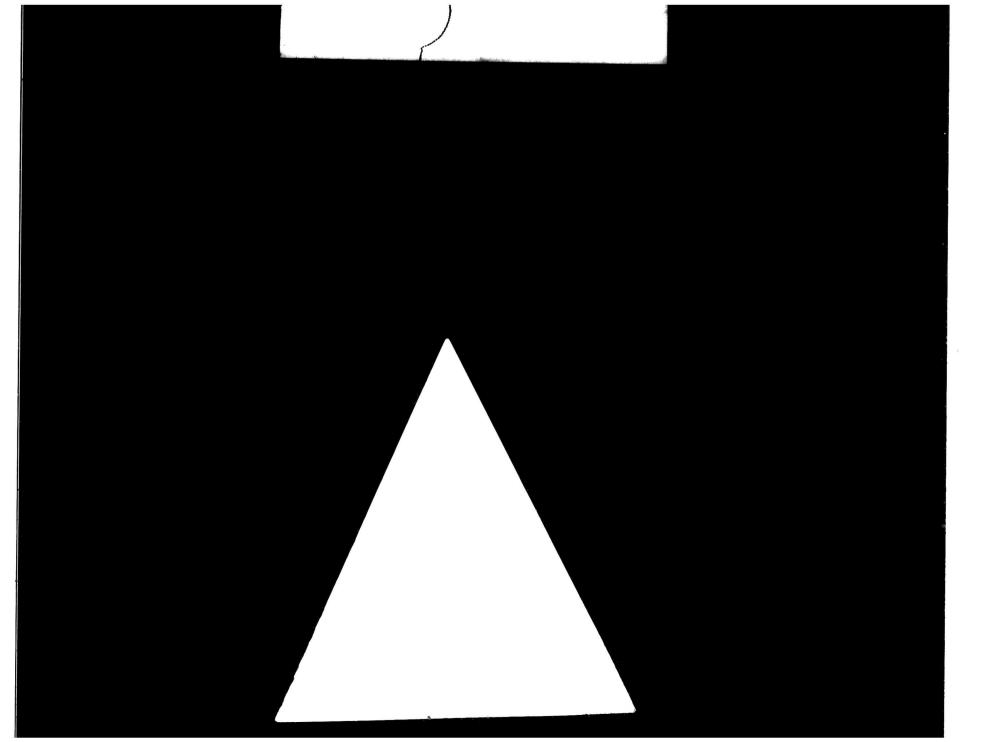
Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

COUNTY.

STATE OF GEORGIA,

| Personally before me comes Julia Harrison of said County,  |
|--|
| who, after having been duly swood, says that she is the widow of Um 14. Harres   |
| to whom, in the County of State of State of State on she was married on  |
| the day of Nov 1874, and that she remained his wife, and resided with him to   |
| the date of his death in 1000 11 1937 and that she has not since his death remarried; at   |
| the time of his death he was a resident of the County, in said State   |
| of Georgia, and he was on the Tuesday Pension Roll of the State and paid a pension   |
| of \$200 in County for 1987. (per annum), on account of being a soldier in   |
| Company Regiment 1954 (Volunteers or State Militia).   |
| That she is now a bona fide resident citizen of said State of Sea and she has, continuously, resided there exceed the sea of the sea |
| Sworn to and subscribed before me, this the  |
| 31 day of Lee 1927   |
| as Batuton Ordinary Mrs. Julia & Harrison  |
| of + celler county.  |
| (SEAL OF THE ORDINARY.)  |
|  |
| Affidavit of Witness to Prove Marriage and Date of Death of Husband.   |
| STATE OF GEORGIA,  Tulkou QUINTY.  |
| Personally before me comes & 2 - Hausson 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. that of deponent is own personal knowledge, Mrs. that of the first is own personal knowledge, Mrs. the first is own personal knowledge, Mrs. that of the first is own personal knowledge, Mrs. that of the first is own personal knowledge, Mrs. that of the first is own personal knowledge, Mrs. th |
| affidavit, is the lawful widow of with flamation who died in the blow  |
| County in said State of on the day of the 1977,  |
| and that she has not since remarried; that she became the wife of  |
| to the sale after death or select 1977   |
| and wife, continuously, since 7 11 19 and that   |
| was the same man who was on the pension roll of said State 34 from Taulben   |
| Countywhen he died.  |
| Sworn to and subscribed before me, this the  |
| 31 day of Dec 189 189 17   |
| then Regardite ordinary 5. 17 arrison  |
| of Fulton County.  |
| (SEAL OF ORDINARY)   |

and that she has not since remarried; that she became the to day of the gling gling to the and he had resided together as husband to the the grant gline grant that was the same man who was on the pension roll of said State Sworn to and subscribed before me, this the 31 day of De Fulton (SEAL OF ORDINARY) Georgia Face 60 Cersonally Came defor me af mayor a Justice of the peace in and for Sand State and County & a mooney who being only Sworn according to law dispose and Says that he was theolon It I Harrison and Julia Orr Surce 1973 and that day wom married in the year 1874 and hun been living toglither Continuously Since that time deforment funter Says that he is not related to enter party and has no Intuist whatever entany Swoon to and Subscribed before me this 29 th day of Der 1927 af Waigne N. O. JO



| nont ulton mining  | NOTES  | Sworn (SEAL   | the wit  | and w  | that I   |
|--|--|---|--|--|--|
| Widow's Pension Under Act 1910—as Amended by Act of 1919.  County Tultors Name M.M. M. A. Marrison | Before any questions are assert:  'You do seeinally serve that ?  you shall give will be the truth. Additional affects may be att. Add you will be a served point of the angle | rerthy, and their statements are entitled to full faith and -redii<br>Sworn under my hand and official seal of office this, 175<br>(SBAL) | the witness who swears to the service of hus the service of hus the Clark that the control of the service of hus were duly sworn by medicione signing the        | is the person side represents herself to be and the is a bone fide continuing resident citizen of said County and was on the 4th November 1908; that I also know $\mathcal{M}$ $\mathcal{O}$ $\mathcal{E}$ $\mathcal{E}$ $\mathcal{E}$ $\mathcal{E}$ $\mathcal{E}$ $\mathcal{E}$ $\mathcal{E}$   | that I know Marie a  |
| Widow of Sarefind T. Horranou<br>Company Menta & E<br>Regiment 60th Qa. 2" (C. Approved            | red the Ordinary shall swear as<br>on will true namers make to see<br>to help you God. "On the proof we immediated if that he proof are intention to January 18, 1881, are suite<br>fore the Ordinary of the residence of the residence of the residence of obtainable. If not   | ed to full faith and -redit.  | rrice of husband; that both of them are now residents of said County and LOLIA.  COLIA  signing the foregoing affidavits and that they both are truthful, trust. | be and the is a bons fide of the late of t | lotamo   |
|  | we applicant and the extreme in the following in such of the questions and the insufficient contract of the person to be seen and our readscare of the person to be seen and our first one, prove marriage, by some person, or by  | May & ct  | shand: that both of them are now residents of said County and<br>foregoing affidavits and that they both are truthful, trust                                     | outinuing resident citizen   | Ordinary of said County, do certify the applicant for penaion. She |
| J. W. LINDSEY. Commissioner of Pensions.  Bred Printing Co., Stale Printers, Atlanta.              | sad the evidence<br>and cortified by<br>and cortified by   | Ordinary,   | id County and<br>ruthful, trust-   | of said County   | unty, do certify<br>pension. She                                   |

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### Ordinary's Certificate

| EORGIA.  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| i con  |  | COUNTY   |  |  |  |  |
| 14 .   | ant to she   | Sv   |  | Ordina   | ry of said Co  | unty, do certify   |
| ilai   | iei  | Har  | no.  | the  | applicant fo   | r pension. She   |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| n by me belo   | CCOLIL   | e foregoing af   | fidevite and   | that they  | both are   | muthful tunet  |
|  |  |  |  |  | isotti are   | trutini, trust-  |
|  |  |  | -11  | 2 6  | Det  | 19/4   |
|  |  | or other time  | 3  | Van  |  | ,  |
|  |  |  | 4  | 1/11/  |  | Ordinary,  |
|  |  |  |  | <b>P</b>   |  | County   |
|  |  |  |  |  |  |  |
| fficients of a control<br>Ordinary<br>Secretific of a    | e on to tarfore  | the Ordinary of  | the residence  | of the perm  |  |  |
| Juder Act 1910 - as Amended by Act of 1919 Jounty Tulkar | Name Mrs. M. a. Harrison.  | Company 2000 Co. Company 2000 Co.  | Approved   |  |  | J. W. LINDSEY. Commissioner of Pensions. Byth Printing Co., Basis Printing, Abanta.  |
|  | he represents the November of the November of the November of the theory | the represents force of the left of the last of the service of the service of the last of the | be represents here of to be and she is a a little November 1968. That I also keep a sewers to the service of hisband, that i also wears to the service of hisband, that i consistent the major of the service of hisband, that i may hand a od official seal of office this my hand a od official seal of office this my hand a od official seal of office this are my hand and official seal of office this are my hand a od official seal of office this are my hand a od official seal of office this are my hand and affiliate may be attended if blanks per seal of a office the my hand a od office the my hand of the original of blanks per seal of the original of blanks per seal of the original orig | be represents tiers I to be and she is a boun fide on the November 1908. That Lake kn as L. C. Associates to the service of his-band, that both of them to be my before signing the foregoing affidavits and our statements are entitled to full faith and credit.  The my hand and official seal of office this T. Ada to the massers make to said affoliate seal of the savers make to said and affoliate me to be affected if block make are useffice at mis who make the said affoliate me to mis before the tellinary of the resident to entitle or one of the same of the same to be affected to the tellinary of the resident to extra the credit of the same of the same of the same to be same to the same of the same of the same to be same to the same | Ordina the fire presents first of the and she is a boun fide continuing row of the November 1908. That I also know the P. J. J. L. sawars to the service of hisband, that both of them are now row to the many theory signing the foregoing affidavita and that they are statements are entitled to full faith and credit.  The my hand and official seal of office this T. day of the many hand and official seal of office this T. day of the my hand and official seal of office this T. day of the my hand and official seal of office this T. day of the my hand and office the seal of the question of affabrica to the major that attends to the day agree are anothered as a seal of affabrica major to the day of the residence of the percentage of the my of the third of the residence of the percentage of the certific of the seal of th | Ordinary of said Co the representations of the fee and she is a bone fide continuing resident citizen.  At November 1908 that Laise know the Progress of the service of husband, that both of them are now residents of said the major signing the foregoing affidavits and that they both are not statements are entitled to full faith and credit.  The major is are unserted to full faith and credit.  The major is are unserted to full faith and credit.  The major is are unserted to full faith and credit.  The major is are unserted to full faith and credit.  The major is are unserted to full faith and credit.  The major is are unserted to full faith and credit.  The major is are unserted to full faith and credit.  The major is are unserted to full faith and credit in the present to be among and affidavits one to make for the full faith of the condense of the present to be among to credit the condense of the present to be among to credit the condense of the present to be among to credit the condense of the present to be among to credit the condense of the present to be among to credit the condense of the present to be among to credit the condense of the present to be among to credit the condense of the present to be among to credit the condense of the present to be among to credit the condense of the present to be among to credit the condense of the present to be among to credit the condense of the present to be among to credit the condense of the present to be among the credit to credit the credit the credit the credit the cred |

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

### Questions for Applicant

| STATE OF GEORGIA,  |      |
|--|------|
| FultanCOUNTY.  |      |
| 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 cut the same, true answers makes to   |      |
| the following questions to-wit:  |      |
| 1. What is your name, and where do you reside! Mathe the Harmson  2. How long and since when have you been a continuing resident of the State of Georgia!  All My fact & Rogert Shout six  |      |
| 3 When, where and to whom were you married! Language Is, Hayne on January 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |      |
| 4 When, where and in what Company and Regiment did your husband enlist as a soldier in Con-  |      |
| Instruction Army or Georgia Militia (State the arms and class of Service, taxal for end are  |      |
| 6. When and where did the commands of your husband surrender or discharge from the army for 1th 1865   | _    |
| 6 Was your husband personally present at the time of the surrender or discharge of this command!.  7 If he was not present state clearly where he was!   | •    |
| 7 III  |      |
| 7 If he was not present state clearly where he was!  |      |
| 8. Where was his command when he left! Gettys.burg. ya.  |      |
| a For what cause did he leave his command  |      |
| b. By whose authority did he leave his command?  | 5    |
| c. For how long was he granted leave of absence !  |      |
| c. What was his physical condition when he left his command!   | -    |
| f. What effort did he make to return to his command! Hald as primoner at Pt Lookout, C.  |      |
| g In what way was he prevented from going back to Command  | 1    |
| h. Was he captured by the enemy at any time!   | : 1  |
| Captured at Gottle Countries Latin L | 1011 |
| When and where did your first husband die! Theanh Illa . January 2nd 1089  | 1    |
| k. Were you residing together when he died!  |      |
| ! It not, how long had you resided apart!  | 1    |
| m Are you now a widow!   | C    |
| 9. Have you or your husband heretofore been paid a pension by the State!   | 9    |
| If so, when and for what cause were you or your husband placed on the roll!  |      |
| Lear as year.  | 1    |
| Sworn to and subscribed before me this the   | 1    |
| Just Andrew Ordinary   | 1    |
| of Tulle County  |      |
| (SEAL)   | •    |

#### Questions for Witnesses as to Service of Husband and Marriage STATE OF GEORGIA. ---- Fulton .... COUNTY 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. Brooke ; Atlanta, Ga. ..... 2. How long and since when have you known Mrs. M.A. Harrison applicant! Romasakandak Dont know ber 3. How long and since when has she continuously resided in this State! (Give date.) Dent knew 4. When and to whom was she married ! . . Sanford T . Harrison How do you know! 5 How long and since when did you know. Sanfard T Harrisan her hosband! Prom July 1861 the husband of applicant, die! ...... Eont. kmx 7. Were the applicant and her husband living together as husband and wife at the date of his death? Dent knew 8 If not, how long did they live apart before his death! 9 When, where and in what Company and Regiment did Sanford T Harrison enlist July 1861, Meriwether Co., Ga. Co. "E". 2nd N. C. Est. (When formed was known as Anthony Grays) Were you a member of the same Company ( Yea 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 we transferred to Co 12 When and where did his Command surrender, and was discharged; Co. "A" 60th Ga. aurrandered Appointtox Courthouse. April 1565 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 where was he' Never laft bis command until after ..... When, where and for what I wasmember of asme company and saw him corstantly in service ..... 15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com mand ! 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 19.19

(SEAL)

of Fulton County

14 Was the hasband of applicant personally present at surrender! YRE If not where was he! REVER LETT bis COMMAND Until After When, where and for what BUTF and GO When the leave Command (Give date) By whose authority did he leave his Command! Give date By whose authority did he leave his Command! How do you know all this!

I WASHERDER OF REME COLUMN AND REW him SO IRLANDLY in SURVICE

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 Sert 1919

Land Officer County

Ordinary

of Palton 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, Jeorgia, 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.

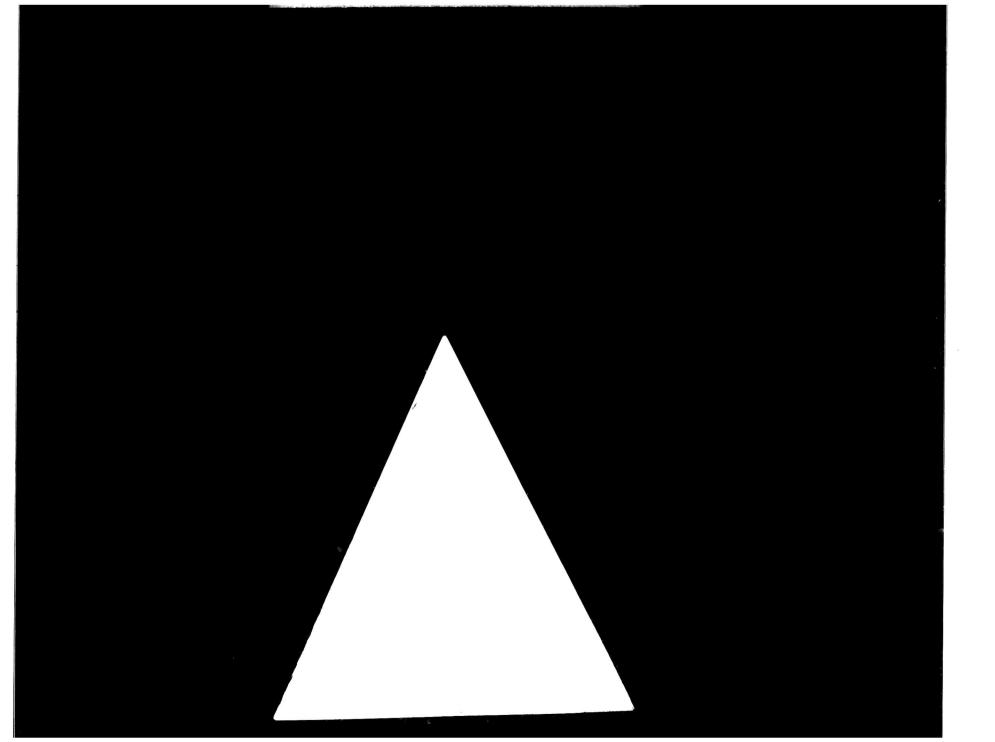
Sworn to and subscribed before me

this September 22, 1919

mrs. Isalell

mari

ORDINA



Harrisa , Rows - A. APPLICATION FOR ALLOWANCE FOR YEAR ENGING, DCT. 36, 7880. Los Milest times Applicant 10 A Human County Fellow Amount 10 2 1 Date of Warrant Lefa Entered on Record,

Applicant Power Residence of the Sale of Warrent Power of

STATE OF GEORGIA.

PRESONALLY appears Proce A. Harmon House of County,
State of Georgia, who, being duly sworp, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the day of the Confederate of human states of human source of the Confederate on the States (or of the States, and in Company of the States, and in Company of the States, and in Company of the States and in Company of the States of t

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 of A Herrison 1
the de day of Filming 1889

With the Calling

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

#### STATE OF GEORGIA.

PERSONALLY comes before me Ordinary of said county.

and both known to me as reputible physicians of said county, who, being severally sworn, say on oath that they have carefully examined.

and after wich examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this day of 188 5 wolld see and of years.

Norm.—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,   | ounty.  | STATE OF GEODESIA  |
|---|---|--|
|   | with Rowe and am well satisfied the is disabled to the ear  | hat the statements made by him tent he claims, and I know he is  |
| are persons of respectability, and that I further certify that affidavits were made and power of atte of said county, and that the said affide Gaven under my official signature  | orney was signed, is a avits and signatures t   | before whom the foregoing  |
|   |   | dracecon County.   |
|   |   | the state of the state of  |
| POWER   | OF ATTORNE  | EY.  |
| STATE OF GEORGIA.   | unts (  | /  |
| KNOW ALL MEN BY THESE PRES  | SENTS That I  |  |
|   | of  | 'V': " '   |
| ounty, in said State, do hereby appoint of me and in my name, to receive and rector from the State of Georgia by reason vice of the Confederate States (or of the authorizing my said attorney to receip the Governor, or for any sum of money In witness whereof I have hereun | my true a<br>eipt for whatever am<br>of the injury received<br>its State), as stated in<br>t in my name for any<br>which may be comin | as aforesaid in the military ser-<br>the foregoing affidavit; hereby<br>Warrant that may be issued by<br>g to me for the reason aforesaid. |
| day of  | 188   | the way in the con-  |
| Executed in the presence of us  | <b>)</b>  | (L. S.)  |
| D   | RECTION:  | of a start and games   |
| Send money to me as follows, by   | L   | 10, 652  |
| ACCOMMUNICATION OF PRINCIP  | County, Georg   |  |
|   | County, Georg   | ia.  |

#### MOTES.

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 usseless.

3. It will not answer to say that an arm is "substantially usseless 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 usseless."

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 srutch for stick, that the leg is not "substantially and essentially useless."

5. If application is for loss off fingers or toes the proofs must be made to show the number, and points where suputated.

6. If papara are returned for correction, and amendments are asked to any of the affidavits; the amendments must be made ander 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 continuous of the applicant. The certificate of any other will not be received it to any of the residence of the applicant. The certificate of any other will not be received it to any of the applicant.

STATE OF GEORGIA, Incin I, M. L. Localina Ordinary of said county.
do certify that I am well acquainted with Rose & He armore 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 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. atures thereto are genuine.

Given under my official signature and seal, this // day of February 1890 mx de customa. Ordinary Face County

STATE OF GEORGIA, I, 9 Plesellin Ordinary of said do certify that I am well acquainted with R. A 26 arrison Ordinary of said County, 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 1262 1891. Ordinary Hullon County

| STATE OF GEORGIA,  |
|--|
| Harring County.  |
| PERSONALLY appears Ros A. Harrism of Fretton county,   |
| State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and   |
|  |
|  |
| ; that he enlisted in the military service of the Con-   |
| federate States (or of the State of  |
| States, and served as a Porrote in Company , of 14 th Regiment   |
| of Sco Volunteers 's Brigade; that whilst engaged  |
| in such military service, at the battle of Maldung in the State  |
| of ta on the day of Many 1864, he was  |
| wounded as tollows: from short wound of the  |
| Wife arm cousing ourpulation   |
| or de James Allow the & chair  |
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| 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  |
| Sworn to and subscribed before me, this the \ \mathcal{N} \mathcal |
| 11 day of February 1800  |
|  |
| Note: State fully nature of wound or change grant disease which causes the disability, and explain particularly the extent of  |
| NOTE. State fully nature of wound or characteristic disease which causes the disability, and explain particularly the extent of the disability   |
| DOWER OF ASSEDNEY  |
| POWER OF ATTORNEY.   |
| STATE OF GEORGIA   |
| County.  |
| KNOW ALL MEN BY THESE PRESENTS, That I,  |
| of   |
| county, in said State, do hereby appoint   |
| The financial with the control of th |
| 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 may hand and seal, this  |
| day of   |
| [L:8:]   |
| Executed in the presence of us:  |
| to the second se |
|  |
| DIRECTION.   |
| Send money to me as follows, by  |
| P.O.   |
| County, Georgia.   |
| *  |

| For Applicants He  | eretofore Allowed Pensions.  |
|--|--|
| STATE OF GEORGIA,  | i cholone.   |
| Hullon County  |  |
| PERSONALLY appears Ray   | To Ho anna of Fallen   |
| County, State of Georgia, who, being do  | uly sworn, says on oath that he is a bona fide citizen and   |
| resident of sald State, and has resided th   | erein continuously ever since the Burth  |
| day of 18  | 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  | in Company of 44 th Regimen  |
| Of Volunteers  | A Privade that while   |
| of on the  | True in the State  |
| wounded as follows: Coron  | hat arme of par  |
| wounded as tollows then Co   | and thomas of the  |
| If Mis Jan   | willow the ellow   |
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| ese con  |  |
| 70   |  |
| Deponent desires to participate in   | the benefits of the Act, approved October 24, 1887   |
| for the year ending October 26, 1891. I  | have heretofore been allowed a pension of  |
| One Windred  | dollars, for 1890  |
| Sworn to and subscribed before me, t   | dollars, for 1892<br>this, the R. A. Harrist   |
| _ 6 day of Felinery  | 1891.  |
| mille ille   | an Dollar  |
| Note.— State fully nature of wound or character of<br>the disability, resulting from the wound or disease. | of disease which causes the disability, and explans particularly the extent of                                   |
| POWER  | OF ATTORNEY.   |
| STATE OF GEORGIA.  | OF AFTORNET.   |
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| Know ali Men by these Pres   |  |
| of   | County. State of Georgia, do hereby appoint  |
| - :  | . County. State of Georgia, do hereby appoint  |
| of   | my true and lawful attorney in fact, for   |
| to from the State of Georgia by reason of  | pt for whatever amount of money I may be entitled<br>of the injury received as aforesaid in the military service |
| of the Confederate States (or of this State  | e), as stated in the foregoing affidavit: hereby authoriz-   |
| nor, or for any sum of money which may   | ne for any Warrant that may be issued by the Gover-<br>be coming to me for the reason aforesaid.                 |
| IN WITNESS WHEREOF, !  | have hereunto set my hand and seal, this   |
| day of   | 1891.  |
| BALL FLORE   |  |
| Executed in the presence of us   |  |
|  |  |
|  |  |
| Sand manay to me as follows by   | RECTION.   |
| Send money to me as follows, by  |  |

SOLDIER'S PENSION.

1892.

FOR THE VEAR EXPLOYED STORY COURTY. THE MAN AND STORY COURTY. THE MAN AND STORY COURTY. THE HARBON.

W. H. HARRISON.

Or. L le outhon Ordinary of said county,

Ordinary Threeton County.

do certify that I am well acquainted with R A 26 amount the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his

individual he repesents himself to be, and that he resides in this county.

said athdavit are true, and that he is disabled, to the extent he claims, and I know he is the

Given under my official signature and seal, this 4 day of Mo and 1802

STATE OF GEORGIA.

Fullow

POWER OF ATTORNEY.

STATE OF GEORGIA.

County, State of Georgia, do hereby appoint

Client ring and Mon by these Presents That

County, State of Georgia, do hereby appoint

Client ring and money and receipt for what yet and land and additionary in fact, for

making systems and receipt for what yet appoint of money 1 may be entitled to

from the State of Ceorgia by reason of the injury received as aforesaid in the military service of
the Confedence States for of this State), as stated in the disposition and with the military service of
the Confedence States for of this State), as stated in the thoughthy and and seal, this

and antigrant are time and hand the conting on the for the reason alone said.

PAPER THE SECTION IN THE RESOR. I have hereund that the state of the control of the control

wounded as follows: An in the partie of the mass wounded as follows: An in the mass wounded as follows: An in the mass of the

County, State of Georgia, who, being duly sworn, says on oath that he is a special fade chizen and resident of said State, and has resided therein continuously ever sings the day of.

18 1 that he enlisted in the military service of the Confederate States (as of the State of 19 that he enlisted in the military service of the Confederate States (as of the State of 19 that he collapsed in Company of 17 th Replacement of 19 that he company of 17 th Replacement of 19 that he company of 17 the Replacement of 19 that he company of 19 that he company

STATE OF GEORGIA, 1

For Applicants Heretofore Allowed Fensions.

County, Georgia.

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| All to be made of the state of the  | ACCOUNT OF THE PARTY OF THE PAR | ore Allowed Pensions.  |
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| 英語 ペチュト 保証し、 ミュリミリカ   | 1 4  |  |
| A PROPERTY OF THE PROPERTY OF | and the foundation of the Control of | AT A ATTACK TO A CHOINTO   |

| PRESENTATION OF COUNTY, State of Georgia, who, being duly sworn, says on oeth that he is a same field citizen and resident of said States, and has reliefed therein, continuously over since the day of States, and has reliefed therein, continuously over since the day of States, and has reliefed therein, continuously over since the day of States, and served as a large of day of during the war between the States, (or of the States of developing the war between the States, and served as a large of during the war between the States, and served as a large of during the war between the States, and served as a large of during the war between the state of large of the l | STATE OFIGE  | NUMBER OF THE PARTY OF   |  |  |            |
|--|--|--|--|--|------------|
| County, State of Georgia, who, being duly sworn, says on totals that he is a some field chisen and resident of said State, and has resided therein continuously ever since the day of Baccardea 1842; that he enlisted in the military service of the Concidents States for of the State of July 1842; that he enlisted in the military service of the Concidents States for of the State of July 1842; that he enlisted in the military service of the State of July 1842; the was vounded as follows: grant on the State of Maccardea, of the Maccardea, of the State of Maccardea, of the State of Maccardea, of the Maccar |  | A STATE OF THE STA |  | × 01   |            |
| restant of said State, and has realised therein continuously ever since the day of States of the State of 1842; that he enlisted in the military service of the Confederate States for of the State of developing the way between the State, and served as a MASTALE in Company 2 of 11 th Regiment of Mastale, and served as a MASTALE in Company 2 of 11 th Regiment of Mastale, and served as a MASTALE in Company 2 of 11 th Regiment of Mastale, and served as a MASTALE in Company 2 of 11 th Regiment of Mastale, and so that the State of Mastale, and the state amendatory thereof, and makes application for the alternated of Company 3 th 1887, and the acts amendatory thereof, and makes application for the alternated application is entitled for the year ending company 4, 183, that stemptone bean allowed a pension of Mastale, and the acts amendatory thereof, and makes application for the alternative bean allowed a pension of Mastale, and the state of Mastale, and an well saudafied, to the extent he claims, and I know he is the install affalaction of maches application to the content of the state of | County, State of Georgia   | a, who, being duly sw  | orn, says on oath th   | at he is a done fide citi  | sen and    |
| States, and served as a Mainteen of Company D. of 19 th Regiment the States, and served as a Mainteen D. Company D. of 19 th Regiment of Mainteen D. Order S. Brigade; that whilst engaged in such military service at the battle of Mainteen D. Order S. Brigade; that whilst engaged in such military service at the battle of Mainteen D. Order S. Brigade; that whilst engaged in in the State of Mainteen D. Order S. Brigade; that whilst engaged in such military service at the battle of Mainteen D. Order S. Brigade; that whilst engaged in the service at the battle of Mainteen D. Brigade; that whilst engaged in the service at the battle of Mainteen D. Brigade; that whilst engaged in the wound of State of Mainteen D. Brigade; that whilst engaged in the service at the service of the Act, approved Octabers at the 1887, and the acts amendatory thereof and mainteen application for the service to which he is entitled for the year ending October 26, 1893.  Deponent desires of pressure at the service of the Act, approved Octabers at the 1887, and the acts amendatory thereof and several at the service to which assess the subtlet, and applicable perfectively the extent of the County of Mainteen D. Brigade; that the service of the Act and the subtlet, resulting the the vessel or desired.  STATE OF GEORGIA;  DEFENDED TO THE STATE OF | resident of said State, an   | d has restried therein   | continuously ever at   | nee the  |            |
| States, and served as a March College of the Congress D of 11 th Regiment of March College of Volunteers Dockers of the Whilst engaged in such military service at the battle of March College of the March College of the State of March College of the Act, approved October 12 th, 1887, and the acts amendatory thereof, any realises profite of the Act, approved October 12 th, 1887, and the acts amendatory thereof, any realises profite of the Act, approved October 12 th, 1887, and the acts amendatory thereof, any realises profite of the Act, approved October 12 th, 1887, and the acts amendatory thereof, any realises profite on all department of the theory of the State o | federate States for of the   | e State of   | at he enlisted in the  | a military service of th   | e Con-     |
| of Markey service at the battle of the Act, approved October 12 4th, 1887, and the acts amendancy thereof any realises position for the allowance to which he is entitled for the year entiting october 26, 185, 1 have been plotted bean allowed a pension of the year entitled for the year entiting october 26, 185, 1 have been plotted bean allowed a pension of the year entitled for the year entitled beans of the Battley of the year entitled for the year entitled beans of the Battley of the year entitled for the year entitled beans of the Battley of the year entitled for the year entitled beans of the Battley of the year entitled for the year entitled beans of the Battley of the year should be been been allowed a pension of the same of the year should be been been allowed a pension of the same of the same of the same year of the year of |  |  |  |  |            |
| wounded as follows: Grand short research of the residence |  | 71.5   | ole B  |  |            |
| wounded as follows:  Companies 182 Annihilations of the Act, approved Octabers ath 1887, and the acts amendatory theorem and has been sufficient of the Act, approved Octabers ath 1887, and the acts amendatory theorem and make application for the ellowance to which he is entitled for the year ending Octaber 16, 1893.  I have been allowed a pension of the Act, approved Octabers ath 1887, and the year ending Octaber 16, 1893.  Sworn to and a been been the been allowed a pension of the year ending Octaber 16, 1893.  Sworn to and a been been been the been allowed a pension of the country, resulting from the wound or character of disease which assess the disability, and explore particularly the extent of the country, resulting from the wound or disease.  STATE OF GEORGIA,  There are the foregoing and analysis, and and well satisfied that the statements made by him in his applicant in the foregoing additional with the statement of the individual he represents hissaction of the annihilation of the individual he represents hissaction for the annihilation of the statement of the individual he represents hissaction from the residualistic Country, the country of the statement of the individual he represents hissaction from the residualistic Country, was a figured, it a become another to represent the statement of the individual he represents hissaction from the property of another, was figured, it a become another to represent the state affidiation and the country of the property of the state affidiation and the country of the property of the state affidiation and the country of the property of the state affidiation and the country of the property of the state affidiation and the country of the property of the state affidiation and the country of the property of the state affidiation and the country of the property of  | such military service at the   | 40.00  | derness  | in ti  |            |
| Deponent desinate to practicate in the henefits of the Act, approved Octaber a the 1887, and the acts amendatory thereof any makes application for the allowable to which his is entitled for the year ending Octaber 76, 1897. I have forestories been allowed a pension of the year ending Octaber 76, 1897. I have forestories been allowed a pension of the year ending Octaber 76, 1897. I have forestories been allowed a pension of the year ending Octaber 76, 1897. Sworn to and as beerfield bilibre me, this, the Republic of the year ending of the pension of the control of the second of the pension of the control of the pension of the control of the con | The state of the s | 7 7 7  |  |  | he was     |
| Deponent desinus to practiculate in the henefits of the Act, approved Octaberra the 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending Octaber 36, 180. I have ferrestories been allowed a pension of the year ending Octaber 36, 180. I have ferrestories been allowed a pension of the year ending Octaber 36, 180. I have ferrestories been allowed a pension of the year ending Octaber 36, 180. I have forestories been allowed a pension of the sweet of the second of t | Address of the same and the same of the sa |  |  |  | m          |
| Deponent desirate to pressible see in the henefits of the Act, approved Octaber a 4th 1887, and the acts amendatory there on the lines application for the allegation to which he is entitled for the year ending Octaber 16, 1891. I have derectore been allowed a pension of Octaber 16, 1891. I have derectore been allowed a pension of Octaber 16, 1891. I have derectore been allowed a pension of Octaber 16, 1891. I have derectored been allowed a pension of Octaber 16, 1891. I have been allowed a pension of Octaber 18, 1892. I have been allowed a pension of Octaber 18 |  |  | 7 3  | es variat  |            |
| Deponent desiration prestations in the henefits of the Act, approved October is 4th 1887, and the acts amendatory thereof and makes application for the ellewance to which he is entitled for the year ending October 16, 1873. I have bleentplore been allowed a pension of the year ending October 16, 1873. I have bleentplore been allowed a pension of the year ending October 16, 1873. I dollars for 1873.  Sworn to and alberthed biliner me, this, the R. R. N.   | The second   | \$ B   | Her .  |  | 1          |
| Deponent desires to practicate in the henefits of the Act, approved Octabers ath. 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending Octaber 36, 1802. I have forestored been allowed a pension of the year ending Octaber 36, 1802. I have forestored been allowed a pension of the year ending Octaber 36, 1802. I have forestored been allowed a pension of the year ending Octaber 36, 1802. I have forestored been allowed a pension of the entitled for the year of the  | *  |  | 114  | - 1188   | + +++      |
| Sworn to and all bearined biliner me, this, the PANADON Aday of May of M | <b>y</b>   |  |  |  | -4-        |
| Sworn to and all bearined biliner me, this, the PANADON Aday of May of M | Deponent designator  | traditions to the be   | nefits of the Act and  |  | -4-1       |
| Sworn to and all bearined biliner me, this, the PANADON Aday of May of M | the acts amendatory then   | oof, and makes applic  | ation for the allows   | nce to which he is entit   | led for    |
| day of Care 1893.  Where These bully nature of women of discounts which assess the distribution for discounty the extent of the control of th | One Was  | died de  | lara for 1772  | a pension of   | }          |
| day of County.  When the belt return of women of disease which pursue the deathing, and exploits particularly the extent of the exhibit, resulting from the remaind of disease.  Contain the contained of disease.  Contained the contained of disease.  Contained the contained of disease.  Contained the contained of disease contained of the containe | Sworn to and subser  | iped cembra me, this, t  | 10 13 X  | March  | 100        |
| STATE OF GEORGIA.  STATE OF GEORGIA:  In the second of the | day of   | March 189  | 3. }   |  |            |
| STATE OF GEORGIA.  STATE OF GEORGIA:  In the second of the | mode   | bouch  | on one   |  |            |
| STATE OF GEORGIA,  1.  | MoraState fully nature of w  | round or character of disease  | which causes the disability,   | and enplain particularly the ext   | ent of the |
| i. M. R. L. C. L. C. L. C. L. C. L. C.   |  | California Committee   | . Growia   |  |            |
| do certify that I am well acquainted with R. R. Manacan the applicant in the foregoing affidavit, and am well sadsfied 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 be represents the eligible to be, and that he resides thinking County.  **Manacan and the same true and that he resides thinking County.  **Product American the eligible to be and that he resides thinking County.  **Product American the eligible to be an individual by the county of the eligible to the entire that the eligible to the eligib | 100 A F 1 W 1  | 199  | P  |  |            |
| do certify that I am well acquainted with R. R. Manacan the applicant in the foregoing affidavit, and am well sadsfied 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 be represents the eligible to be, and that he resides thinking County.  **Manacan and the same true and that he resides thinking County.  **Product American the eligible to be and that he resides thinking County.  **Product American the eligible to be an individual by the county of the eligible to the entire that the eligible to the eligib | 1 7.2  | ballan   | CTION.   | Ordinary of sold (   | Canata     |
| applicant in the foregoing affidavit, and an well suisfied 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 be represents his self-go be, and that he reades his this County.  Advantage of the county is a county of the county of | do certify that I am well  | . 40   | MIDIC  |  |            |
| said affidavit are true, and that he is elicibled, to the extent he claims, and I know he is the in- dividual be represents historic pope, and that he resides bothlis County.  I have be a supplied to the county of the county o | . 5.0  | AND THE RESERVE  |  | 2  |            |
| dividual be represents his selfero be, and that he resides bothle County.  In the third that the term of the term  |  |  |  |  |            |
| Chen under my official signature and sea, this the support growth of processing and processing a | 1. 10 10 10 10 10 10 10 10 10 10 10 10 10  |  | 100  | 47.  | rije in-   |
| cot and groun or motion, exercise at the column to the col | The state of the s | Service State of the State of t | The state of the s |  |            |
| Low moder my official signature and seal, this had constructed the moder my official signature and seal, this had been under my official signature and seal this had been under my official signature and seal, this had been under my official signature and seal this had been under |  |  |  |  |            |
| the transfer my official signature and sea (the contraction is a specially of under June 16.0).  Civen under my official signature and sea (the contraction of the co |  |  |  |  |            |
| Given under my official signature and east, this day of the control of the contro | The State of Land  | a by reason of the inti  | Whategelveel as along  | said to the military set   | ryide of   |
| The state of the s | Given under my offi  | cial signature and seal  | this / Zuna  | and land autorack in   | 1802       |
|  |  | ony  | יום בומים איין ווווים  | A STATE OF THE STA |            |
| Know all Man by these Presents That I.   | Khow all Men by  | these Presents   | That IV  |  |            |
| County County  | 116  | County ) Oigh  | lary   | asses  | County.    |
| STATE OF GEORGIA.  | STATE OF GEG   | ORGIA: J   | and a  |  |            |
| POWER OF ATTORNEY.   | A TH   | OWEROF   | ALTORN   | EXM  | . M. I.    |

### DOWED OF ATTODMEY

| POWER OF ATTORNEY.   | POWER OF ATTORNEY.  |
|--|---|
| STATE OF GEORGIA.  | STATE OF GEORGIA,   |
| }  | County.   |
| COUNTY.)   | KNOW ALL MEN BY THESE PRESENTS, That I,   |
| Know all Men by these Presents. That I,  | of  |
| of   | County, State of Georgia, do hereby appoint   |
| County, State of Georgia, do hereby appoint  | ofmy true and lawful attorney in fact, for  |
| of,my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of jumpy 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 authoriting my said Attorney to receipt in my name for any Warrant that may be based 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.   | me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have becounts set my hand and soil, this  |
| day of 1804.   | day of1895.   |
| Executed in the presence of us   | Executed in presence of us  |
| DIDECTIONS   | DIRECTIONS.   |
| DIRECTIONS.  | Send money to me as follows, by   |
| to P. O.   | Γ. O.   |
| County, Georgia.   | County, Georgia.  |
| Commy, Crongon.  |   |
| Soldigr's PRPSIOD.  Soldigr's PRPSIOD.  ISSPE.  Name R.A. Harrison County Ralton Disability Loss of arm Kinemat & 100, N. H. HARRISON, Sorrelary Exerutive Department. WARRANT BANDER TO COMMANDER TO CO | SOLDIER'S PENSION.  SOLDIER'S PENSION.  1895.  Name 3.4. Patrison  County 3040C  Breakling 1035 of 27 E  Amount, 8  Rightard Johnson,  Nordery Executive Department.  WARRANT BARDED TO  WARRANT BARDED TO |
| * *  |   |

STATE OF GEORGIA.

Milton

Affix jour seal here

| Personally appears R                             | .A.Harrison                    | of                        | Fulton                   |
|--|--------------------------------|---------------------------|--------------------------|
| County, State of Georgia, who, I                 |                                |                           |                          |
| and resident of said Scate, and in               |                                |                           |                          |
|  |                                | d in the military serv    | rice of the Con-         |
| federate States (or of the State of              |                                |                           | var between the          |
|  |                                | in Company 7, of 4        |                          |
| of Georgia Voluntee                              | 1000                           | 's Brigade; that wh       |                          |
| of Virgina on t                                  |                                |                           | in the State             |
| of Virgina , on t                                | he 5th day                     |                           | 186 4, he was            |
| tation of the same belo                          |                                | right arm daustr          | ng sna ampu-             |
| 54515 1 M5 BW15 D51                              | 94 314 41.04                   |                           |                          |
|  |                                |                           |                          |
|  |                                |                           |                          |
|  |                                |                           |                          |
|  |                                |                           | ,                        |
| Deponent desires to participa                    | te in the benefits of          | the Act, approved Octo    | ber 24th, 1887.          |
| and the acts amendatory thereof,                 | and makes applicat             | ion for the allowance     | to which he is           |
| entitled for the year ending Octo                | ber 26, 1894. I have           | heretofore been allow     | ed a pension of          |
| herburk en                                       | dollars, for                   | the year 189 3            | 10                       |
| Sworn to and subscribed bef                      | ore me, this, the              | RA Har                    | rist.                    |
|  |                                |                           |                          |
| M. L. Calhon                                     | 2 Ommas                        |                           |                          |
| Norm State fully the nature of wound or          | character of disease which can | the dealulity and confirm | and and and a the extent |
| of the desability resulting from the wound or di | aven.                          | /                         | arrange the extent       |
|  |                                |                           |                          |
| STATE OF GEORGIA                                 | ۸. ۱                           |                           |                          |
|  | 1,1,1                          |                           |                          |
| I. W.Y   |                                |                           |                          |
| do certify that I am well acquain                | o Callingur                    |                           | of said County.          |
| applicant in the foregoing affidav               |                                | ReasHarrisen              | the                      |
| in his said affidavit are true, and              | I know he is the in            | dividual he recre         | s made by him            |
| and that he resides in this Count                | V.                             | arridua, ne represent     | s nimsen to be           |
|  | nder my official sign.         | ature and seal this       | 13th                     |
|  |                                |                           |                          |

Ordinary

County.

## For Applicants Heretofore Allowed Pensions.

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 lith

18 42; that he enlisted in the military service of the Con-

Fulton

) during the war between the

County.

STATE OF GEORGIA,

Fulton

Dersonally appears

federate States (or of the State of

| states, and served as            | a                       |                      | Company ,                  | of th Regiment               |
|----------------------------------|-------------------------|----------------------|----------------------------|------------------------------|
| f Georgia                        | Volunteers,             | ole                  | 's Brigade; that           | t whilst engaged in          |
| uca military service s           | t the battle of         | Milderness           |                            | in the State                 |
| f∛irginia_                       | ., on the               | 5th day              | of <sup>V</sup> ⊲V         | 186 4, he was                |
| ounded as follows:               | gun shot wou            | nd of the ris        | bt arm causing             | the amoutation               |
| of the same below                | the elbow               |                      |                            |                              |
|                                  |                         |                      |                            |                              |
| -                                |                         |                      |                            |                              |
|                                  |                         |                      |                            | -                            |
|                                  |                         |                      |                            |                              |
|                                  |                         |                      |                            |                              |
| Denoment dealers                 |                         | .1 .1                |                            |                              |
|                                  |                         |                      |                            | October 24th, 1887,          |
| nd the acts amendate             | ry thereof, and         | makes applicati      | on for the allowa          | nce to which he is           |
| ntitled for the year en          | iding October 26        |                      |                            | allowed a pension            |
| f One Hundi                      |                         | dollars, for         | the year 189 4             |                              |
| Sworn to and sub                 | scribed before m        | e, this, the         | N. Amola                   |                              |
| 129 day of                       | March                   | 1805                 | ne                         | amism                        |
| m. Lloge                         | Lucian C                | house                | man                        |                              |
| Norm-State fully the nature      | e of wound or character | of disease which cad | es the disability, and eco | lain narticularly the extent |
| the disability, resulting from t | he wound or disease.    |                      | ,,                         | and partitionary the extent  |
|                                  |                         |                      |                            |                              |
| STATE OF                         | GEORGIA                 | <b>(,</b> )          |                            |                              |
| Fulton                           | Cou                     | ntv.                 |                            |                              |
|                                  | W.L.Calhou              | 10                   |                            |                              |
| I,                               |                         |                      |                            | ry of said County,           |
| o certify that I am w            |                         |                      |                            | the                          |
| pplicant in the forego           |                         |                      |                            |                              |
| his said affidavit are           | true, and I kno         | ow he is the in      | dividual he repres         | sents himself to be          |
| nd that he resides in            |                         |                      |                            |                              |
|                                  | Given under n           | ny offiicial sign    | ature and seal, thi        | 120                          |
| da                               | y of Marc               | n1895                |                            |                              |
| ~~1                              |                         | ,,                   |                            |                              |
| your }                           | O                       | my                   | alhon                      |                              |
| here                             |                         | -2/2                 | unver                      | <b>3</b> 5                   |
|                                  |                         | Ordinary             | Fulton                     | C                            |

antigants Heretofore Allowed Pensions.

|    |     |           |      | his |
|----|-----|-----------|------|-----|
| 1: | 9°- |           | K-12 |     |
|    |     | County: 1 |      |     |
|    |     | Carrell C |      |     |

|  | Exect   | ited in pres       | ence of us                             | )                                      | and the same of th |  | [L. S.            | .]    |
|--|---------|--------------------|--|--|--|--|-------------------|-------|
|  |         |                    |  | )                                      |  |  |                   |       |
| Fultures (For Those Already Enrelled.) | No. 263 | SOLDIER'S PENSION. | (21. Charles 1. 1. Name. 1. 1. Rerison | County Fulton Disability [ 1023 of !ra | Amount, 5 100  | RICHARD JOHNSON,  Berring Executive Department | WARRANT BANDED TO | 1/1/2 |
| 7                                      | orul:   | S. C.              | : id :                                 |  | n tourit<br>n tourit   | sincthe  |                   |       |

POWER OF ATTORNEY.

hereby authorize\_

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\_

STATE OF GEORGIA,

County.

. Drill 1896.

Audited Feb. 6th 1889 Mount 8/00

Amount 8/00

Part to Rawe A Hanison

For Los of Rights Included in Marrant No. issued in Treasurer

| STATE OF GEO  | County.   |  |                           |
|---|---|--|---------------------------|
| personally appears  | R.A. Harrison   | of Fult  | on                        |
| County, State of Georgia, whand resident of said State, and day of December | nd has resided therein  | ays on oath that he is a bond<br>continuously ever since th    | e 11th                    |
| federate States (or of the Sta  | te of_<br>pravate   | sted in the military service  during the war in Company, of 44 |                           |
| of Beorgia Volunt   |   | 's Brigade; that wh  | ilst engaged<br>5th day   |
| of may 1866<br>gun shot wound of the r                                      | , he was wounded, in ight arm causing t   |  |                           |
| *nodle  |   |  |                           |
|   |   |  |                           |
|   |   |  |                           |
| 50 mm   |   |  | ***                       |
| and the acts amendatory there entitled for the year endin                   | reof, and makes applig October 26th, 189 ty been allowed a pens before me, this, the Paby 1896. | 6. I have heretofore as a one Hundre                           | which he is resident of d |
| wultonC   | ounty.  |  |                           |
| I, t. Ge  |   | Ordinary of s  |                           |
| do certify that I am well acque<br>applicant in the foregoing affi          | miled with  |  | ade by him                |
| in his said affidavit are true,   | and I know he is the  | individual he represents h                                     | imself to be              |
| and that he resides in this Co  |   | ature and seal, this 24  | 5                         |
| day of  | . Faby  | 1896.  |                           |
| Affix<br>your<br>real<br>here.  | m.L.  | balhou   | <u></u>                   |
| $\vec{q}$   | Ordinary_   | Fulton<br>FORMARA  | County.                   |

No. IS
STATE OF GEORGIA. EXECUTIVE DEPARTMENT & Allanto Go Clefy (C 15:4) of Hullin having tiled this combination is the Country Our 21 1888, and the same having been allowed for Right arm ampulated below the olbow He is entitled to receive the system of Well of Fluidines rad bolling for such disability, the same being the afformer dulater the year ending October 21 (880 The Treasurer will pay the time and hold his Desipt on this voucher, and return same to Executive Department for warrant By the Governor All 172212 CLERK EXECUTIVE DEPOSITIONS RICLATIC OF STATE TORVEROR R. F. HARDEMAN.

OLL Oblindred va of per above var her, his b.

A. Harrison

per above vaucher, this O . 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 ()
of 1896. Affix four scal here. m. L. bachan County. Maimed Soldiers. 1891. Toucher N. 872 Amount 2 100 Maimed Soldiers. Audited 1891. Voucher No. 127 Trans of A Harrison Amount & 100
Paid to R. a. Harresen
For Sons of ann STATE OF THE STREET (X)MPTROLLER GENERAL arm Jehn 11 190 Holy 6. 1801. in used in warrant No Included in warrant No. issued to Treasurer issued to Treasurer. 18 1891. WARRANT CLERK WARRANT CLERK applicant applicant

Allanta, Sa, Fletry 11 1098 EXECUTIVE DEPARTMENT

Me Net Harrison 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 night arm

He is entitled to receive the sum of One Stundres

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 warrand

STATE OF GEORGIA,

Mystardow By the Governor,

MIX Hamsen

CLERK EXECUTIVE DEPARTMENT.

\$100

pe: above voucher, this

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Allanta, Ba Febry 6 1891

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 to

He is entitled to receive the sum of Sne Neward Dellars

for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on the voucher and return same to

Executive Department for warrant.

MAdanusa

100

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

Que Nundeed, roof per above voucher, this 6 of Heb

RA Harrison

R. A. Harrison

NAME, Harrison, R. A.

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

COMPANY AND REGIEWRY? Private, Co. D, 44th Regiment Ga. Vols. Doles Brigade.

MAME OF CAPTAIN AND COLONEL?

WOUNDED? At Wilderness Va., May 6, 1864 shot in right arm below elbow.

1889, Multon Course

CAPTURED. WHEN AND SHERE?

RELEASED,

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BUR IED,

WITNESSES, Nome.

P.O. 1889

COUNTY. Fulton

DIED, WHEN AND WHERE? BUR IED, WITNESSES, None . COUNTY. Fulton P.O. 1889

APPLICATION FOR

Cog

FOR CORPROMATE SOLDIER.

Applicant. To Market Source Som

County Fullow Co

Limb Cog Delaw Minks

Amount A.).

Date of Warrant.

Cox 10th 1849
6-1952

Applicant School School

fullow Co

|         | 100 1210 |          |
|---------|----------|----------|
| ST A TT | OT       | GEORGIA  |
| DIAIL   | () I     | TRUBUTIA |

Fuction County

|   | Personally appeared before me   |
|---|---|
|   | the county ofttulldown  |
|   | and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he  |
|   | unlisted in the military service of the Confederate States, or of this State, as at San and   |
|   | in Company & Sta Regiment of Bearge Wolunteer   |
|   |   |
|   | that while engaged in such military service, to wit; at the battle or engagement of . The sale. Have  |
|   | in the State of Derguin on the 28 day of  |
|   | Time 1862 be was wounded in the laft leg and  |
| 6 |   |
|   | that the same was amputated Italian Sha Russ  |
|   | 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 hassupplied himself with an artificial; cr that, not having   |
|   | dono so, he profess to supply himself with an artificial-   |
|   | Sworn to and subscribed before me this  |
|   | Sworn to and subscribed before me this I J. C. Harris   |
|   | C A 2   |
|   | Norg - The above affidavit must be made before some officer authorised to saintificater caths a judge of the Numerica   |
|   | NOTE.—The above affidavit must, be made before some officer authorised to similarities on this, 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.   |
|   |   |
|   | Hulton County.  |
|   | County.)  |
|   | 4 1 1   |
|   | Personally came before me   |
|   | the county of H. Lillan, State of Georgia, who, being duly sworn, deposes   |
|   | and says that he was a tring a dien General and the 8 the fa Regiment   |
|   | and and   |
|   | and the Liter Line This Paragade the above deponent, was a Sanger   |
|   | in said Company, and that this deportent knows that said  |
|   | lost a  |
|   | Sworn to and subscribed before m: this  |
|   |   |
| 7 | f. 8 " day of October 18.79   |
| 1 | Landle My Deline leading  |
|   | NOTE If the affidavit of the commussioned officer is not obtainable, the following affidavit of three responsible citizens, must be furnished.  |

#### AN ACT

To carry into offect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877:

SECTION I. He it enacted by the General Assembly of the State of Georgia, That any person now a boss 5de resident of the Nate: who guitated by the military secretic of the Confederate States, or of this State, who, while engaged in said military secretic out a limb or him to may fairful by the Governor, of this State proof that such applicant has supplied himself with such mostful secretic tal limb or him to, and the Governor, or reception of such proof, is hereby authorized to draw his secretal on the Transierred this Nate in favor of such applicant for either amount hereinafter mentioned, to wit. For a leg extending above the Ance, one founded dollars, for a leg not attending above the the State in favor of such applicant for attending above the close, sevenly five dollars, for an arm not extending above the elbow, forty dollars. Provided the said amounts of money may be seemed to only one entitled to the headth of the Act who may prefer to supply himself with the said artificial limb.

see 11. Be in further enacted by the sold authority. That such application shall contain proof of such applicants being entitled to the benefits of this act, and shall further state whether artif or log has been supplied. If an arm, whether extending above the ellow or not, if a log, whether extending above the knee or not, and the Governoushall decide the sufficiency of the proof submitted.

Size 111. Be it further enacted by the said cuthority. That no applicant shall receive the sum allowed under this act

So, IV. Best furthe, enacted by the authority aforesaid. That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HERRY R. GORTCHIUS,
Secretary House Representatives
WM A. HARRIS,
Secretary Senate,
Approved, September 0th, 1879

A. O. BACON, eaker House Representation RUFUS E. LESTER, President Senate

ALERED. H. COLQUITT, Governor

Court of Ordinary

STATE OF GEORGIA.

| County.  |
|--|
| Personally came  |
|  |
| who, being duly sworn, depose and say they are acquainted with   |
|  |
| that said; that he is a bonz fid   |
| 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 of18   |
|  |
| STATE OF GEORGIA,  County,  Co |
|  |
| the citizens who make their silidaris, that they are respectable sitizens of this county, and that the fact glated by them are true.  Given under my hand and official seal, this  |
| RULION GUUNT, day of Colvier 1879.   |
| Court of Ordinary  |

Ordinary St 6

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, 1880. Sworn to and subscribed before me, this SC, Han suson the G day of France 21889 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. PERSONALLY comes Before me 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: 2.17 Sworn to and subscribed before me, this to HILL . of noney to me as follows.by

STATE OF GEORGIA. Frellin

PHRASONALLY appears Lalonan to Mountain of Frullow 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"

Joseph 183 2, 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 Served in Company Hof 8 th Regiment of Served as a Volunteers Angelerson 's Brigade, that whilst engaged

in such military service, at the battle of Gathells Farm in the
State of Vorgenea, on the 28 day of June 1862 he was
wounded as follows: June about Computation of
the Garan below the Renease

Ordinary of said

| STATE OF GEORGIA,                           | 11.                 |                     | STATE OF            |
|---|---------------------|---------------------|---------------------|
|   | inty.               |                     | A                   |
| 1. m. L. look                               | chim                | Ordinar             | of said county,     |
| do certify that I am well acquainted wi     |                     |                     |                     |
| applicant in the foregoing affidavit, and   | f am well satisfied | that the statem     | dits made by Him    |
| in his said affidavit are true, and that he |                     |                     |                     |
| the individual he represents himself to     |                     | sides in this coun  | ty. 'I also certify |
| that the foregoing witnesses, to-wit:       |                     | 7                   | B 21 -1713e         |
|   |                     |                     | 1                   |
|   | 7. 7                |                     | To to the           |
| are persons of respectability, and that t   | neir statements a   |                     | om the foregoing    |
| affidavits were made and power of attor     | nev was signed, is  |                     | on the foregoing    |
| of said county, and that the said affiday   | its and signature   | s thereto are gen   | uine.               |
| Given under my official signature a         | and seal, this 6    | day of Fi           | being 1889          |
|   |                     | doce                |                     |
|   | Ordinary            | mei.                | County              |
|   | continuity.         | 7. 7                | illiamed at         |
|   |                     | , and the           | 1 2 1/4 3f 2        |
| POWER                                       | OF ATTOR            | NEY.                |                     |
| STATE OF GEORGIA,                           |                     | 41                  | 74                  |
| STATE OF GEORGIA,                           | }                   |                     |                     |
| Сои   | nty. 1              |                     | ,                   |
| Know all, Men by These Press                |                     | fa v                | tu                  |
| county, in said State, do hereby appoir     | of                  |                     |                     |
| of  |                     | aud lawful atte     | orney in fact for   |
| me and in my name, to receive and rece      |                     | 4                   |                     |
| to from the State of Georgia by reason o    | f the injury receiv | ved as aforesaid in | the military ser-   |
| vice of the Confederate States (or of thi   | s State), as stated | in the foregoing    | affidavit i hereby  |
| authorizing my said attorney to receipt     |                     |                     |                     |
| In witness whereof I have hereunte          |                     |                     | reason aforesaid.   |
|   |                     |                     | Zammanani           |
| day of                                      | 188                 |                     | hypered of a        |
|   |                     |                     | (L. S.)             |
| Executed in the presence of us:             | ī.                  |                     |                     |
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| ות.   | RECTION:            | n + 10-1            | Swore to see        |
| Send money to me as follows, by_            |                     |                     | to vab              |
|   | to                  |                     | P. O.               |
| -   | County, Geo         | orgia.              |                     |

bes brians and to force adt .

#### MOTES.

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.
 The law makes no allowance for an arm or leg, unless the arm or leg has been rendered whether the control of the disease.

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 quofed, to say that unless the injury is such as to require the constant use of crutcher 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 subset to any of the affidavits, the amendments must be made swaler oath before an officer; and the proofs must show that the amendments have been duly sworm to.

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

STATE OF GEORGIA, Fullin m.L. balhum Ordinary of said county. do certify that I am well acquainted with Thomas 6. 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 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 of day of February 1890 Ordinary Frederic County

STATE OF GEORGIA. Fulling Conney.

1. M. L. bouch win Ordinary of said County. do certify that I am well acquainted with Jackson do . The arrive the applicant in the foregoing affiliavit, 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

! 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 good day of Falmery (6):

mit back. Ordinary . France ... County

and Whitesamie for a second

| STATE OF GEORGIA,   |                            |
|---|----------------------------|
| PRESONALLY appears Vilenam to Hammor Full   |                            |
| PRRSONALLY appears Vilman lo. Hanno Frall   | county,                    |
| State of Georgia, who, being duly sworn, says on oath that he is a box  | a fide citizen and         |
|   | rol dayor                  |
| ; that he enlisted in the military se   |                            |
| federate States (or of the State of) during the   | e war between the          |
| States, and served as a bergant in Company &, of  | 2 th Regiment              |
| of Georgia Volunteers Anderson 's Brigade: th   | nat whilst engaged         |
| in such military sarving at the bastle of 304   |                            |
| of Virginia on the 28 m day of Jame   | 186 2, he was              |
| wounded as follows: gum that around of  | shi-                       |
| of horaca on the 25 m day of James wounded as follows: from that horace of horace of below the horace on council amplitude have one council amplitude helow of  | and .                      |
| council amperation Ilon or  | 1- home                    |
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|   |                            |
| Deponent desires to participate in the benefits of the Act, approved<br>and the acts amendatory thereof, and makes application for the alloward   |                            |
| entitled for the year ending October 26, 1890. I have heretofore been   | allowed a pension          |
| cuttiled for the year ending October 26, 1890. I have heretofore been dollars.  Sworn to and subscribed before me, this the   | 41                         |
| V.C.  | Harrison                   |
| day of Filman 189 0   |                            |
| day of February 1890 V. C. A achieved Oralinary.  No. 25. A achieved Oralinary.  No. State fully nature of would or character of disease which causes to fain ity, and replace of disease of the same |                            |
| the doublity  | parficularly the extent of |
| POWER OF ATTORNEY   |                            |
| STATE OF GEORGIA  | •                          |
| }   |                            |
| County.   |                            |
| KNOW ALL MEN BY THESE PRESENTS, That I,   |                            |
| of  |                            |
| county, in said State, do hereby appoint  |                            |
| ofmy true and lawful at<br>me and in my name, to receive and receipt for what ever amount of money  | torney in fact, for        |
| o from the State of Central by reason of the initial received as aforesail  | 1 in the military.         |
| ervice of the Confederate States (or of this State), as stated in the for   | egoing affidavit;          |
| ervice of the Confederate States (or of this State), as stated in the for<br>hereby authorizing my said attorney to receipt in my name for any War<br>ssued by the Governor, or for any sum of money which may be coming to   | me for the reason          |
| foresaid.  IN WITNESS WHEREOF, I have hereunto set my hand  |                            |
| day of  | 189                        |
| , and the same of |                            |
| Executed in the presence of us:   | , [In, p.] . /             |
| · · · · · · · · · · · · · · · · · · ·   | 74 79 4                    |
| · · · · · · · · · · · · · · · · · · ·   | ray in                     |
| DIBRÉTION.  | -2                         |
| Send money to me as follows, by   |                            |
| to  | P. O.                      |
|   |                            |

## For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA,  | .}   |
|--|--|
| PERSONALLY appears Ollong  |  |
|  |  |
| County, State of Georgia, who, being d   | uly sworn, says on oath that he is a bona fide citizen and   |
|  | herein continuously ever since the   |
| day of18   | ; 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  | in Company De, of & th Regiment  |
| of Semi Volunteers   | Sugaras 's Brigade; that whilst engaged  |
| in such military service at the battle of  | Samus Francis in the State   |
| of Contact on the  | 28 day of 1862 he was  |
| or delegation of the   | The was  |
| wounded as rollows:  | nt wound of life by  |
| Camp, ampula   | how of the Danne Wilne   |
| The Knee   | and the second second second second second   |
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| management and a complete of the complete of t | the part of the same of  |
|  |  |
| and the acts amendatory thereof, and m   | n the benefits of the Act, approved October 24, 1887,<br>lakes application for the allowance to which he is entitled<br>I have beretofore been allowed a pension of  |
| Om Humdand   | dollars, for 1890  |
| Sworn to and subscribed before me,   |  |
|  | 1 0 / axiso-   |
| day of Fulmer  |  |
| my bach  | no Osems   |
| Note State fully nature of wound or character<br>he disability resulting from the wound or disease.  | of disease which causes the disability and explain particularly the extent of  |
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| POWER  | OF ATTORNEY.   |
| STATE OF GEORGIA.  | )  |
|  | }  |
| County   | y. )   |
| Know all Men by these Pre-   | sents, That I.   |
| of   | County, State of Georgia, do hereby appoint  |
|  |  |
| to from the State of Georgia by reason<br>of the Confederate States (or of this Sta<br>org my said attorney to receipt in my na<br>nor, or for any sum of money whith ma   | with the mount of money I may be entitled of the injury received as a foresaid in the military service ate), as stated in the foregoing affidavit; hereby authorizme for any Warrant that may be issued by the Governy be coming to me for the reason aforesaid.  I have hereunto set my hand and seal, this   |
|  | 1891.  |
| day of   |  |
| Post of California Company   | [L. 8.]  |
| Executed in the presence of us:  |  |
|  | 10.00  |
|  | IRECTION.  |
| Send money to me as follows, by  |  |
| , .,   | toP. O.  |
| C.V. T. T. BER   | County, Georgia.   |
|  |  |

SOLDIER'S PENSION.

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 repeasents himself to be, and that he resides in this county.

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

Ordinary

M. Elo achom Frieta

County.

STATE OF GEORGIA,

do certify that I am well acquainted with.

# POWER OF ATTORNEY.

|       | of Chair burget may equally suppose our court up a my bills did lawful attorney in fact, for small in gunname, or cooking and receipt for whatever amount of money I may be entitled to from the date of Georgia by reason of the injury received as aforesaid in the first military service of the Confidence States (or of this State), as stated, in the ferrypolesy affidivity, hereby, authorising my said attorney to readily in my name for any Warrant pain may be issued by the Governor, or for the fund of notice which may be coming to me to this vision aforesaid.  |        |
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|       | application in the foregoing adiplate, and an well of shed that the latter source by him as said only lavit are true, and that he trained to the extent he diment and I know he life a ] dividual he represents high \$ polo, and that he residensity the C wity.   |        |
|       | do certity that I am well acquainted with   |        |
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|       | Send money to me as follows; by   |        |
|       | County, Georgia.  |        |
|       | Not s.—State fully nature of whath or character of distances are condition, and coplaint or building the extra distalling resulting from the wound or distance.   |        |
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|       | day of Cras 1893.   |        |
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| 0.6   | the year ending October 26, 18 Klave In Stolete beer allow 1 1 1 200 de   |        |
|       | Deponent desirts to thank and it the forthering the Act, apprined New Francis and \$877 at the acts amendatory mercol, and makes application the allowance to which he is suitible to the allowance to the control of the acts and the control of the acts and the control of the acts and the control of the contr |        |
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|       | of Wolunteers, Tritis and a Brigade that whilst engaged in  | 3      |
|       | States, and served as a   |        |
|       | sederate States (or of the State of Angle Angle and Juring the war between the  |        |
| 1     | day of  |        |
| 174   | County, State of Georgia, who, being duly sworn, says on eath that he is a done field elaten and resident of said State, and has resided therein continuously eyer since the  |        |
|       | Parsonatty appears. 1997. 1997. 1997. 1997.   |        |
|       | Comp.)  | A. S   |
| L     | STATE OF GEORGIA,   | 95180p |
| 17.47 | For Applicants Heretofore Allowed Pensions.   | A1188  |
| 1000  | The Indiana Handalana Manada Banalana   | ś      |

| à,   |  |   |  |
|--|--|---|--|
| For Applicants Heretofore Allow STATE OF GEORGIA,  PERSONALLY appears  Of  County, State of Georgia, we on oath that he is a bona fide citizen and resident of Georgia, and since the day of the states of of the State of during the war between the States, and served as a little of the State of the Confederate States (or of the State of during the war between the States, and served as a little of the State of State o | tho, bei                                   | ng duly sen such c                                  | worn, says<br>ontinuously<br>he enlisted |
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| Deponent desires to participate in the benefits of the Act, approche acts amendatory thereol, and makes application for the allowance the year ending October 36, 1892. I have heretofore been allowed:  Dollars for Sworn to and subscribed before me this the day of Wall 1892.  When the Common Dratinary.  Normalizate fully nature of wound or character of disease which causes the disease of the day | e to what pension                          | ich he is   | entitled for                             |
| POWER OF ATTORI  | TE:  | ~   |  |
| STATE OF GEORGIA, County   |  |   |  |
| Know all Men by these Presents, That I.  |  |   |  |
| of   |  |   |  |
| County, in said State, do hereby appoint   |  |   |  |
| my true and me and in my name, to receive and receipt for whatever amount of from the State of Georgia by reason of the injury received as aforest the Confederate States (or of this State), as stated in the foregoing any said attorney to receipt in my name for any Warrant that may be for any sum of money which may be coming to me for the reason IN WITNESS WHEREOF, I have hereunto set my hand and   | money<br>aid in ti<br>affidavit<br>e issue | I may be<br>he military<br>to hereby to<br>d by the | entitled to<br>service of                |
| day of   | scar th                                    | 18  |  |
|  | , ,  |   | [L. S.]                                  |
| Executed in the presence of us   |  |   | , L                                      |
| · }  |  |   |  |
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| DIRECTION.   | (  |   |  |
| Send money to me as follows, by  |  |   |  |
| to   |  |   | P. O.                                    |

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|   | pears 7.6 %  |   |   | Tallan   |
| County, State of Go                         | orgia, who, being  | duly sworn, says  | on oath that he is a  | bons fide citizen and  |
| resident of said Sta                        | te, and has resided  | therein continuo  | sly ever since the  | - 6 .  |
| day of 19/11                                | 189  | that he end   | ated in the military  | service of the Con-  |
| federate States (or<br>States, and served a |  |   |   | the war between the  |
| or Georgi                                   |  |   | in Company.ZL.,   | of 8 th Regiment   |
| such military service                       | a at the battle of   | Garrett   | Farm  | in the State   |
| of Wangin                                   | on the   |   | day of Jan  | L1862, he was  |
| wounded as follows                          | AT \$12. TEACHER STREET, STREET, ST. T. T. T. T. ST. AT  | t leg w   | as that o   | of Delow   |
| the King                                    |  |   | E 19 19   | 1 11 11 11 11  |
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| WDeponent desig                             | res to gratisionte in  | the benefits of   | na art annual O   |  |
| the acts amendatory                         | thereof, and malge   | application for   | the allowance to w  | tober 24th, 1887, and<br>sich he is entitled for<br>ion of   |
| (Can Island                                 |  | delles for  | Pen allowed a pens  | ion of   |
| Sworn to and s                              | pecribed before me   | this, the   | TP H  |  |
| 1907  | y of Barc  | NAME OF THE PARTY | D C A   | muse,  |
| my  | ane.   |   |   |  |
| Nova State fully est.                       | ure of wound or character  | of disease which cause  | the deathle and miles   | derdinates the entent of the   |
| disability, resulting from th               | a yeard or diseas.   | Co. 192 15  |   |  |
| STATE OF                                    | transfer of the state of the st | <b>.</b>  |   |  |
| - Thursday                                  | Cine as to benefity  | <b>S</b>  |   |  |
| 1, 1/2 8                                    | Galf   | PHILIPPIC   | Ordi  | nary of said County,   |
| do certify that I am                        | well acquainted wit  | n 7.6.  | farion  | the  |
| applicant in the fore                       | going affidavit, and   | am well satisfied   | that the statements   | made by blow in his  |
| Executed in th                              | e breegues of us :   | sabled to the ext   | mt he claims and I  | know he is the in-   |
| dividual be represen                        | 1989 VX 115000 115 215   |   |   | Know he is the m-  |
| "不是我们的"。                                    | <b>《大学》</b>  |   |   |  |
| Alexandry centry                            | Salat II. IA T. IC. C. C.  | 1 have here   | dini ser my i   |  |
| my said attorney to                         | receipt in pay name  | Acte made and   | power of attorne  | y was signed, is a partial to and analysis contents of the con |
| from the Stille of G                        | eergia by reason o   | The talking in the  | reid County and   | bon etinebille bine pid  |
| deretare three a                            | A Bandigae saig use  | cip for wh rate   | cameunt of mones  | may be entided to  |
| Given under m                               | y official signature s   | and seal, this 💢  | day of her  | 2 ELECTED 10 18 1893.  |
| oft.  | -2r  | X. Lowe   | channe  | hordy Appoin   |
| Anow all Me                                 | m by these Pre-  | Ordinary I  | Frelo   |  |
| 4 515                                       | Collector  |   | LAN IN HOUSE  |  |
| STATE OF                                    | SEORGIA!   | - CANA  | 15 July 1948  | <b>4</b> 1 € 1 € 1   |
| in the                                      | POWER  | OF ATT  | ORNEY.  | 1  |

## POWER OF ATTORNEY.

| STATEO   | F GEORGIA                                       | . )  |  |  |  |
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|  |   | INTY.  |  |  |  |
| Know all Me  | n by these Presents,                            | That I,  |  |  |  |
|  |   | o  |  |  |  |
| County, State of   | Georgia, do hereby app                          | oint   |  |  |  |
| f  |   |  | m  | y true and law:                                | ful attorney in fact, for  |
| State of Georgia<br>States (or of the<br>nex to receipt in a<br>which may be cor | by reason of an injury<br>State i, as stated in | received as afo<br>the foregoing<br>ant that may be<br>on aforesaid. | resaid in the<br>affidavit; I<br>issued by the | military serv<br>bereby author<br>Governor, or | be entitled to from the<br>rice of the Confederate<br>rizing my said Attor-<br>for any sum of money  |
| las of   |   | 1894   |  |  |  |
|  |   |  |  |  | [1., s.]   |
| Execute  | d in the presence of us                         | )  |  |  | ,  |
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| S. a. I. a   | to no as follows, by                            | DIRECT   | 10142  |  |  |
| 4 to Citoday   | 10. III. 38 1110.W 7 .                          | to   |  |  | P. O.  |
|  |   | County, Geo  | rein   |  | 1  |
|  |   | County, that   | g.a.   |  |  |
|  |   |  |  |  |  |
| For Those Aready Enrolled.   | Soldięr's Pension.                              | T.C.Harrison   | Disability Less of Leg                         | M. H. HARRISON,                                | WARRANT HANDRIN TO  WARRANT HANDRIN TO  WARRANT HANDRIN TO  WARRANT HANDRIN TO  WARRANT HANDRIN TO THE ADDRESS |
| £  | رة<br>  | Name   | A Diss   |  |  |

|            | POWE   | R OF ATTOR  | NEY.   |   |
|------------|--|---|--|---|
|            | STATE OF GEORGIA,  | )   |  |   |
|            | Count  | y. }  |  |   |
|            | KNOW ALL MEN BY THESE  | PRESENTS, That I,   |  |   |
|            | 0  | of.   |  |   |
|            | County, State of Georgia, do hereby a  |   |  |   |
|            |  |   | y true and lawful attorne  |   |
|            | me and in my name, to receive and rec<br>State of Georgia by reason of an injury<br>States (or of this State) as stated in the<br>in my name for any Wartrant that may<br>be coming to me for the reason aforessi<br>IN WITNESS WHEREOF, I   | received as aforesaid in the<br>foregoing affidavit; hereby a<br>be issued by the Governor<br>d,<br>have hereunto set my hand a | ne military service of the<br>authorizing my said Attor<br>r, or for any sum of mon- | e Confederate                             |
|            | day of   | 1895.   |  | [1 8.]                                    |
|            | Executed in presence of us   | )   |  | ()  |
|            |  | /   |  |   |
|            |  | )   |  |   |
|            |  | DIRECTIONS.   |  |   |
|            | Send money to me as follows, by.   |   |  |   |
|            |  | - 50  |  | P.O.                                      |
|            |  | County, Georgia,  |  |   |
| -          | The street of th | ***   |  |   |
| oulles Lo. | (For Those Aircady Enrolled.) No. 5 C SOLDIER'S PENSION. 1895.   | Name T. O'Hearlison County Fulton Disability Los. of 182 -  | RICHARD JOHNSON, Secretary Escenties Department. WARRANGERARDED TO                   | One. W. Harrines, Bases Frieder, Assessa. |

| STATE OF C  | GEORGIA, )   |  |
|---|--|--|
| Fulton  | County.  |  |
| County, State of Ge<br>and resident of said<br>day of April<br>federate States (or o<br>States, and served as<br>of Georgia<br>such military service<br>of Virginia | f the State of Georgia ) duri<br>s a 2nd Seargent in Company I<br>Volunteers Anderson 's Brigade;  | ver since the tary service of the Con- ing the war between the K, of 8 th Regiment that whilst engaged in  in the State 186 % he was   |
| and the acts amendal entitled for the year One Eurhard Sworn to and su  | alhom Oseucey  | allowance to which he is seen allowed a pension of the seen allowe |
| STATE OF G  | County.  |  |
| do certify that I am<br>applicant in the fores  | well acquainted with TSUNHATE;<br>going affidavit, and am well satisfied that the s<br>re true, and I know he is the individual he r<br>n this County. | tatements made by him<br>epresents himself to be   |
|   | Given under my official signature and seal   | , this 13th  |
| Affix your your heal here.  | of Haroh 1894.   | 1  |

## For Applicants Heretofore Allowed Pensions.

| ₽u.                                 | OF GEO   | County.   | 3  | <b>V</b> 1                                    |
|-------------------------------------|--|---|--|---|
| Persons                             | ally appears   | T.C. Harrison   | of   | Fulton  |
| resident                            | of said State, and   | d has resided there   | i, says on oath that he is<br>in continuously ever sin                                   | on the  |
| erate State                         | es (or of the Sta  | ite oi  | enlisted in the military   | ie war between the                            |
|                                     |  | teers, Inderson   |  | whilst engaged in                             |
| Virginis<br>inded as fo             |  | on the South<br>left leg was sho  | day of June of Off below the kn  | 186 he wa                                     |
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| ГАТЕ                                | OF GEO   | or disease.   | ton causes the enablety, and expli   | in particularly the exten                     |
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|                                     |  | W.L.Calhoun   | Ordina   | ry of said. County                            |
| Ι,                                  | I am well acqu   |   | .C. Harrison   | ry of said County,                            |
| I,<br>ertify that<br>icant in th    | I am well acquae foregoing affic   | davit, and am well  | .C. Harrison<br>satisfied that the statem  | the   |
| I,<br>certify that<br>licant in the | I am well acquae foregoing affic   | davit, and am well and I know he is the   | .C. Harrison   | the<br>ents made by him<br>ents himself to be |
| I,<br>certify that<br>licant in the | I am well acquate foregoing afficient davit are true, a sides in this Cot  | davit, and am well and I know he is thanty.   | .C. Harrison<br>satisfied that the statem  | the tents made by him ents himself to be      |
| I,<br>certify that<br>dicant in the | I am well acquate foregoing afficient davit are true, a sides in this Cot  | davit, and am well and I know he is that I know | C.C. Harrison satisfied that the statem he individual he repres                          | the tents made by him ents himself to be      |
| I,<br>certify that<br>licant in the | I am well acquate foregoing afficient davit are true, a sides in this Corrections of the Correction of | alinted with. I<br>devit, and am well and I know he is than<br>the stanty. I would be a sunder my official<br>March   | C.C. Harrison satisfied that the statem he individual he repres signature and seal, this | the sents made by him euts himself to be      |
| I,<br>certify that<br>licant in the | I am well acquate foregoing afficient davit are true, a sides in this Corrections of the Correction of | alinted with. I<br>devit, and am well and I know he is than<br>the stanty. I would be a sunder my official<br>March   | satisfied that the staten he individual he repressignature and seal, this 1895.          | ents made by hents himself to                 |

## POWER OF ATTORNEY. STATE OF GEORGIA. Ratur County. I. Village & Harry hereby authorize Ira of Aclanta Genza mught. to receive and receipt for the pension paid hereon and request that he remit same to her in the orest by commend way in his prefound at Scaly, A.b. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of February 1898. Silman C. Harrison [ L. B.] Executed in presence of us Il Scraggs This II thay by march 1896. H. Harland J. P. SOLDIER'S PENSION.

## POWER OF ATTORNEY. STATE OF GEORGIA. County. hereby authorize 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 day of .. [L. B.] Executed in presence of SOLDIER'S PENSIO

Then is entired in the faither. gervice of the Con-The antiquously ever since the

County. OF GEORGIA,

1896.

policants Heretofore Allowed Pensions.

| STATE OF GEORGIA, County.  |
|--|
| personally appears F.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 ADP11 18.72; that he enlisted in the military service of the Con-   |
| federate States (or of the State of horgia during the war between the  |
| States, and served as a 2nd Sergeant in Company K, of 8 th Regiment  |
| volunteers,  |
| 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   |
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| property in the contract angles and the contract and the contract of the contr |
| 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  |
| Pulton county been allowed a pension of One Rundred  |
| dollars, for the year 189 5.   |
| Sworn to and subscribed before me, this, the   |
| 24 day of 3907 1896.   |
| List. Sarland foll Allesti. ( S. Straggs   |
| Note.—State fully the nature of wound or character of disease which causes the disability, and zzplain perficularly the extent of the disability, resulting from the wound or disease.   |
|  |
| STATE OF GEORGIA, \  |
| Fulton County.   |
| I. H.L. galboun Ordinary of said County  |
| do certify that I am well acquainted with T.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 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 of1896.  |
| (Ans.)   |
| four on the four of the four o |
| Inlean Inlean  |
| Ordinary Fulful County.  |
|  |

# For Applicants Heretofore Allowed Pensions. state of Georgia,

| Rulton County,   |
|--|
| personally appears T.C. Have sonos Pullon  |
| 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 1872, that he enlisted in the military service of the Con-  |
| federate States (or of the State of Secretary during the war between the   |
| States, and served as a served in Company A of 8 th Regiment   |
| of Derifica Volunteers, Brideron 's Brigade: that whilst engaged   |
| in such military service in the State of Virginia, on the 28 and day   |
| of June 1862, he was wounded, injured or diseased of follows:  |
| His left lie was all they been   |
| His left leg was shot of below   |
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| B. Control of the second state of the second s |
| 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, 1807. I have heretofore under said law as a   |
| resident of Tulton county been allowed an invalid pension of and hunseled Dollars, for the year 189  |
| Sworn to and subscribed before me, this, the   |
|  |
| day of 1897. POST OFFICE   |
| Tillion class  |
| Nors-State fully the nature of wound or obsector of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.   |
| of the disability, resulting from the wound or disease.  |
| STATE OF GEORGIA,  |
| Fulton, County.  |
| MISSI I  |
| do certify that I am well acquainted with T. Have con 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 1897.   |
| Tiltaterese,   |
| lead here.   |
| Ordinary Farth Car Cranton   |

### POWER OF ATTORNEY.

| STATE OF                                 | GEORGIA,               | ł                                |  |  |
|--|------------------------|----------------------------------|--|--|
|  | County.                | ſ                                |  |  |
| Ι,.                                      |                        | hereby authoriz                  | :e   |  |
|  |                        | . of                             |  | -                                      |
| to receive and                           | l receipt for the pens | ion paid hereon and req          | uest that he remit sa  | me to                                  |
|  |                        | by                               |  |  |
| at.                                      | eres wurnnan :         |                                  |  |  |
| day of                                   | NESS WHEREOF,          | have hereunto set my ha          | and and seal, this   |  |
| uay or                                   |                        | _1898.                           |  |  |
| Exec                                     | uted in presence of    |                                  | ļ  | [L. S.]                                |
|  | med in presence of     | )                                |  |  |
|  |                        | )                                |  |  |
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| i g                                      | 101                    | ť. ×                             | Penation   |  |
| For Those Aready Enrolled                |                        | 412                              | NON,   | 444                                    |
| dy E                                     |                        | 4.3.4.4                          | CHARD JOHNSON, CHARD JOHNSON, WARRANT HANDED TO  |  |
| 4 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | A ~ O                  | 1:1:10                           | O O O NAME AND ADDRESS OF THE PARTY OF THE P | 13                                     |
| No. No.                                  | ≥ <b>≥ ∅</b>           | 13.9 9                           | TARI GRAN  | 8                                      |
| · É Z                                    |                        | 4 3 70 m                         | RICHARD JOHNSON Commissions of WARRANT HANDED TO   | 2                                      |
| F  | <u> </u>               | Name County Disability Amount, 1 |  | 1 ~                                    |
| 1  | S.                     | Nat<br>Cou<br>Diss               |  |  |
|  |                        |                                  |  | modelii (tat liittiinesialia-mailanii) |
|  |                        |                                  |  |  |

| I. hereby authorize  |
|--|
| 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 1.8]   |
| 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.  |
| 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.  |
| by at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1899.  |
| at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1899.  [I.S]  |
| IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of $$1890.$$ [1.8]  |
| day of 1899.   |
| 1. s]  |
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| Executed in presence of  |
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| Those Arrady Euroli<br>No. 1837<br>NVALLIC<br>IER'S PENS<br>1899.  CLARD JOHNSON<br>CHARD JOHNSON<br>CHA |
| RYS PE<br>RYS PE<br>RYS PE<br>RYS PE<br>SED SON<br>(MINISTER HAVIDED IN THE TRANSPERSION OF THE TRANS  |
| No. 1 & No. 1  |
| A Z E A DI WANTER OF THE REPORT OF THE REPOR   |
| SOLDI<br>II<br>II<br>II<br>II<br>Sounty<br>Disability<br>Amount, \$  |
| SOlk<br>Names<br>County<br>Disabil   |

| STATE OF GEORGIA,                           | l   |                           |
|---|---|---------------------------|
| Enciose C                                   | ounty.  |                           |
| personally appears F.C.                     | Jamien of Full  | Lanc                      |
|   | ng duly sworn, says on oath that he is                          | _                         |
|   | as resided therein continuously ever sin                        |                           |
|   | 72; that he enlisted in the military se                         | rvice of the Con-         |
| federate States (or of the State of         | Scorgia ) during the  | war between the           |
| States, and served as a " "                 | Largene in Company T, of  | 1 th Regiment             |
| of Lagare Volunteer                         | rs, cuciono 's Brigade; the                                     | at whilst engaged         |
| in such military service in the Sta         |   | day                       |
| 186 L.                                      | , he was wounded, injured or diseased a                         | s follows:                |
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| vac. sici- neg                              | não instant   | 46020                     |
| in teer                                     |   |                           |
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| 3   | F   |                           |
|   |   |                           |
| Deponent desires to participat              | te in the benefits of the Act, approved O                       | ctober 24th, 1887,        |
| and the acts amendatory thereof,            | and makes application for the pensio                            | n to which he is          |
| entitled for the year ending October        | er 26th, 1898 I have heretofen und                              | ler said law as a         |
| resident of Trecore                         |   | nvalid pension of         |
|   | Dollars, for the year 189                                       | Varrino                   |
| Sworn to and subscribed before              | re me, this, the  | a your                    |
| day of                                      | 1898. POST-OFFICE   |                           |
| Broken                                      | 8   |                           |
| Note. State fully the nature of wound or ch | saracter of disease which causes the disability and explosioned | n particularly lie extent |
|   |   |                           |
| STATE OF GEORGIA,                           |   |                           |
|   | ounty.  |                           |
| 1, 7. Toulse                                |   | of said County,           |
| do certify that I am well acquainf          | ed with J. E 19ann von  | thethe                    |
|   | , and am well satisfied that 'he stateme                        |                           |
| in his said affidavit are true, and I       | know he is the individual he represent                          | its himself to be         |
| and that he resides in this County.         |   |                           |
|   | my official signature and seal, this                            | 17.                       |
| day of                                      | 1898.   |                           |
| Affi ;                                      | · Troronce  |                           |
| (Art)                                       |   |                           |

## For Applicants Heretofore Allowed Pensions.

| STATE_OF GEORGIA,  |
|--|
| Fullon county.   |
| personally appears The Harrison of Fullow  |
|  |
| 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  |
| , and the same and |
| federate States (or of the State of ) during the war between the   |
| States, and serven as a 2 2 3 1 1 1 Company C of b th Regiment   |
| States, and served as a 2 Sague in Company C. of 8 th Regiment of 20 Volunteers, Carolina is Brigade; that whilst engaged in such military service in the State of Na , on the 28 day  |
| of 180 2 he was wounded injured or discord or (allows)   |
| of Suit 186 2, he was wounded, injured or diseased as follows:   |
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| a 11.14 to 11 b  |
| Fors of left leg below Knee-   |
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|  |
| Deponent makes application for the pension to which he is entitled for the year end-   |
| ing October 26th 1899. I have heretofore under said aw as a resident of  |
| County been allowed an invalid pension of  |
| % LOO - Dollars, for the year 189  |
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| day of True 1899 POST OFFICE   |
| minum  |
| NOTE-State fully the nature of wound or character of drass which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.   |
|  |
| STATE OF GEORGIA,  |
| Sultan County.   |
| MININ  |
| I. Hot Saulacy Ordinary of said County,  |
| do certify that I am well acquainted with . Q. Fram Son 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   |

|                            | POV               | VER OF A                              | TTORNI                    | EY.             |                   |            |
|----------------------------|-------------------|---------------------------------------|---------------------------|-----------------|-------------------|------------|
| STATE OF                   | •                 | }                                     |                           |                 |                   |            |
|                            | Со                |                                       |                           |                 |                   |            |
| Ι,                         |                   | b                                     |                           |                 |                   | -          |
|                            |                   | of.                                   |                           |                 |                   | -          |
|                            |                   | e pension paid he                     |                           |                 |                   | 0          |
|                            |                   | by.                                   | -                         |                 |                   | -          |
|                            |                   |                                       |                           |                 |                   | 1          |
| day of                     |                   | COF, I have heres                     | into set my har           | id and seal, t  | his               | -          |
| day or                     |                   | 1900.                                 |                           |                 | r-                | ,          |
| Ryann                      | ted in presence o |                                       |                           |                 | [L. S.            | Audit      |
| Baccui                     | led in presence o |                                       |                           |                 |                   | 7,001      |
|                            |                   |                                       |                           |                 |                   |            |
|                            |                   |                                       |                           |                 |                   |            |
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| <b>1</b>                   |                   | 4.                                    | 1                         | Panel           |                   |            |
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| 5                          |                   | 7 3 3                                 |                           | ğ               |                   | 12         |
| so Alruady E               | S                 |                                       | 174                       | 7.              |                   | 14         |
| No.                        | INVALIE           | 0 000                                 | 2 8                       | JOHN W. LINDSEY | WARRANT HANDED TO | 8          |
| (For These Arenay Enrelled |                   | <b>H</b> V.                           | * Z                       | Ној             | 3 3               | -          |
| <b>E</b>                   |                   | Name                                  | Disability Amount, \$ /// |                 |                   | 12         |
| -                          | S                 | Name                                  | Disa<br>Amo<br>Werr       | 1               |                   |            |
| And white are in           |                   | · · · · · · · · · · · · · · · · · · · | on On sain an             | -               | 945               | AFA        |

Maimed Zoldiers. used Feb. 6th 1889.

Use small sufference. Voucher No. 66 Amount of a O Amount of Cilluan Oftumera.)
For Last of Stely 6, 1883 Included in Warrant No Issued to Treasurer

applicant.

| STATE OF GEORGIA,   |
|---|
| Fulton County.  |
| personally appears J. Co Hamisons Fulton  |
| County, State of Georgia, who being duly sworn, says on oath that he is a bone fide citizen   |
| and resident of said State, and County, and has resided therein continuously ever since the   |
| day of Juil 1872; that he enlisted in the military service of   |
| the Confederate States (or of the State of) during the war be-  |
| tween the States, and served as a 2 in Company K, of 9 th   |
| Regiment of 46- Volunteers, Curlinguas's Brigade; that whilst   |
| engaged in such military service in the State of, on the Z ?  |
| day of 186 Z, he was wounded, injured or diseased as follows:   |
| 2 0 1 1 2 2 3 3 4   |
|   |
| for of left-leg below knee.   |
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| 25 In the Parison   |
| A Commence of the Commence of |
| 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  |
| Fillion County been allowed an invalid pension of   |
| Dollars, for the year 189 9. Swora to and subscribed before me, this, the W. Harridon   |
| Swora to and subscribed before me, this, the DE Harrison  |
| day of Zua 1900. POST OFFICE  |
| 222   |
| NOTE State fully the nature of wound or charactered disease which causes the disability and confain postimization the   |
| NOTEState fully the nature of wound or character 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 MARielsey Ordinary of said County.  |
| I, MITTULSLY Ordinary of said County, do certify that I am well acquained with Tle Hame Some 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 March 1900.  |

No. 66
STATE OF GEORGIA, EXECUTIVE DEPARTMENT & MILITIA . B. Stely 6 1559 Mr. Cilman O Harrison Department for an allowance under the Act approved October 24, 1887, as amended by Act Dec. 21, 1888, and the same having been allowed for the is entitled to receive the same of Council of the year ending October 21 1880 The Treasurer will pay the same and the Marketint on this oneher and return same Executive Department for warrant By the Governor Harrison PRECISED OF STATE THEOPHER R. C. HARDEMAN.

CICL A COUNTRY DOLL

per above von her, this C. J.C. Har mixer

AMA

ucu + claurer do certify that I am well acquaint with The Hamison the per above vincher, this & of Olive 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 J.C. Harrison and that he resides in this County. Given under my official signature and seal, this day of march 1900. Ama Learn Maimed Soldiers. 1891. Voucher No 85 Maimed Soldiers. Audited 1891. Voucher No. 05 Amount \$ 100 Auinei ward to TO Hamson Amount \$ 100 COMPTROLLER GENER VI. SPIC STERNIERY raid Delhuan le Harrison For Pass oflog Included in war included in warrant No. issued to Treasurer. 1891 WARRANT CLERK applicant applicant

Allanta, Ba, Flebry H 1095 STATE OF GEORGIA.

M. J. C. Hamson

of the County

having filed his application in the Executive

Department for an allowance under the Act approved October 24, 1887, as amended by Act,

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

for such disability, the same being the allowance of for the year inding October 24, 1890

The Treasurer will pay the same and hold in centro the voucher, and return same to Executive Department for warrant

By the Governor

MHHamson CLERK EXECUTIVE DEPARTMENT.

\$100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

per above voucher this

STATE OF GEORGIA,

FXECUTIVE DEPARTMENT.

Atlanta Ga Tely

Mr. Tellman lo Harrison of Fullin

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

Lass of lea He is entitled to receive the sum of Que Mundred Dollars

for such disability, the same being the allowance for the same and hold the received this whether and return same to

Executive Department for warrant

COVERNOR

By the Governor.

(W/ Harrow SEC'Y EXECUTIVE DEPARTMENT.

100

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

One Signated
per above voucher, this of Olela

,100 :100 RECEIVED OF STATE TREASURER, R. U. HARDEMAN, RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia. per above voucher, this of Selection 1891.

Dillars.

Dollars.

J. C. H. W. Y. L. S. Dollars, per above voucher, this

| Harrisa, Walten a   | Fich effice 0/80/08 Met migmit seme tentiness   |                 | A                                       |                    |
|---|---|-----------------|---|--------------------|
| G.K. For 1902   | or his may to From Feb. 90<br>1884 teithe, end of war as<br>he estates it the witness must<br>mitted Knews mething I beaut<br>in year before the end of war |                 |   | STATE              |
| INDIGENT PENSON   | J.w.Lindsey<br>Can. of Pens.  | and in presence | and receipt for t                       | P(                 |
| Name Mon Il Flarison  | Su affidavis  | e,              | he pension allow                        | POWER GIA, COUNTY. |
| county Harton   | who was with the  |                 | ed and request the                      | P.                 |
| Approved  |   |                 | the remit some                          | ATTORNEY           |
| Commissions of Pendinal WARRANT HANDED  |   |                 | , | NEY.               |
| Ordinary all write approx (a) pile of and Regiment on State inflicated above. |   |                 | 190                                     | hereby sut         |
| THE P. HARRY CO. L. LANS BY AMERICA.  |   |                 | 20                                      | P.                 |

#### AFFIDAVIT OF PHYSICIANS.

| STATE OF GEORGIA, Hullow County.   |   |
|--|---|
| Personally came before me a A Basilian   | and   |
|  | known to me as reputable physicians   |
|  |   |
| of self County who, being severally sworn, say on oath that they have exami  |   |
| (Mulliam of Human, applicant for pension   | under Section 1254, Code, and after   |
| such personal examination by that his precise physical condition is as follows   | · 1   |
| I had he is trouble or   | the throne  |
| Rhyumatham also has  | a chomie  |
| bladder Trouble is gen   | wally youte   |
| seally There Touther new   | ely himma   |
| to every in living with any To   | rede on talling   |
| and that we have no interest in said pension to the town   | while while the   |
| Sworn to and subscribed before me, this, the )   | Bassin Mh 6   |
| 3 , day of any 1906+ 01/12   | mis   |
| Attent (111 frances of origin, 7, 0  | ray cerorain  |
|  |   |
| ORDINARY'S CERTIFIC  | ATE.  |
| STATE OF GEORGIA.  |   |
| Hullan County.   |   |
|  | and for said County, hereby certify   |
| Marian W W a   |   |
| that the applicant Mark Manuscare  | resides in said County, and has   |
| been a bona fide resident of this State since theday of  | 1892  |
| and that the witnesses, viz  |   |
|  |   |
| are of trustworthy character, and that their statements are entitled to full faith   |   |
| I further certify that before answering the foregoing questions the appli-<br>nercon prescribed, and that the full text of the affidavits was read to the applica-                           |   |
|  | at 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.  |
|  | B.  |
|  | de in good faith.   |
| Witness my hand and seal of office, with day of day of Olys R Will   | 1902  |
| i Journ with   | Ordinary,   |
| , // · //  | allon County.   |
| ( )  |   |
| MOTE.  |   |
| NOTE:  Before any questions are answered, the Ordinary shall swear applican words: "You shall true answers make to each of the questions asked of you, an the whole truth, so help you (does | t and the witnesses in the following<br>d the evidence you shall give will be |

**QUESTIONS FOR WITNESS.** STATE OF GEORGIA. Toulding COUNTY. ) as a witness in support of the application of Man H. Planciscon for pension under section 1254. Code, and after being duly sworn true answers to make to the following questions, denoces and ers as follows:

What is your name and where do you reside? M. N S Addain -2. Are you acquainted with It by Harrison the applicant: if no, how long have you known him? I have I known hims dince 1861 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 be callet, and how do you know?

1. It was a support of the same company and regiment did be callet, and how do you know?

1. When, where and in what company and regiment did be callet.

2. Were you a member of the same company and regiment? How long did he perform regular military duty? It am Il The Lay of James 1861 - The The Lay of James 1861 - The The When shd where was his command surrendered? Presented in a M. C. 8. Were you present when it surrendered? I hus When did be leave his command? after the bounce after or what came? I have turned and after his what authority he left Aung that a furnamental after How do you know all of this?

The investment in at home time and were me Lunice to super until the Surender, April 1861 11. What property, effects or income has the applicant? (Give your means of knowledge.) & and Kum 12. What property, effects or income did the applicant possess in 1896, 1897, 1808, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? & an mar / Lange 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 till-14. What is the applicant's occupation and physical condition? I are more larger I have not know but little about if plient since me beparatet april 86; 15. Is the applicant unable to support himself by labor of any sort; if so, why?\_\_\_\_ de do not Know 16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? A arms. 17. What portion of his support for these four years was derived from his own labor or income? I an mor 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 ar not them his physical Condition 19. Who composes family? What property have they? Children's age and their earning capacity? I do not throw - I do not throw agything thank ture things. 20. What interest have you in the recovery of a pension by this applicant? Man and Sworn to and subscribed before me, this the ) Willem 26 day of Of 1905

|       | * 1 t, g   |                                       |
|-------|--|---------------------------------------|
|       | QUESTIONS FOR WITNE  | ss                                    |
| 8     | TATE OF GEORGIA,   | <b>.</b> ,                            |
|       | County.  |                                       |
| 100   | M. LICENIE . V. DI . Mor grant of said State and   |                                       |
|       | a witness in support of the application of 2017. Harris  | 7 / for pension                       |
|       | der section 1254, Code, and after being duly sworn true answers to make to the fi  | ollowing questions, deposes and       |
| 1     | What is your name and where do you reside - S. Cillan.   | 4                                     |
|       | Are you acquainted with  |                                       |
| 2     | Are you acquainted with  | the applicant; if so, how             |
| lon   | g have you known him 11.00 A.C. / 86/<br>Where does he reside, and how long and since when has be been a resident of the   |                                       |
| -3.   | Where does he reside, and how long and since when has be been a regident of the first of the local of the loc | to specific There don't the           |
| 4.    | When, where and in what company and regiment did he enlist, and how do you   | know                                  |
|       | 21114 1861. CX A 19" Nagt &  | La vol: drewereh                      |
| 5.    | Were you a member of the same company and regiment'  | 3 4 4                                 |
| 1.    | How long and he perform regular rellitary duty we left Co hallay   | 1 7 1.                                |
| 7     | When and where was his command surrendered !! Lung   | orrow W.C.                            |
|       | Were you present when it surrendered?  | 4                                     |
|       | Was applicant present  |                                       |
| 110   | Was applicant present where was he was not present, where was he was not present, where was he   | y who the - braintor                  |
| Wi    | en and he leave his command. For what cause  |                                       |
|       |  | low do you know all of this?          |
| N-4"  | ~ were grant in worn to +/legt.  |                                       |
| 411   | is would at a close I and Tita. Febr   | 20 864                                |
| 1.1   | What property, effects or income has the applicant * (Give your means of known   | wledge.)                              |
| 12    | What property, effects or income did the applicant possess in 1895, 1897, 1898   | 1899, 1900, 1901 1902,                |
| BIND  | what disposition, anv. did he make of same "   |                                       |
|       |  |                                       |
| 13.   | Has be conveyed away may of his property in the last four years; if so, what we  | a it and to whom?                     |
| 1.6   | What is the applicant's occupation and physical condition?   | V V V V V V V V V V V V V V V V V V V |
| 1.40  | what is the applicant's occupation and physical condition:   | The second second second              |
|       |  |                                       |
| 15    | Is the applicant unable to support himself by labor of any sort; if so, why?_  |                                       |
|       |  | (Management)                          |
|       |  |                                       |
| 16.   | How was he supported during the years 1898, 1899, 1909, 1901 and 1902?   |                                       |
| 17.   | What portion of his support for these four years was derived from his own habou  | or income?                            |
| • 1 . | The policies of the support of these lour years was derived from his own moot  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 18.   | Give a full and complete statement of the applicant's physical condition that er   | tites him to a pension under          |
| Becti | on 1264, Code?   |                                       |
| 19.   | Who composes family? What property have they? Children's age and their es  | roing capadity ?                      |
|       | And the last of th | - 1                                   |

What interest have you in the recovery of a pension by this applicant the start of the start of

Brown to and subscribed before me, this the state of the

#### ORDINARY'S CERTIFICATE

| ORDINARY 5 CERT  | IFICA I E.                                       |
|--|--|
| STATE OF GEORGIA,  - Paulding County.  | ordinary, in and for said County, hereby certify |
| that sign applicant.   | position in said Conney, and has                 |
| and that the witnesses, viz. J. S. Adain   | th M H Margun                                    |
| are of trustworthy character, and that their statements are entitled to  | full faith and credit.                           |
| I further certify that before answering the foregoing question   | s the applicant and each witness took the oath   |
| hereon prescribed, and that the full text of the affidavits was read to the  |  |
| I further certify that the tax digost of   | Channey shows that applican                      |
| returned for taxation in his name in 1901  | Dollars of                                       |
| property, and in 1809  | Dollars of property; in 1902                     |
| The second secon | Dollars of property : in 1904                    |
|  | Dollars of property in 1905                      |
|  | Doilars of property.                             |
| In my opinion the foregoing claim is   | made in good faith.                              |
| Witness my hand and seal of office, this dis   | y of   |
| of   | Daulding County                                  |
| 1. Before any questions age answered, the Ordinary shall swear   | applicant and the winness is the fell of         |
| words: "You shall true answers make to each of the questions asked of<br>the whole truth, so help you God."  2. Additional affidavits may be attached if blank spaces are insuff<br>8. In every case the ordinary must certify to the character of the<br>as above set out.  | of you, and the evidence you shall give will be  |

| Blo Other Ordinary of Stallie  |                   |
|--|-------------------|
| faulding Q.  |                   |
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|  | The second second |
|  |                   |
| QUESTIONS FOR APPLICANT.   | -                 |
| STATE OF GEORGIA,  |                   |
| Julian (OUNTY.)  O said State and County, desiring to said State and county, desiring to the Pension Act (Section 2014 Code), benchy submits his proofs and offer being duly was   | ng                |
| true answers to make to the following questions, deposes and answers as follows:   | The state of      |
| 1. What is your name and where do you reside? (Give State County and post-office). Man Il Harrison - All and Fullary County.   | of Bu             |
| 2. How long and since when have you been a resident of this State' Since 1341-   |                   |
| 3. When and where were you bern? March 10=1841- Marinson Co. O   | Len               |
| Jugal / Poulding Calen-100 K- 19   | Acres .           |
| 5. How long did you remain in such younpany and regiment funtil the Sure   | nela              |
| at brunsbaro Mo.   | _                 |
| 6. When and where was your company and regiment sugrendered and discharged?  | _                 |
| Wing and where was your company and regiment survendered and discharged?  Hill 18-63" At Incensulation Mo.   | -                 |
| Were you present with your company and regiment when it was surrendered?   |                   |
| If not present state specifically and clearly where you were, when you left your command, for what cau and to whise natherity I hallo Thur. and the  |                   |
| " Il w mach can a wearn grow per annum by your own exertions or labor, allowing 75   | -                 |
| We at his been your or upation since 1865 * Advining & fuctor heard!  1 I pen where I the following grounds do you have your application for princip, viz: fifth, "age and poverty   | _ 1               |
| second unfirmity and poverty, or third, "blindness and poverty" 2- Kirking   |                   |
| support. If upon the second, give a full and complete history of the infirmity and its extent? If upon the thir  | d, <b>7</b>       |
| state whether you are totally blind and whom and where you lost your sight? Alband It state the Alband It state the Alband It state the state of the | and the           |
| lego- have knowl - or bladder trained  | _                 |
| 13. What property, real and personal, or income, do you possess, and its gross value? - Washing  | - ]               |
| 14 What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 at   | nd j              |
| 1902, and what disposition, if any, by sale or gift, have type made of same? - North   |                   |
| 15. In what County did you reside juring those years, and what property did you then return for taxation?  | - 1               |
| Fultan locusty no tages.  16. How were you supported during the years 1898, 1900, 1901 and 1900 By a little and supported during the years 1898, 1900, 1901 and 1900 By a little and land and la | wark              |
| 17. How much did your support cost for each of those years, and what portion did you contribute thereto  | aids-             |
| your own labor or income? 200 1898, 1899, 1901 and 1902? What pay did you receive in each year?  |                   |
| 19. Have you a family? If so, who composes such family? Give their means of support? Have they   | 112               |
| bomestead, or other property? Their ages and how employed? Sto-Mingle - It Self  |                   |
| 20. Are you receiving any possion? If so, what amount and for what disability? Manl-   |                   |
| 21. Have you ever made an application for pension before?  | - 1               |
| 22. How many applications have you ever made and under what class? Warre   |                   |
| 1 Sworn to and subscribed before me this the   | 1                 |
| Applicant.   |                   |
| of Fullan County.  |                   |

| QUESTIONS FOR W  | ITNESS.  |
|--|--|
| STATE OF GEORGIA,  |  |
| Harlian COUNTY.  |  |
| 1 810.   |  |
| The state of   | State and County, having been presented  |
| as a witness in support of the application of  |  |
| answers as follows:  | Darker   |
| 1. What is your name and where do you reside?  | 0  |
| - Manly Hally  | (B-511   |
| 2. Are you acquainted with   | the applicant: if so how   |
| 8. Where does he reside, and how long and since when has he been a   | resident of this State?  |
|  | (0= 10 deans-  |
| 4. When , where and in what company and regiment did be culist, an   | ad how do you know?  |
|  |  |
| 5. Were you member of the same company and regiment  |  |
| 6. How long did e pefrorm regular military duty?   | 1 1000   |
| 7. When and where was his command surrendered  | Comments of the Comments of th |
|  |  |
| 8. Were you present when a surrepresed?  | 100 TO 100 THE STATE OF THE STA |
| 9. Was applicant present?  | Allegan (green transported by the control of the co |
| 10. If he was not present, where was he  | THE RESIDENCE CONTRACTOR CONTRACTOR OF THE RESIDENCE   |
|  | For what cause?  |
| By what suppority he left?   | How do you know all of this?   |
|  |  |
| 11. What property, effects or income has the applicant? (Give your   |  |
| 12 What property, effects or income did the applicant possess in disposition, if any, did he make of same?   |  |
|  | If so what was it and to whom?   |
| 18. Has he conveyed away any of his property in the last four years:   | in io, what was it, and by whole.  |
| 14. What is the applicant's occupation and physical condition  |  |
| 14. What is the applicant's occupation and physical condition:   | = ald & fuble.   |
| nus many alem  |  |
| 15. Is the applicant unable to support himself by labor of any sort;   | if so, why?  |
| Sis 5 belause of   | old are and  |
| Tuecknes & mais  | mis.   |
| 16. How was he supported during the years 1901, 1902, 1903, 1904   |  |
| Bulittle lank in da  | ctar & help of grown   |
| 17. What portion of his support for these four years was derived from  | m his own labor or income?   |
| about ane ha   |  |
|  |  |
| 18. Give a full and complete statement of the applicant's payaical   | condition that entitles him to a pension under   |
| Beotion 1254, Code Hy to theak   | Juble- old   |
| Bestion 1254, Cycle He to theak  | juou- our  |
| Section 1254, Code The Weak 1999.  19. Who composes family? What property have they? Children's  | ages and their eaguing capacity?   |
| Beotion 1284, Cycle He to theak  | ages and their eaguing capacity?   |
| Section 1264, Code He Walk & Meak & Man 19. Who composes thmily! What property have they! Children's Man 19. Min 19. What property have they!  | ages and their eaguing capacity?   |
| 19. Who composes family? What property have they? Children's Mark They are they? | ages and their eaguing capacity?   |
| Section 1264, Code He Walk & Meak & Man 19. Who composes thmily! What property have they! Children's Man 19. Min 19. What property have they!  | ages and their eaguing capacity?   |
| 19. Who composes family? What property have they? Children's Mark They are they? | ages and their eaging capacity?  on Children  Heart: Frank  PA Garrier B   |

POWER OF ATTORNEY.

STATE OF GEORGIA.

|          |       |                              |           |                               |           | . Count             | rv. }                  |                |        |   |                   |                                       |
|----------|-------|------------------------------|-----------|-------------------------------|-----------|---------------------|------------------------|----------------|--------|---|-------------------|---------------------------------------|
|          |       | Ĭ                            |           |                               |           |                     |                        |                |        | - 0                                       | hereby            | authori                               |
|          |       |                              |           |                               |           | . of                |                        |                |        |   |                   |                                       |
|          | to re | eceive                       | and       | receipt f                     | or the    | pension             | allowed,               | and r          | equest | that l                                    | e remit           | same                                  |
|          |       |                              |           |                               |           | 140                 | at                     |                |        |   |                   |                                       |
|          | by    |                              |           |                               |           |                     |                        |                |        |   |                   |                                       |
|          |       | Wir                          | NRSS II   | y hand i                      | and seal, | this                |                        | -d             | ay of  |   |                   | _1907.                                |
|          |       |                              |           |                               |           |                     |                        |                |        |   |                   | Ĺı                                    |
|          |       | F                            | Execute   | ed in pre                     | sence of  |                     |                        |                |        |   |                   |                                       |
|          |       |                              |           |                               |           |                     |                        |                |        |   |                   |                                       |
| Fulter a |       | (FOR THOSE ALREADY EMPOLLED) | No. 433 U | INDIGENT<br>CAL DIRRY DRIVIAN | 1907.     | Name Shall Harricer | Co. M. Regimen M. & A. | WARRANT ISSUED |        | JOHN W. LINDSRY, Commissions of Pensions. | WARRANT HANDED TO | Geo, W. Riesson, FrietPearts, Ittara. |

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| State   | of Georgia,  |
|---|--|
|   | OT A County  |
|   | lly appearation. The Marrisco of   |
| Persona                                       | lly appearation. The remove 200 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 4; that he is 6 3 years old  |
| and by occupat                                |  |
| federate States                               | (or of the State of Blanged ) during the war between the   |
| States, and ser                               | ved for the term of 4 y in Company 10, of 17 th Regiment   |
| of Id.  | Infirmity & poucity  |
| follows:                                      | Justrucity & poucity   |
|   |  |
|   |  |
| that his proper                               | ty consists of the following items:  |
| and the project                               | , the following fiction  |
|   |  |
| of the value of                               |  |
| 23 18 20 20 100 100 100 100 100 100 100 100 1 | Dollars. I am now earning  |
| by my labor,                                  | Dollars per month. That by reason of his   |
|   | ou and poverty he is unable to support himself by his own exertion or  |
|   | he receives no peusion but the one herein applied for. t desires to participate in the benefits of the Act approved December 15th.   |
|   | ets amendatory thereo, and makes application for the pension to which he   |
|   | he vear 1907. I have heretofore, as a resident of Fulton.  |
|   |  |
| Samura La                                     | and subscribed before me this that mills my  |
| da da   | y of   |
| Z,  | 6. Or Williams   |
|   | _Ordinary.   |
| State   | of Georgia,  |
|   | }  |
| 1   | John C. Hickory of said County   |
| Ι,  | John C. Wikinson Continuary of said County, am well acquainted with M. M. M. M. ELLON  |
| do certify that I                             | am well acquainted with it is it is it is in the in the in the in the interest of the interest |
|   | the foregoing affidavit, and am well satisfied that the statements made  |
|   | aid affidavit are true, and I know he is the individual he represents himself  |
|   | ne resides in this County.   |
|   | Given under my official signature and seal this  |
|   | day of1907.  |
|   | Jalo O M. Jones  |
| AMA   | Ordinary County  |
| your<br>eral                                  |  |
|   | Norn.—The blank spaces must be filled.   |

Given under my official signature and seal this\_\_\_\_\_ dey of \_\_\_\_\_\_\_ 1907. John Or M. Kinson Ordinary ATTENSOM County your Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January 1st, 1907. For Tullon County Funeral expenses of Mr. W.H.Harrison. 1926 IN ACCOUNT WITH HARRY G. POOLE 1896 1926 FUNERAL DIRECTOR Application for Pension 96 S. PRYOR STREET Due Deceased Pensioner ATLANTA, GA WALNUT 4388 (UNDER ACT 1919) (To pay expenses of last illness and funeral) Dec. 11th 1927 To Casket Embalming and services Date of Death Doc 11 1927 \$ 100.00 Amount \$ / 0 0 ... 25.00 Underwear and hose 2.00 Grave Approved and ordered paid Pall bearers gloves I.50 John W. Clark.
28 Dec. 27 JOHN W. CLARK,
Commissioner of Pensions Funeral notices 4.00 Box to cemetery \$ 165.00 Atlanta Ga. Atlanta Ca. Fulton County.

I hereby certify that the above account is correct and was for the burial of Ar. W.H. Harrison who died in Atlanta Ca. on the IIth od Pec. 1927 with out sufficient funds to deft widow 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 work of the pay his funeral expenses. Calling wall Hassy Glatter 660 Botter Pulson County. in your office.

the applicant in the foregoing affidavit and am well satisfied to it 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.

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|     | , we my County           |      |
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## 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, Fuebu County.  |          |
|---|----------|
| Personally before me, the Ordinary of said County, comes.  Hany of County, who, after being sworn, says that he knew of said County, and that said I was on the Pension Roll of said County at the time of death, which occurred in |          |
| County, in this State, on the   | oner and |
| Sworn to and subscribed before me<br>vehicle Meabut Ordinary  Fullow County   |          |
| (Seal of Ordinary)  |          |

#### CERTIFICATE OF ORDINARY

| GEORGIA. Full County.  1. Though H. Jeffan Grand Ordinary of said County, do certify that I personally know H. Charles Grand Ordinary of said County, and that said person is of truthful and trustworthy character, entitled to full four her county. |
|--|
| citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit.  |
| that I also knew W. H. H. M. Sour while in life and that this was the same person whose name appears on the Pension Roll of Fullow County, and   |
| the same person whose name appears on the Pension Roll of Fullow   |
| For paid a Pension of the Tension Roll of Tourist grounds at the foot of mead County for 192. 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 youther and the bills which are attached herein.   |
| Given under my hand and official seal, this day of   |
| (Seal or Ordinary). Ordinary   |
| tillon County  |
| THEY ROSTONE.  |
| let. Remire those claiming arranges of last Ulass and August August  |
| ist. 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.  |

- and. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," stc. "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.
- ard. The Ordinary must see to it that such bill is perfectly legitmate 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 baid out until it is returned to you as your authority to make the payment.
- Rh. The Ordinary signs pay red, as Ordinary, for the pension and then disburses the mency himself and takes raceipts.

  8th. Return this application, and stranded bills, with your final settlement, to the Fundon Department.

  7th. Ordinary signs pay red, as Ordinary with providing the size of the Sention Department.

| was paid a Pennen of the County of the Count | llars  |   |
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| this yougher have been senselled in the sensel senselled in the sensel senselled in the senselled senselled in the senselled senselled in the senselled sens |  |   |
| Given under my hand and official seal, this day of 192  (Seal or Ordinary) Ordin   |  |   |
| (Seal or Ordinary) The The Ordinary) Ordin   |  |   |
| Eistlen cou  | 7  |   |
| IMPRUOTORS:  | THE PARTY NAME OF THE PARTY NA |   |
| igt. Bequire those claiming expenses of last illness and funeral, to make out their accounts in fully itemised form, giving each team the value of it, and each date.  | 4  |   |
| and. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "fust, true, due, unpaid." of "The above and foregoing account is rendered for services in the last illness (or for funeral expanses, as the case may be) of   | etc.)  |   |
| who died without o raing sufficient property to pay this bill.   |  |   |
| brd. The Ordinary must see to it that each bill is perfectly legitmate in every respect, and properly sworn to, and all attached neatly to blank, after this blank has been properly completed as indicated.   |  |   |
| oth. The completed vouches—this blank and the bills—must be sent to the Pension Department for approval and no money must be cott until it is returned to you as your suitherity to make the payment.  | paid   |   |
| 8th. The Ordinary signs pay real, as Ordinary, for the punsion and them dishurses the menory himself and takes 'receipts. 6th. Return this application, and stratched bills, with your final settlement, to the Funsion Department. 7th. Ordinary about does not that the back of this binary, when folded, in Ballet out.   |  |   |
| THE OFFENDERS REQUIRED SHE THAT THE BACK OF THE BLENK, when folded, is filled out:   |  |   |
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tashington record Widow's Application Under Act of 1919—As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937. Fulton Mrs. Barrett Harriss Widow of Robert X. Herrise Jr. Date of Marriage May 18, 1881 Date of Husband's Death ... 1898 ....... Approved 193

AUG 19 1937

Certificate

STATE OF GEORGIA

193. 7

Widow's Applie

#### Ordinary's Certificate

STATE OF GEORGIA,

Fulton

| - 42 00 11              | COUNTY                                    |  |
|-------------------------|---|--|
| I. Thom                 | as H. Jeffries                            | , Ordinary of said County, do certify                  |
| that I know.            | Mrs. Berrett Harriss.                     | the applicant for pension; that                        |
| she is the person she   | represents herself to be, and that s      | he has been, continuously, a bona fide resident        |
| citizen of said State s | ince January 1st, 1920; that I also ki    | ow Julia Harriss                                       |
| the witness who swear   | s to the second contract confessor        | marriage; that both of them are now residents          |
| of said County and v    | were duly sworn by me before sign         | ing the foregoing affidavits, and that they are        |
| truthful and trustwor   | thy and their statements are entitled     | to full faith and credit.                              |
| Given under my          | hand and seal of office this ) 200        | day of August 193 7                                    |
| SEAL OF ORDINA          | RY)                                       | Ordinary. County.                                      |
|                         | INSTRUCTION                               | NS:  |
| 1. Before any questi    | ons are answered the Ordinary shall awear | applicant and the witness in the following words: "You |

## 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,   |
|---|
| Pulton COUNTY   |
| Personally appears before me, WER. ESTREET. HARTISE. 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, enswers as follow, to wit. |
| SECTION 1.  |
| 1. What is your name, and where do you reside? (Give Post Office and County).   |
| Mrs.Barrett Harriss, S4C 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?   |
| Sive date, or year, of your birth Qat. 17, 1865 Age? 72   |
| 3. (1)When, (2)where and (3)to whom were you married?<br>May 18th, 1861, Augusta, Ga. Richmond, County, Robert Y. Harriss, J  |
| 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? YOS   |
| d. If not, how long had you resided apart?  |
| e. Are you now a widow? XOS   |
| f. Have you or your husband heretofore been paid a pension by the State? 10   |
| g. If so, when and for what cause were you or your husband placed on the roll?  |
| ECTION 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-<br>ty, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.   |
| Nov. 15, 1861; Augusta, Ga. Company G, 9th Regiment Georgia State<br>Troops. Confederate Army; Capt. William J. Deas; Georgia Cavalr  |
|   |
| <ol> <li>When and where did the Commands of your husband surrender or discharge from the Service?<br/>1865, Yirginia</li> </ol>   |
| 3. Was your husband personally present with his Command when it was surrendered or discharged?  |
|   |
| 4. If he was not present, state specifically and clearly where he was?  |
| 5. When did he leave the Command?   |
| a. For what cause did he leave?   |
| b. By whose authority did he leave?   |
| c. For how long was his leave of absence granted? d. In what way?   |
| e. What was his physical condition when he left his Command?  |
| f. What effort did he make to return to his Command?  |
| g. In what way was he prevented from going back to his Command?   |
| h. Was he captured by the enemy at any time?  |
| i. If so, when and where? In what prison was he held and when was he released?  |
| The proof was the field and which was the released?   |
| C   |

Mus Barrett Harriss Applicant.

#### An Affidavit

(Read carefully before making this affidavit.)

| State of Georg  | gia,   | <b>4</b> · |
|---|--|------------|
| County of   | Fultan   | $\P_\ell$  |
|   | t, the Ordinary of said County, comes Mrs Mrs. Barratt Barriss , and duly sworn, deposes and says:   |            |
| 1. That sh  | e is an applicant for the Georgia pension allowed to widows of Confederate soldiers;   |            |
| death, and, th  | r deceased husband was not a pensioner of the State of Georgia at the time of his<br>erefore, his Confederate military service has not heretofore been proven in connection<br>cation for pension:   |            |
| tary service of<br>Vaterans<br>4. That thi<br>Confederate m | e is unable to obtain from any person or source evidence as to the Confederate mili- her decased soldier husband; except the attached certificates from Service Office, & United war Depertuent. s affidavit is being made to authorite the use, as evidence, of any official record of said dilitary service as may be preserved either at the Capitol in Atlanta, or in the office of General, Washington, D. C. |            |
|   | Mr Baniko Kanies   |            |
|   | subscribed before me. this the day of July ., 1937.  Themp (C. Ordinary, 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:  |
| What is your name and where do you reside? (Give Post Office and County)   |
|  |
| 2. How long and since when have you knownapplicant   |
| 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?   |
| o. 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?  9. when, where and in what company and regiment did enlist?                               |
|  |
| (Give date and place)  |
| How did you obtain your information of this service?     How long within your personal knowledge did be perform actual military service with this Com- |
| bertotti actual intitali service with this Com-  |
| pany 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   |
|  |
| 14. Was the husband of applicant personally present with his Command at its surrender?   |
| If not where was he?   |
| 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 speci-   |
| fically)   |
|  |
| 15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com-   |
| mand?  |
| 16. What effort did he make to return to his Command and how do you know this?   |
| 17. Was he captured as a prisoner?   |
| In what prison was he held? 1934 and when released?  |
| Sworn to and subscribed before me, this the  |
| day of   |
|  |
| OF AL OF OR DIMARY. County.  |

#### 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.

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 Snd day of

Tune in the year of our Lord
one thousand nine hundred and thirty.sasten.

Clerk Court of Ordinary, Richmond County, Georgia

### STATE OF GEORGIA,

COURT OF ORDINARY
COUNTY OF RICHMOND

| I. 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  |
|   |
|   |
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|   |
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|   |
|   |
|   |
| 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<br>Court of Record. |

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the

Court of Ordinary this the End

June in the year of our Lord one thousand nine hundred and .... thirty ... seven ..

Ecabert White Clerk Court of Ordinary, Richmond County, Georgia.

DIVISION OF FINANCE

#### Anited States Host Office

FIRST CLASS

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. Harriss, as a private, in Company C, 20th Battalion, Georgia Cavalry, Hampton's old brigade, Army of Morthern Virginia. This was later consolidated and was then Company E, 8th, Georgia Cavalry, Bearings Brigade, W.F.H. Lee Division, Hampton's Corps.

Here are some of the names of the officers:

Captain John C. Crief (or Cress) lst. Liet. N.K. Butler 2d Lieut. W.B. Meriwaather W.H. Morris 1st Sergt J.W. Paul R.H.P. Day 24 3rd John A. Green 4 th W.W. Agra 5th D. C. Lancaster J.M. Mashaw 1st Corp. Joseph Mathews 24. 3rd L.B. Lewis 4th Jabez J. Garnett

Privatas Robt Y. Harriss --- and others.

I trust that this may give you more definite information.

very truly, yours,

Cumming Harriss. Post Office, Augusta, Ga. WAR DEPARTMENT

Court of Ordinary this the End

THE ADJUTANT GENERAL'S OFFICE

ROD

A.G. 201

Harriss, R.Y. (9-17-26) ORD

September 20, 1925.

Honerable 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 Harries of Augusta, Georgia, in further reference to the Confederate military record of his father, R. Y. Harriss.

I am unable to identify the Neebitt Volunteers mentioned in Mr. Harriss' letter. However, the records show that one R.Y. Harriss, Jr., served in Company C, 20th Battalion Georgia Cavalry, Confederate States served in company o, such Dattalion deorgia curalry, contemprate classes Army, in which organisation William J. Deas, served as let lieutenant and as captain; R.H.P. Dmy, as let 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. Harriss (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, C.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, Bavannah, Georgia, since Movember 18, 1862. A roll of officers, non commissioned officers, and privates detailed on extra duty as signal men and telegraph operators at Savannah District, deorgia, under command of Captain Joseph Manigault, A.A.G. and Signal Officer, dated Savannah, June 27, 1868, 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.F. Waring's Cavalry Company (Georgia Hussars), C.S.A., and was mustered out June 30, 1861. His age is given as 20 years.

Itolur Cwarre

Major General, The Adjutant General.

l inclosure.



#### THE VETERANS SERVICE OFFICE

405 STATE CAPITOL

minimum mum C ARTHUR CHEATHAM

ATLANTA, Ga., June 25, 1937.

MISS CILLIAN HENDERSON

Unpublished records compiled for the State of Georgia by Lillian Henderson show that

Robert Y. Herriss 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 Bettalion Georgia Cavalry May 22, 1862. Transform ferred to Co. E. Sth Regt. Georgia Gavalry Oct. 25, 1864. Roll for Nov.-Dec. 1864, last on file, shows him asbent, de. alied on Signal Corps, Savannah, Ge., since Nov. 18, 1862.

Above is true excerpt from records on file in this office.

Please attach this record to your pension application.

State of Georgia County of Fulton.

Personally before the undersigned authority now comes \_\_\_\_Inlia Harriss who upon oath says that he knows Mrs. Berrett Harriss 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 Julio Harrise

. ---



To any Minister of the Casnel, Judge, or Justice of the Peace.

Or any Person Authorized to Celebrate:

THESE ARE TO AUTHORIZE AND PERMIT YOU

Fonocable State of Matrimony

Robert if Harrise, J. Barrett

ACCORDING TO THE RITES OF YOUR CHURCH!

Given under my Hand

18 th

a. et. Chactan.

Hereby Certify, Robert 4 Harrier
13 ridget M. Barrett hand and and a second



William B. Walker
Return License to the Ordinary's Office to be Recorded



#### STATE DEPARTMENT OF PUBLIC WELFARE

#### HURT BUILDING

ATLANTA

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

WHEREAS :

MRS. BARRETT HARRISS, WIDOW OF ROBERT Y. HARRISS, JR.,

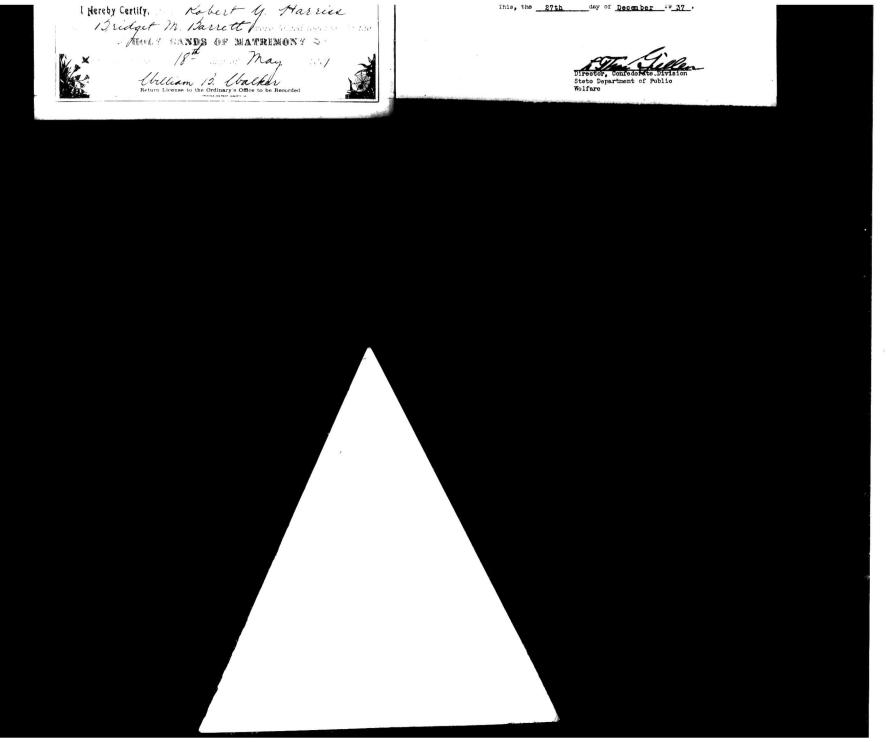
has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late hurband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married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

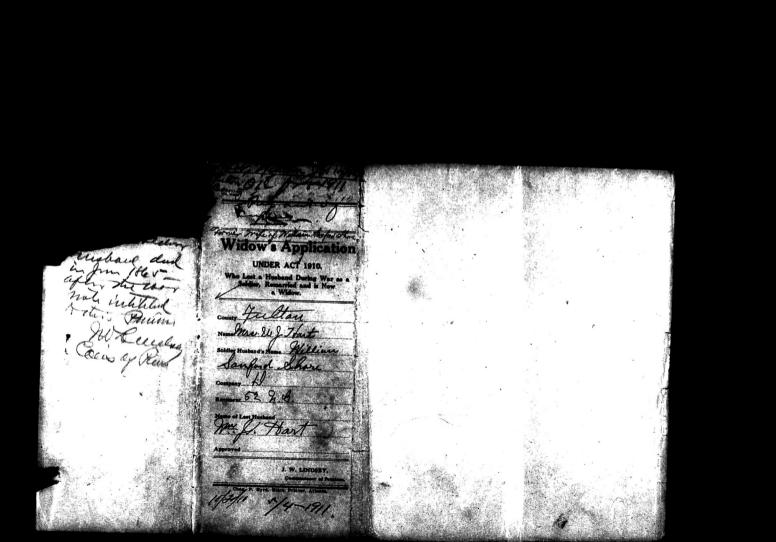
ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January 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 .

Director, Confederate Division State Department of Public





| ORDINARY'S CERTIFICATE.  |  |
|--|--|
| ORGIA.   | Widow's Affidavit Who Lost Husband Killed During War and   |
| County.  | Afterwards Married, now a Widow,   |
| IN IVINA   | STATE OF GEORGIA   |
| on and that I know that she is the person that she represents herself to be, and that she  | County.  |
| inuing resident of said county, and was on the 4th day of November, 1908.  |  |
| know   | Personally before me comes Mil William 14 1 and county who after being sworn on oath   |
| of said persons were duly sworn or me before signing their respective affidavits and that  | says that also became the lawful wife of these. So the families the day who desired being sworn on oath that he did on the day of the families in Company O the Regiment.  |
| I and trustworthy persons and their statements are entitled to full faith and credit.  | and yes on the day of the last in Company the Regiment and yes on the day of the last in the result of the result  |
| Tax Books of Tultum  | in the of duty on the day of 1862 leaving this applicant, his widow.   |
|  | That on the day of Asia 18 70 she was married to William and Mark of   |
| Ordinary ) Ordinary )  | Landsonty, and that on the last of the in the county   |
|  | Of the State of the day of the said from the |
| his note   | this deponent is now a widow.  That she was on the 4th day of November, 1908 or as the death of her last husband left in the use   |
| or any questions are answered the Ordinary shall swear applicant and the witness in the following words: only swear that you will true answers make to each of the questions asked you and the evidence you shall which trut. So help you don't will be a support of the state of the part of the state of the s | That she was on the 4th day of November, 1900 or a the tests of her last husband left in the use possession and control of the property. Stated in school of the property.   |
| litional affidavits may be attached if blank spaces are insufficient. affidavits must be made before the ordinary of the County of the residence of the person to be sworn.  | acres of land cash value of  |
| s mow a widow are entitled to this Pension   | Horses or mules  |
| ach comes of marriage license of both marriages or prove marriage, by some who know it, or by general  | Hogs and cows and other stock  |
| •  | actual income and savings.   |
|  |  |
|  | Total  |
|  | SCHEDULE B.  |
| ľ  | 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 valueas follows   |
|  |  |
| <u> </u>   | $\dot{a}$  |
|  | Total value  |
| $\cdot$ $t$  | and that the proceeds were disposed of   |
| /  |  |
|  | - A  |
|  | 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 other stock   |
| *  | Cotton and other farm Products, worth  |
|  | Source and coner term rrouges, worsh   |
| <b>k</b> .   | Total value of all property.   |
|  | and that the valuation of all of said property, is stated at its true cash value.  |
| 17   | Sworn to and subscribed to by me thisday of  |
|  | Ordinary PANA S Ababala  |
|  | County   |
| <b>1</b>   |  |
| The state of the s | Affidavit of the Wilness to the Service and Delth of Soldier   |
| <i>J.</i>  | Husband and Her Marrie 2   |
|  | 大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大  |
|  | STATE OF GEORGIA,  |
|  | County:  |
|  |  |

| 18                                      | and that she was              | She and her said so<br>his widow at his dea  | th, that he knows t                      | hat the said               | •130   |             |
|---|-------------------------------|--|--|----------------------------|--|-------------|
| narried again on                        | the                           | day of   | 19to one                                 |                            | bod  | -           |
|   |                               | died on the  | day of                                   | 19                         | and that the   | 11          |
|   | applicant is                  |  |  |                            |  |             |
|   |                               | efore me this  | day of                                   |                            |  |             |
|   | 0                             |  |  |                            |  |             |
| <b>1</b>                                | •                             | County   |  |                            |  |             |
|   | malay min mananaya samaasa ni | construction and an area of the contract of th | reacut one permanent or transfer         | CE DUSCOLUSION AND CONTROL | The second secon | 4           |
|   |                               | Witness to the   |  |                            | 7.1  | Augusta Bar |
| A // 14                                 | don or the                    | W ILINESS TO T   | ne rroperty c                            | ina its v                  | alue.  |             |
| TATE OF                                 | GEORGIA,                      | ٦٠   |  |                            |  |             |
| Fing                                    | efe.                          | County   |  | -4                         | •  |             |
| Personally b                            | 2                             | The Head   |  |                            | ho à   | e .         |
| ree Holders of sa                       |                               | State of the party of  | ho after being swor                      |                            |  | 4           |
| ree Holders of an                       | ad County of                  | nb or at me death  | and that the kn                          | ow Mrs.                    | -W LANGE FRIEND  |             |
| nat sne was on the                      | ath day of Noven              | or at the death  | of her last husband,                     | on the                     | day  |             |
| l                                       | 9and that he                  | left her in the use, p   | ossession and contro                     | ol of propert              | y at its true cash   |             |
| alue, as follows.                       | ,                             |  |  |                            |  |             |
|   |                               | SCHEDULE   | A.                                       |                            |  |             |
| _                                       |                               | ,  |  | -                          |  |             |
| <b>7</b>                                |                               | whose cash value   |  |                            |  |             |
| 45                                      | Horsesmu                      | iles   |  |                            |  |             |
| 7.                                      |                               | other stock  |  |                            | •  |             |
| 4                                       |                               |  |  |                            |  |             |
| 7,                                      | Money, notes a                | and accounts   | 202.02.000.000.0000.0000                 | ·                          | **************************************   |             |
| me                                      |                               | erty :   |  |                            |  |             |
|   |                               |  |  |                            |  |             |
|   | Total cash valu               | ue of all property   |  |                            |  |             |
|   |                               |  |  |                            | 7,000  |             |
| View or                                 | 1                             | SCHEDULE   |  |                            |  |             |
| We know the                             | at since the 4th N            | ovember, 1908 or sir   | nce the death of her                     | last husband               | she has sold er  |             |
|   | y of the cash valu            |  | 1.59                                     |                            |  |             |
| 7                                       |                               |  |  |                            |  |             |
| 'la                                     | Horses and mu                 | ıles   |  |                            |  |             |
| Te -                                    | Cows, hogs and                | stock of all kind  |  |                            |  |             |
|   | any and all oth               | er property  |  |                            |  |             |
|   | Total cash valu               | is property were   |  |                            | <i>r</i>   |             |
| d we know that t                        | the proceeds of thi           | is property were   | its full cas                             | sh value and               | was disposed of  |             |
| tate fully.)                            |                               |  |  |                            |  |             |
|   |                               | ,  |  |                            |  |             |
|   |                               |  |  |                            | ·····  |             |
|   | ·····                         |  |  | , <del></del>              |  |             |
|   | *                             | SCHEDULE (   | C.                                       |                            |  |             |
| W- 1 41                                 |                               | now in the use, po   |  |                            |  |             |
| sh value as follo                       | wa. to-wit:                   | now in the use, po   | ssession and control                     | of property                | of the actual  |             |
|   |                               | sh value of  |  |                            |  |             |
|   |                               | les, cash value of   |  |                            |  |             |
|   |                               |  |  |                            |  |             |
|   |                               | other stock  |  |                            |  |             |
|   |                               | SEY  |  |                            |  |             |
|   | Other personal                | property   |  |                            |  |             |
|   | Money notes an                | d secounts   |  |                            | ن وأنكنت بسائلين والأن   |             |
| 10                                      | Actual income                 | and savings  | 100                                      | 4.1.                       | 3. 11. 11.   | 110         |
|   | Total each valu               |  |  | Start Land                 | Erst Baby St. J. T.  | 18          |
| 111111111111111111111111111111111111111 |                               | AND THE PERSON   | A 19 19 19 19 19 19 19 19 19 19 19 19 19 | and the same               | All the second   | V. N.       |
|   | WHEN THE PROPERTY OF STREET   | LOSSES COMP. VICEN FOR MANUFACTURE   | CONTRACTOR CONTRACTOR                    |                            | THE CONTRACTOR OF  | 2730        |
|   | سرفعل انمراناهمالهم           | ma chia  | ALCOHOL STREET                           | The second second          | A STATE OF THE STA | 200         |

We know that the applicant is now in the use, possession and control of property of the actual Land of the cash value of..... Horses and mules, cash value of..... Wagon and Buggy. RT. REV. EDWARD RONDTHALER, D. D. Nuch Carolina 2 no 29 m Transage wick of Farigh Canty & appearant Then Haraczan. J. A. Rights, king duly sueam says, 160 2. 1549 William landford Kers That Melliam Shaw, of Fareigh County a lingle man con of the lingle entisted in The 5 V Reamont Harth women Elizabach There, born Lebr 24' \$829 Carolina State Troops, allant 18 by, and That during The year 18 best he much the in 120 Habara, to the lengte women Person Sichale in "Leanedy, bauptle of and then chicket, Ta, The said Shaw The married Couple Washington Kennes being Then an his way to four his regiment. Job Rights & Liabel - Com Lerly 147 1831 near Swam to and subscribed The marriage was performed in the before my this soday of have of the havents of the linide angust 19 10 Programasen Seo. 7 Bahnson, P. R. Chile Defenion Cant irenalario copy of the The valen Church Book L. Box Evereno Ranothales

R.C. CHRISTOPHER THE OLDEST SCOTTISH INSURANCE OFFICE, nitur. Turnamar Cimpung OF SCOTLAND. UNITED STATES BRANCH: SO& 52 PINE ST. N.Y. J. C. BESSENT, AGENT. WINSTON, N. C. 111 we seemed constrain. Strate of MC Forsy the to. HH Beard any duly surm defraces and sup That he & Miliam Shore were number of les & 52 Rugt ACT. De The Commun The were captured at Paterthey me in 1864 the were impered et that Island not be died in fison I down him after he died; I was descharge from prisme in fine 1860. W. Beard Swam to before me any 30 - 1970 My Commissione spins

My Commissione spine.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

| Harvey, Diames 6.                          |                                     |               |
|--|-------------------------------------|---------------|
| Fulth County ho                            | re L                                |               |
| TO THOSE HERETOFORE PAID                   | day of                              | 8             |
| 1904.                                      |                                     |               |
| No   | Executed in pres                    | and receipt   |
| WIDOW'S PENSION                            | in presence of                      | eipt for      |
| FOR  | noe of                              | the           |
| YEAR ENDING DECEMBER 81, 1904,             |                                     | . Pg '        |
| Mu. L. E. Hanney                           | ereunto                             | pension pai   |
| Fulton county,                             | eet my h                            | paid hereon,  |
| ridow of fee me Regiment 12/14 1/4         | bersunto set my hand and seal, this | n, and        |
| JOHN W. LINDSEY, Commissioner of Pensions. | seal, thi                           | request       |
| WARRANT ISSUED                             |                                     | <b>F</b>      |
| /3 2 1904,                                 |                                     | 8             |
| AND HANDED TO                              |                                     | Tem it        |
| aff  | [-<br>p                             | remit same to |
| Geo. W. Harrison, State Printer, Atlanta.  | =                                   | 8             |

## POWER OF ATTORNEY.

| STATE OF GEORGIA,   | COUNTY.  |
|---|--|
| 1.  | hereby authorize   |
|   | _ of   |
| to receive and receipt for the  | pension paid hereon, and request that he remit same to   |
| IN WITNESS WHERFOF, I ha  | ve hereunto set my hand and seal, this   |
| day of  | 1904.  |
|   |  |
| Executed in presence  | [L 8.]   |
| Executed in presence  | OI.  |
| TO THOSE HERETOFORE PAID  TO THOSE HERETOFORE PAID  No. V.O.  WIDOW'S PENSION  PART  NO. V.O. | The SAL DECEMBER 31, 1904, PAID FOR TO P  Fullon OF  Fullon County, Widow of Co. Regiment ALL  Co. M. Regiment ALL  JOHN W. LINISERY  Commission of Presion  WARRANT SERIED  The AND HANDED TO  Co. M. Better ALL  AND HANDED TO  Co. M. Better ALL  Co. M. Better A |
|   |  |

## POWER OF ATTORNEY.

| 11.65           |           |            |  | of         |                 | - |      |      |
|-----------------|-----------|------------|--|------------|-----------------|---|------|------|
| to receiv       | and rece  | ipt for th | e pension p  | aid hereon | equest th       |   |      |      |
|                 | Vitness W |            | have hereun  | to set my  |                 |   |      |      |
|                 |           |            | sence of   |            | <br>            |   |      | _[r. |
|                 | Execut    | ed in pre  |  |            |                 |   |      |      |
|                 | Execu     | ed in pre  |  |            |                 |   |      |      |
|                 | Execu     | ed in pre  |  | T-Abre     |                 |   |      |      |
|                 | Execu     | ed in pre  |  |            |                 |   |      |      |
| au, tilgadiggen | Execut    | attorna    | <i>y</i>   |            |                 |   |      |      |
|                 | Rxecut    |            | The state of the s |            | All regions are |   | 908° |      |

STATE OF CEORGIA

For Midders Here ofore Allowed Pension

## FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA,  | PERSONALLY COMES MRS.  |
|--|--|
| County of Fulton.  | Il & Hanny   |
| 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   |
| 1119 185   | <i>1</i>   |
| Teo 126 Hann   | That she is the Widow of who was a soldier in Company  |
| to of the 12 the ar  | Regiment of Ma   |
| Volunteers, that he enlisted in said regiment on   |  |
|  | munder 1885 That he lost his   |
|  | AS ID I State here   |
| partie dais of the husband's death, when, where and  | ( V A . V  |
| els the second of the second o | ing fire in the  |
| Ruch gilling of  | 1 . Livere   |
| that diger   | ing laran in the   |
| some of some   | · March 11 March 12 M |
|  |  |
|  |  |
| Deponent swears that she was the wife of said de   | eceased soldier, during his service in the Army as a   |
|  | death aforesaid, and that she became his wife in   |
| Ju year 15 2 2   |  |
| I have been paid a pension as a resident of  | Fullun. County for the   |
| year ending December 31, 1903, and now apply fo  | or the pension provided by law for the year ending   |
| December 31, 1904  | ,  |
| Sworn to and subscribed before me,   | D.E. Hanney  |
| thin, day of JAN 2.2 1904 1904.  | J.C. (Canbel)  |
| Jam P. Wil Kinson Oromary)   | Post Office  |
| ofm ( Ordinary )   |  |
| State of Georgia,  | I, John K. Wilkenson   |
| Fulture County   |  |
|  | who made the above affidavit and   |
|  | and I know she is the individual she represents  |
| herself to be, and that she has continuously reside  |  |
| day of Muy 18.5  |  |
|  |  |
| Given under my official signature and seal,  | this the day of JAN 92 1904.   |
| ( Metal )  | John A Wil Kenson  |
|  | Ordinary of Filliam County,  |
| NOTE.—All blank spaces must be fill  | led.   |

# For Widows Heretofore Allowed Pensions.

| STATE OF C   | Trans > (/)  | una E. Harras   |
|--|--|---|
| who he   |  | 1   |
| Fulton.  |  | a bona fide resident of said County o   |
| ondnuously ever since  | and le la  | nd that she has RESIDED in said Stat  |
| George In  | Mariti   | That she is the Widow o   |
| Co of the  | 12 12  | who was seoldier in Company   |
| "House,  | d in said regiment on or about the n   | ment of Addi  |
| 86 and served in th  |  | That he lost his  |
| fe on the  |  | 186 11 That he lost hi  |
|  | death, when, where and from what ca  | 18 92. (State her   |
| the nusbana s  | would, when, where and from what ca  | ALSE.)  |
| Dud  | 1898 190   | 0   |
|  |  |   |
|  |  |   |
|  | -  |   |
|  |  |   |
| e year 1852  | ever married since his death aforess   | aid, and that she became his wife in  |
| e year 18.52   | ever married since his death aforess   | Fulton. County, for the   |
| I have been paid ar ending December 31, 1  | ever married since his death aforess   | Fulton. County, for the   |
| I have been paid at ending December 81, 1 seember 81, 1906.  | spor married since his death aforess spension as a resident of 905, and now apply for the pension  | Fulton. County, for the   |
| I have been paid a prediction of the paid  | special period is period by the pension as a resident of 1905, and now apply for the pension pribed before me  | Fulton. County, for the   |
| I have been paid are ending December 81, 1906.  Sworn to and subset  | spension as a resident of 1905, and now apply for the pension or 1905, and now apply for the pension or 1906.  | Fulton. County, for the provided by law for the year ending   |
| I have been paid are ending December 81, 1906.  Sworn to and subset  | special period is period by the pension as a resident of 1905, and now apply for the pension pribed before me  | Fulton. County, for the provided by law for the year ending   |
| Ider, and that she has me year 18.5  I have been paid a ar ending December 31, 1908.  Sworn to and subsection of the state | pension as a resident of  possion as a resident of  possion and now apply for the pension  pribed before me  JAN 1 1900.  Poss Off   | Fulton. County, for the provided by law for the year ending   |
| I have been paid at a rending December 81, 1906.  Sworn to and subsection of Georgia Fulton.   | pension as a resident of 905, and now apply for the pension or 1905, and now apply for the pension or 1905, and now apply for the pension or 1906, and now apply for the pension or 1906, and now apply for the pension or 1906.   | Fulton. County, for the provided by law for the year ending that the provided by law for the year ending that the provided by law for the year ending that the provided by law for the year ending that the provided by law for the year ending that the provided by law for the year ending the year |
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| I have been paid as are ending December 81, 1908.  Sworn to and subsection of Georgis Fulton.  quainted with Mrs.  | pension as a resident of  possion as a resid | Fulton. County, for the provided by law for the year ending was a full of the year ending the full of |
| I have been paid a sar ending December 81, 1908.  Sworn to and subsection of Georgia Fulton.  quainted with Mrs  | pension as a resident of  possion as a resid | Fulton. County, for the provided by law for the year ending was a full of the year ending the provided by law for the year ending the year end year |
| I have been paid a sar ending December 81, 1906.  Sworn to and subsection of Georgia Full of Facts to Georgia Full of Fa | pension as a resident of  possion as a resid | Fulton. County, for the provided by law for the year ending was a full of the year ending the provided by law for the year ending the year end year |
| I have been paid a sar ending December 81, 1906.  Sworn to and substitute of Georgis Fulton.  quainted with Mrs. a satisfied that the facts it result to be, and that she by of ACC in the same of the | pension as a resident of 1905, and now apply for the pension or 1905, and now apply for the pension or 1906, Ordinary.  Post Offi  | f said County querify that I am well who made the above affidavit, and be in the individual she represents te since the   |
| I have been paid a sar ending December 81, 1906.  Sworn to and substitute of Georgis Fulton.  quainted with Mrs. a satisfied that the facts it result to be, and that she by of ACC in the same of the | pension as a resident of  possion as a resid | Fulton. County, for the provided by law for the year ending was a full of the year ending the provided by law for the year ending the year end year |

| State of Georgia, I. John K. Williamson.   | State of Georgia.  |
|--|--|
| acquainted with Mrs. L. Conuts. Ordinary of said County, certify that I am well sequented with Mrs. L. Conuts, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents | State of Georgia,  Fulton.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of said County occitive that I am well acquainted with Mrs.  County Ordinary of Said County occitive that I am well acquainted with Mrs.  County Ordinary  |
| day of   | herself to be, and that she has continuously resided in this State since the day of Given under my official agnature and seal, this the day of JAN 1   |
| NOTE.—All blank spaces must be filed.  Voucher and Middlewitt must bear date after January 1264, 12944.  | Official County of County  |
|  | Con Control of the Co |
|  |  |

No. 225 APPLICATION FOR ALLOWANCE Lech Cis. France Con 24, 24, Applican & MATCHERY, County Stellier Amount JO, Date of Warrant Ste Falered on Record, Jehr 5 1887 MH A BROKETARY EMPLOYED mutane

STATE OF GEORGIA,

PERSONALLY appears to Me Kanney of Antien 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. 1952 day of States (or of the State of ...) during the war between the State of ... States (or of the State of ) during the war between the States, and served as a 6 of Tam one from in Company of of the Regiment of Asorfice Volunteers office out Eren's Brigade; that whilst engaged in such military service, at the battle of Monococy in the State of Mary Land on the 1th day of July 1864, he was wounded as follows it theretally in the John on the 1th and the Fifth on the was wounded as follows it through toward hot on the I the of the width theretain the passed through and come out our near the Carolin it the right bridge fraged through and come out in near the Carolin it the body. From the appeal through at the wound, at my time if he by prove of til can nich perforationing hand later now are home much for gran only to perform light office. duties. The lamb exposure, manders 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 the factory the factor of the formany 1889 W. & Le culum

STATE OF GEORGIA.

19 The lift Hellen County.

PERSONALLY comes before me Dy to be occur Ordinary of said and Showward both known to county TE 6. Strong me as reputable physicians of said county, who being severally sworn, say on outh that they have carefully examined "Few . M. Harring and after such examination Therein hall which found through love dobe of right

very ount ve Georgia

| ATE OF GEORGIA, I A STATE OF GEORGIA,  | ST    |
|--|-------|
| Fuller County.   |       |
| I Or L. Comelian Ordinary of wait con  | ntv.  |
| do certify that I am well acquainted with  | the   |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by  | hīm   |
| in his said affidavit are true, and that he is disabled to the extent he claims, and I know h  | ne is |
| the individual he represents himself to be, and that he resides in this county. I also cer   | tify  |
| that the foregoing witnesses, to wit! "He to Divine and  | 190   |
| J. M. Duneau   | 7     |
| All the state of t |       |
| are persons of respectability, and that their statements are worthy of full credit and be  | lief. |
| I further certify that before whom the forego  | oing  |
| affidavits were made and power of attorney was signed, is a  | 7     |
| of said county, and that the said affidavits and signatures thereto are genuine.   |       |
| Given under my official signature and seal, this 7. day of Technolis   | 80    |
| m. L. lo ocean   |       |
| Ordinary Fried Con   | 3.    |
| Ordinary There Con   | nty.  |
| de la company de | U     |
| POWER OF ATTORNEY  |       |
| 1111   |       |
| STATE OF GEORGIA,  |       |
| Fullon County.   |       |
| KNOW ALL MEN BY THESE PRESENTS, That I, The will farmy   |       |
| - of many  |       |
| county, in said State, do hereby appoint Mers DE Manny (2mg un   | 4     |
| of Paice State and Guenty aforeara my true and lawful attorney in face.  | for   |
| me and in my name, to receive and receipt for whatever amount of money I may be enti-  | [cd   |
| to from the State of Georgia by reason of the injury exceived as aforesaid in the military   | ser-  |
| vice of the Confederate States (or of this State), as stated in the foregoing affidavit; her   | eby   |
| 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 afores  | ıjd,  |
| In witness, whereof I have hereunto set my hand and seal, this   | -411  |
| day of Vilamany 1887 more real and and another with soil   | 1     |
| Executed in the presence of us:  | 8.)   |
| Executed in the presence of us:  |       |
| Olland a Chill make pulled 15.1  | 1.2   |
|  |       |
| w. Ventan ( gar)   | ę     |
| A  |       |
| DIRECTION and substituted as the comment of the com |       |
| Send money to me as follows, by  | 74    |
| to B   | 0.    |
| County, Deorgia  |       |
|  |       |

#### 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 disability to 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 sustess.

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 ingers or took ship proofs must be made to show the number, and points where supputated.

6. If application is for loss of ingers or took ship proofs must be made to show the number, and points where supputated.

6. If application is for seturned for correction, and amendments are essentially useless."

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

The fire concerns to be

Shirik (1608) in a sandana wali

Sams Heretolore Allowed Pensions.

| For Applicants Heret  | ofore A   | Allowed   | Pensions.                           |
|---|---|---|-------------------------------------|
| Frelling County   |   |   |                                     |
| Personally appears 2.   | 16. 9   | 6   |                                     |
| of Hallen Coun  | tv. State of G  | eorgia who had  | ng duly sworn, says                 |
| on oath that he is a bona fide citizen and resid  | dent of Georg   | zia and has be  | en such continuously                |
| since theday of   |   | 18  | £2; that he enlisted                |
| in the military service of the Confederate Sta  | tes (or of the  | State of  | J.Z., that he enhisted              |
| during the war between the States, and serve  | dasa M  | ( a a   | in Company                          |
| of 12 th Regiment of Artillun   | Seo Voi   | unteers &   |                                     |
| Brigade; that whilst engaged in such military   | service at the  | battle of M   | 200000                              |
| in the State of Mod   | , on the  | g ^   | Q <sub>of</sub>                     |
| rendering him in  | - kun   | A   | ger arm                             |
| The bolen one, m  | ann   | e vre   | alines et                           |
| ugu   |   |   |                                     |
|   |   |   | 100                                 |
| Deponent desires to participate in the ber<br>the acts amendatory thereof, and makes applie<br>the year ending October 26, 1892. I have her   | cation for the  | allowance to wil  | ich he is entitled for              |
| First   | Collars for   | C-C /   | n of                                |
| Sworn to and subscribed before me this  | the )   | 271   |                                     |
| Sworn to and subscribed before me this to   |   | · ru, W.  | a                                   |
| Norz.—State fully nature of wound or character of distance of the disability.   | ry.<br>isease which caus  | es the disability, an                                       | d explain particularly the          |
|   |   | OEVE  |                                     |
| STATE OF GEORGIA.   |   |   | - ·                                 |
| County.   |   |   |                                     |
| Know all Men by these Presents, That  | : I.  |   |                                     |
|   | of  |   |                                     |
| County, in said State, do hereby appoint  |   |   |                                     |
| of me and in my name, to receive and receipt fo from the State of Georgia by reason of the inj the Confederate States (or of this State), as sta my said attorney to receipt in my name for any or for any sum of money which may be coming | or whatever and<br>ury received a<br>ated in the for<br>Warrant than<br>to me for the | s aforesaid in the<br>regoing affidavit<br>at may be issued | hereby authorizing by the Governor, |
| IN WITNESS WHEREOF, I have here   | eunto set my h  | and and seal thi  | 1.                                  |
| lay of  |   |   |                                     |
| Executed in the persons of  |   |   | [L. 8.]                             |
| Executed in the presence of us:   |   |   |                                     |
| No.   |   |   |                                     |
| and the same of the same  |   |   |                                     |
| DIRE  | CTION.  |   | H 44                                |
| Send money to me as follows, by   |   |   |                                     |
|   |   |   | P. O.                               |
|   | <b>.</b>  |   |                                     |

IN WITNESS WHEREOF, I have hereunto set my hand and seal this. day of \_\_\_\_\_1892. [L. S.] Executed in the presence of us: Send money to me as follows, by minimate of many of ma ... P. O. County, Georgia. Fulton Maimed Soldiers. Audited Feb. 8th 1889 Voucher No. 225 Amough & S C

paid a Sto M. Nanvey

For Stul Desabelit

from by by newd,

Sleby of 1889. Included in Warrant No issued to Treasurer 1889.

....... may be coming to me for the reason aforesaid.

STATE OF GEORGIA, EXECUTIVE DEPARTMENT And Allowed of County of Manual Act of the County of Manual Act of the Act approved October 24, 1888, and the same having been allowed for Manual Act of the County of the Same having been allowed for Manual Act of the County of the Same being Manual Act of the Year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt of his sucher, and return same to Eventive Department for warrant Governor CLERK EXECUTIVE DEPARTMENT

GM Hanvey D& Hanvy

Dollars.

Section of State Transport R I HARDEMAN.

No 2005

Because of State Treasurer R. C. HARDEMAN,

Dollars

per above vare her, this of Telegraphy 1889.

G. M. Harvey

D. E. Harvey

# ORDINARY'S CERTIFICATE

| 192 for 8   |   |  | garage control   |   |
|---|---|--|--|---|
| Jarren P. J. (Mus)  | NOTES   | befo   | person<br>on the<br>Th   | f 1 g   |
| Widow's Application   | 58: 1. Before au 'You do 'You shall 2 Addition 3. All affida 4. Only wide 5. Attach ce 5. Attach or apputation 6. Widows o service—b  | entitled to<br>Sworn un<br>(SEAL.)   | the / S  | STATE OF GEOR  F.  1. 7 /9 know Mrs. & A          |
| o Be Put on Roll in Her Own Right When<br>Husband Was on the Indigent Roll or<br>Put on Under Act of July 11, 1910—<br>As Amended by Act of 1919. | re any questi<br>a do solemaly<br>hall give will<br>thonal affidav<br>fidavits mass<br>widows who<br>h certified on<br>ation.  Timabie  Timab | before signing the respective affidavita, and that<br>are entitled to full faith and credit.<br>Sworn under my hand and official seal of<br>(SEAL.)  | on she represents herself to he I S day of A4 That I slav know 2449.   | STATE OF GEORGIA  Fuel  1. 1 H  thow Mrs. R. A. 1 |
| ounty tulton  | " X 2.8 " F 7 2 2   | hve affidav<br>and credit<br>and and of  | Det  | なる。   |
| ame Mrs. R. a. Harriey  | answered the<br>that you will i<br>rath. So bely y<br>be attached if<br>the prior to first .<br>marriage licens<br>no proof of a  | ficial s   | O C BE   | E 92  |
| idow of Saac Harriou  |   | d that they  | Alexander is a   | COUNTY  |
| giment auth 13at  | Ordinary shall swear applicant and<br>tree haswer make to each of the qu<br>you God, " thank spowe are insurfaceast,<br>Ordinary of the county friend,<br>Jamary, 1881, are entitled,<br>use if obtainable. If not, prove marr<br>to the Bine Application Blank and as<br>service man was not required to do se   | that sealing are truth   | bona fide  | the appl  |
| proved  | Il awear applicant and il make to each of the quare interfecient, are entitled, are entitled, are entitled, and etail entitled to do not required to do not so the south of th                      | A POINT B  | continu<br>wit   | Ordi  |
|   | the question the question idence.   | foregoing d trustwor   | inuing reside  | nary of sai                                       |
| 7   | s asked j   | thy and  | nt of 84   | d Count   |
| J. W. LINDSEY,<br>Commissioner of Pensions  | as we asserted the Ordinar, shall rever applicant and the witness in the following words, the Milk 199 will 1970 asserts made to seak of the questions saked you and the releases way be attached (*) and access as a fund fortunary of the county of milk or mothers, are supported by the county of th                      | stant behave the foregoing were duly swern 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 that they are foreign on the first statements.  (SEAL)  Ordinary.  County. | person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 1.D. day of Sefat.  That I also know Ming M. D. Messan.  Witness saids and said County and was a said county and the bow. | Ordinary of said County, do sertify that !        |
| Byrd Printing Co., State Printers, Atlanta.   | words:<br>evidence<br>general   | by A coments   | and was  | y that !  |
| 10-23-1919  |   | of Clay  |  |   |

# ORDINARY'S OFFICE

GEORGIA-SUMTER COUNTY

1 1 in 1 - 11 Welman and a other book of the court of instruction of mail county, hereby certify that the write is respect to a sold county and the write is the surface of the court of the county of the county of the court of the county of the court of the county of the county of the court of the county of th

4 de Rithieft Marriage

as it file and broad in this affice.

These certify that I am my own state. There in eleck,

In Testimany Whereof I have unforset my honor and affix the seal of the Court of Ordinary, this Court of Definary, this Col. A Colo Clerk, C. O. S. C. Ca.

### OBDINABING CRASSICS

- All articative must be made before the Ordinary of the county of residence.
   Only widow who married prior to first January, 1881, are smittled.
   Attach perfilled copies of marriage license if obbanable. If not, prove marriage, by some person, or by general reputations.
   Wildows of Disabled Pensioners must use the Bine Application Blank and state and prove full term of humband's service—bocause he made no proof of service and was not required to do so.

W: N

# ORDINARY'S OFFICE

GEORGIA-SUMTER COUNTY

1 1 2 0 1 1 and 1 and more and 1 1 attent to be not the count of continuous of said counts, hereby cortify that the within respect to a top said to rectingly of Marinage Vicenses and 4 the Rithieft M. Gastraly

Lates cer if that I am my own set a Thave no clerk

In Testimony Whereof Chercumberseliny bund and affix the seat of the Court of Ordinary, this

or of Deptar fram 1949 A Good ordinary and Ex-officio Clerk, C. O. S. C. Ca.

|   | ORDINARY'S CERTIFICATE   |
|---|--|
|   | STATE OF GEORGIA,  |
|   | Fulton county }  |
|   | I. Ordinary of said County, do certify that I  |
|   | know Mrs. R. a. 1 turing 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 landay of Left 1919   |
|   | That I also know to the Alexans witness as to marriage, and I also Room  |
|   | that beth of the foregoing were duly sworn by her Ca   |
|   | before signing the respective affidavits, and that they are truthful and trustworthy and their statements  |
|   | Sworn under my hand and official scal of office third.   |
|   | SEAL Ordinary  |
|   | Julipore County  |
| ~ | NOTES 1. Before any questions are answered the Ordinary shall awar applicant and the witness in the rollowing words. "You do selembly seems that you will true asswers make to each of the questions saked you and the evidence and the selection of the property of the selection of the property of the prop |
|   | <ol> <li>All affidavits must be made before the Ordinary of the county of residence.</li> <li>Only widows who married prior to first January, 18s1, are entitled.</li> <li>Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general</li> </ol>   |
|   | reputation.  6. Wildows 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.   |
|   |  |
|   |  |

M

MARRIAGE LICENSE

Since Harrey

AND

Tisthe A. Marrate

Insued 2/Left 1871 and Recorded on Page 79 Book

1871 of Marriage Licenses

# 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 she was married on  |
| the 24 day of Sept 18.71, 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 ofStewartCounty, in said firsterns  |
| of Georgia, and he was on the   |
| of \$.100_00.in. Stewart  |
| Company A. Sitts Bat. Regiment (Volunteers or State Militia   |
| That she is now a bona fide resident citizen of smid County of Fulton and she in the State of Ga. all her life  |
| has so continuously resided zinoux.   |
| Sworn to and subscribed before me, this the   |
| Mary B6 Ordinary R a Har 1-6/1  |
| Pulkan County   |
| (MBAI <sub>c</sub> )  |
|   |
| Affidavit of Witnesses to Prove Marriage and to Whom.   |
| Affidavit of Witnesses to Prove Marriage and to Whom.  Date of Death of Husband   |
| Date of Death of Husband STATE OF GEORGIA.  |
| Date of Death of Husband STATE OF GEORGIA.  Pullon COUNTY   |
| Date of Death of Husband STATE OF GEORGIA.  |
| Date of Death of Husband STATE OF GEORGIA.  Pullon COUNTY   |
| Date of Death of Husband  STATE OF GEORGIA.  Pullon COUNTY    Personally before me comes Mrs, K. H. Stayene known to be   |
| Date of Death of Husband  STATE OF GEORGIA,  Pullon COUNTY  Personally before me comes Mrs. M. M. Stayene known to be responsible and truthful persons, residing in said County, who after having been duly aworn, say that   |
| Date of Death of Husband  STATE OF GEORGIA,  Pallon COUNTY  Personally before me comes Mrs. M. H. Stayene known to be responsible and truthful persons, residing in said County, who atter having been duly sworn, say, that of their own personal knowledge Mrs. R.A. Mer. 1997 who made the foregoing   |
| Date of Death of Husband  STATE OF GEORGIA.  Fullor COUNTY  Personally before me comes Mrs. V. H. Stavens. 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. Her. 1997. who made the foregoing affidavit, is the lewful widow of IRSSO, HELYSY who died in Stewert.  |
| Date of Death of Husband  STATE OF GEORGIA.  Pallon  COUNTY  Personally before me comes. Mrg. M. M. Stryene. known to be responsible and truthful persons, residing in said County, who after having been duly aworn, say, that of their own personal knowledge Mrs. R.A. Morvey. who made the foregoing affidavit, is the lawful widow of IRGRO, HELYSY. who died in Street.  County in said State of Ga. on 13 day of Jany. 19.17, and that she has not since remarried. That the beasure the wife of IRRAS HELYSY.   |
| Date of Death of Husband  STATE OF GEORGIA.  Pallon  COUNTY  Personally before me comes. Mrg. M. M. Stryene. known to be responsible and truthful persons, residing in said County, who after having been duly aworn, say, that of their own personal knowledge Mrs. R.A. Morvey. who made the foregoing affidavit, is the lawful widow of IRGRO, HELYSY. who died in Street.  County in said State of Ga. on 13 day of Jany. 19.17, and that she has not since remarried. That the beasure the wife of IRRAS HELYSY.   |
| Date of Death of Husband  STATE OF GEORGIA.  Pullon  COUNTY  Personally before me comes  Mrg. * H. Stryene 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. Mervey who died in Stewert  County in said State of Ga on 13 day of Jany 19.17, and that she had not since remarried. That she beasure the wife of Jany 19.17.  SER 18.71, and that she and he had resided together as man and for over thirty year's  |
| STATE OF GEORGIA.  Pullor COUNTY  Personally before me comes Mrs. L. Bisyers 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. Meryey who died in Stewert who made the foregoing affidavit, is the lawful widow of Issae, Haryey who died in Stewert County in said State of Ga. on 13 day of Jary 19.17, and that she not since remarried. That the because the wife of Issae Haryey wife over thirty years wife continuously wasked. Mayor |
| Date of Death of Husband  STATE OF GEORGIA.  Pullor.  COUNTY  Personally before me comes. Mrs. M. Stryene. known to be responsible and truthful persons, residing in said County, who atter having been duly sworn, say that of their own personal knowledge Mrs. R. A. Hervey. who made the foregoing affidavit, is the lawful widow of. IRSRQ Hervey. who died in Stermert.  County in said State of Ga. on 13 day of Jany. 19.17, and that she has not since remarried. That the bessue the wife of IRRRS Hervey. on the Rever the County in State of Ga. and that she had he had resided together as man and for over thirty years and that the IRRAC Hervey was the same man who was on the pension roll of said State. from Stayart.  |
| Date of Death of Husband  STATE OF GEORGIA.  Pullor COUNTY  Personally before me comes Mrg, Y H Stryene 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. Horvey who died in Stewert  County in said State of Ga. 13 day of Jany 19.17, and that she has not since remarried. That the hoseome the wife of ISBRO HORVEY was the Stryen Gray of Sort 18.71; and that she and he had resided together as man and for over thirty years wife continuously when the County when he died.  Sworn to and subscribed before me, this the day of Stryen 19.19.  Sworn to and subscribed before me, this the day of Stryen 19.19.  Aday of SER. 19.19  |
| Date of Death of Husband  STATE OF GEORGIA.  Pillor.  COUNTY  Personally before me comes.  MIS, Y. H. SIRVEDE.  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. HELYSY.  who made the foregoing affidavit, is the lawful widow of.  IRGAG HELYSY.  who died in Rie-Mert.  County in said State of . Ca.  on . 13. day of . Jany.  19.17.  and that she has not since remarried. That the bessum the wife of . IRGAG HELYSY.  who made the fore over thirty years and that she and he had resided together as man and for over thirty years wife continuously masks.  SER and that the . IRGAG HELYSY.  was the same man who was on the pension roll of said State.  from . SIRWALL.  County.  when he died.  Sworn to and subscribed before me, this the   |

MARRIAGE LICENSE

OF

Wiese Harrey

AND

Withe A. Man ale

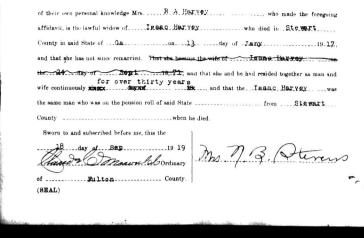
Issued 2 | Left | 1871

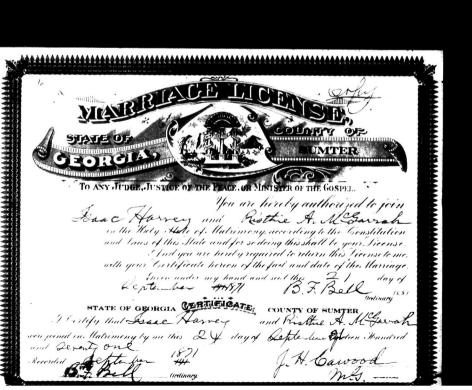
and Recorded on Page 79 Book

1871 of Marriage Licenses

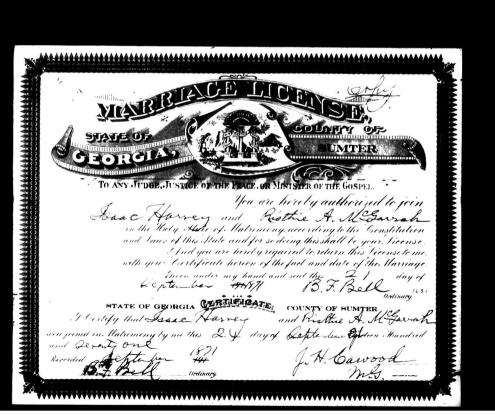
B. M. M. Cordinary

| rersonally before me comes   |
|--|
| who, after being duly sworn, says that she is the widow of Isaac Harvey  |
| to whom in the County of Sumtar  |
| the 24 day of Sept 18.71, and that she remained his wife, and resided with him to the  |
| date of his death in Jans. 131 1917 and that she has not since his death remarried. At   |
| the time of his death he was a resident of Stemart County in said State  |
| of Georgia, and he was on the Blind Pension Roll of the State and paid ε pension   |
| of \$120.00 in Stewart County for 19.16 per annum, on account of being a soldier in  |
| Company A. Quitte Bata Regiment. (Volunteers or State Milita-  |
| That she is now a bona fide resident citizen of said County of Pulton and she in the State of Ga, all her life has so continuously resided EXECT. ASK.   |
| Sworn to and subscribed before me, this the  |
| Cont Mars B6 Ordinary Ra Har 1-(1)   |
| of   |
| Affidavit of Witnesses to Prove Marriage and to Whom.  Date of Death of Husband  |
|  |
| STATE OF GEORGIA,  Fulton COUNTY   |
| 130 1 100 1  |
| Personally before me comes MTS, W. H. Stavens 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. Marvey  |
| affidavit, is the lawful widow of IRGAQ HETYEY who died in Stewert   |
| County in said State ofGa  |
| and that she has not since remarried. That she became the wife of Lutter Harrey  |
| the 24 day of 18,71, and that she and he had resided together as man and for over thirty years   |
| for over thirty years wife continuously xingex days at 23k and that the IRBACC HETYRY was  |
| the same man who was on the pension roll of said StatefromStawart  |
| Countywhen he died.  |
| Sworn to and subscribed before me, this the  |
| May Donnew Sordinary Mrs. 7 3 Oterers  |
| of County.   |
| (SEAL)   |
| ¥)   |
| the second secon |





| County in said State of   |
|---|
| and that she has not since remarried. That she hassure the wife of  |
| the 24 day of 18,71, and that she and he had resided together as man and for over thirty years wife continuously xingex bases and that the IRBAR HALYRY was |
| the same man who was on the pension roll of said State from Stawart   |
| Countywhen he died.   |
| Sworn to and subscribed before me, this the   |
| March & March Cordinary Mrs 73 Oteren   |
| ofCounty.   |
| (SEAL)  |



J. H. Cawood mls ....

INDIGENT PENSIO 1904 Name & Naville JOHN W. LINDSEY, Commissioner of Pensi WARRANT HANDED TO

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

9/11/04

|   | receipt for t  | 1 |              | -       | OF GEORGIA, |                    |
|---|--|---|--------------|---------|-------------|--------------------|
|   | receipt for the pension allowed and request that he remit surve to |   |              | COUNTY. | GIA,        | POWER OF ATTORNEY. |
|   | red and  |   |              | Tv.     | _           | E                  |
|   | request  |   |              |         |             | OF                 |
|   | that he  | ľ |              |         |             | AT                 |
| -                                       | 1  | 2 |              |         |             | 5                  |
| <b>b</b>                                | 6  |   |              |         |             | R.                 |
|   |  |   |              |         |             | £Υ.                |
| *************************************** | -  |   |              |         |             |                    |
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|   |  |   | y autho      |         |             |                    |

[18.1]

POWER OF

| TATE OF GEORGI                         | OWER (               |            |                   |                                    | .* .   |
|--|----------------------|------------|-------------------|------------------------------------|--|
|  | _COUNTY.             |            |                   |                                    |  |
| I,                                     |                      |            |                   | hereby                             | uthorise   |
|  |                      | . of       | •                 |                                    | No. of Contract of |
| receive and receipt for the p          | ension allowed and r |            |                   |                                    |  |
|  | at .                 |            | by                |                                    | And the contract of  |
| Witness my hand and seal               | , this               | day of     |                   | 190                                | -  |
|  |                      |            |                   |                                    | .[L. 8.]   |
| Executed in presence of                |                      |            |                   |                                    | • .  |
|  |                      | ž          |                   |                                    |  |
|  |                      |            |                   |                                    |  |
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| 186                                    |                      |            |                   |                                    | /  |
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| 9                                      |                      | :          | in the second     |                                    |  |
|  | A Proportion         | i sice     | . Zani            | Marilla Section and Section        |  |
|  |                      |            |                   | Marin and C                        |  |
|  |                      | <br>       |                   |                                    |  |
|  |                      | 130        |                   |                                    |  |
|  |                      | 198        | b d               |                                    |  |
| BNSIO .                                |                      | 1300       | Paro, To          |                                    |  |
| PENSIO .                               | walls may be         | 100 m      | ANDRO TO          | 1                                  |  |
| IT PENSIO                              | Much                 | my 1800    | Lineser,          | Odir.                              | 104  |

### OUESTIONS FOR APPLICANT.

•

| 3T        | ATE QE GEORGIA,  |
|-----------|--|
|           | Jen Class County.  |
|           | - COUNTY Havell of said State and County, desiring   |
| 0 a       | vall himself of the Pension Act (Section 1256, Code), hereby submits his proofs, and after being duly sworn  |
| rue<br>1. | Sanswers to make to the following questions, deposes and answers as follows:  What is your name and where do you reside? (Give State County and post-office).  |
| 1         | corgice Fulton county Allanda & KHarve   |
| 2.        | How long and since when have you been a resident of this State?  |
| -         | Since 1865 89 accars   |
| 8.        | When and where were you born? in Prink gurge county Vingence   |
| 4.        | Wear and where and in what company and regiment did you callst or serve !  |
| 1         | of afaguar 1861 at Handry bluff  |
| à.        | n co C 53 m Ara  |
| 5.        | How long did you remain in such company and regiment?  |
| 4         | from Haguit 5 1861 to end of war   |
| _         |  |
| в.        | When and where was your company and regiment surrendered and discharged?   |
|           | of appendix  |
|           | //   |
| 7.        | Were you present with your company and regiment when it was surrendered ?_ mo  |
| 8.        | If not present, state specifically and clearly where you were, when you left your command, for what cause  |
| nd A      | by whose authority? I Was Caplured at the battle of  |
| 9.        | How much can you care (gross) per annum by your own exertions or labor! A Lill   |
|           | 11.11 11.12  |
| 0.        | What has been your occupation since 1865?  |
|           | nd, "infirmity and poverty," or third, "blindness and poverty"!  If upon the first ground, state how long you have been in such condition that you could not earn your   |
| upp       | whether you are totally hind and when and where you lost you sight! Apartly Held age!  whether you are totally hind and when and where you lost you sight! Apartly Held age!  Apartly inspersage of any buildy trustiand of have   |
| Ą         | ellation of Malamatism and Motally chap in   |
| 8.        | ne can from a sound  |
| о.        | What property, real and personal, or income, do you possess, and its gross value?  |
| 4         | What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1800, 1901 and   |
| 902       | , and what disposition, if any, by sale or gift, have you made of same !   |
| *         | bout 8,200 in stock & furniture  |
| 5.        | In what County did you reside during those years, and what property did you then return for taxation   |
|           | in Kolkolale County until May 1901   |
| 8,        | How were you supported during the years 1899, 1900, 1901 and 1902? Lat To May 1001   |
| -         | takhoring my first by transmis a mill set 20 blaton a month too much did your support cost for each of those years, and what portion did you contribute thereto by   |
| 7.        |  |
| B.        | what was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in pach year?  |
| 1         | our a smill at \$20 for month with Have Till I deal !  |
| ),        |  |
| ome       | estead, or other property? Their ages and how employed?  |
| Ź         | again was sure of the part of the stand of t |
|           | As your continue as and the state of the sta |
| 0.        | Are you receiving any pension? If so, what amount and for what disability?   |
| _         | Uses you are rede as application for each below 1 MM   |
|           | Have you ever made an application for pension before!  |
| ٤.        | How many applications have you ever made and under what class?   |
|           | Swgrn to and subscribed before me this the   |
| 2-        | Applicant.   |
| 1         |  |

# QUESTIONS FOR WITNESS, STATE OF GEORGIA,

('OUNTY.

|          | - 00 00 1 00  | of said State and County, having b   | een presented                           |
|----------|---|--|---|
| ur       | a witness in support of the application of<br>ider section 1254, Code, and after being duly sworn | n true answers to make to the following questions  | for pension<br>s, deposes and           |
| 1        | swerk as follows: . What is your name and where do you reside."                                   | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  |   |
|          |   | and the second second  |   |
| 8-2      | ." Are you acquainted with  | , the applican   | it; if so, how                          |
| lor<br>3 |   | her, has he been a resident of this State?   | MEN. (1) M. ((1444) M.                  |
|          |   |  |   |
| 4        | When, where and in what company and regimer   | at did he enlist, and how do you know?   |   |
| 15       | W.  |  |   |
| 6        | Were you a member of the same company an  |  |   |
|          | How long did he perform regular military duty   |  | 1 11 11 11 11 11 11 11 11 11 11 11 11 1 |
|          | When and where was his command surrendered  |  |   |
| *        | Were you present when it surrendered?   |  | -                                       |
| 9        | Was applicant present?  |  |   |
| Total    | If he was not present, where was he?  |  | . >                                     |
|          | en del ha cave his command?   | Participant Control of the Control o |   |
|          | what authority he left "  | For what cause "   |   |
| 133      | what authority be self -  | How do you know  | all of this?                            |
|          |   |  |   |
| 11       | What property, effects or income has the applica-   | nt? (Give your means of knowledge.)  |   |
|          |   | (orreysta mant of anomedge.)   |   |
| 12.      | What property, effects or income did the applican   | t possess in 1896, 1897, 1898, 1899, 1900, 190   | 01 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   | 1 /                                     |
|          |   |  | · -                                     |
| 14.      | What is the applicant's occupation and physical   | condition?   |   |
|          |   | 191 2  |   |
|          |   |  |   |
| 15.      | Is the applicant unable to support himself by lai   | bor of any sort; if so, why?   |   |
|          |   |  |   |
|          | 3   |  |   |
| 16       | How was he supported during the years 1893, 189   | 9, 1900, 1901 and 1902?  |   |
| 17       | What portion of his support for these four years,   | and derived from the own labor or transmit   | · · · · · · · · · · · · · · · · · · ·   |
| •        | The position of the support to the tour years,  | was dervised training the variety of Milliotte .   |   |
| 18.      | Give a full and complete statement of the applica   | ant's physical condition that entitles him to a pe   | ndop under                              |
| Secti    | ion 1254, Code?   | The second second second second second second second   | empjiriter                              |
| 19.      | Who composes family? What property have they  | y? Children's age and their earning capacity?  |   |
|          |   | Paragraph and the second secon |   |
|          |   |  |   |
| 20.      | What interest have you in the recovery of a pensi-  | on by this applicant?  |   |
|          | Sworn to and subscribed before me, this the   |  |   |
|          | day of 190 )  |  | litness.                                |
|          | Ord   | inary.   |   |

| with this A his . O  | - Ch N. 12 4 2 4 2 4 2 4 1 1 1 1 1 1 1 1 1 1 1   |
|--|--|
| STATE OF GEORGIA,  |  |
| Fulton County.   | 1.00   |
|  | Allasser   |
| Personally came before po-   | and  |
|  | , both known to me as reputable physician  |
| of said County, who, being severally sworn, my on oath   | that they have examined carefully  |
|  | applicant for pension under Section 1254, Code, and after  |
| won personal examination say that his precise physical   |  |
| The has Yournes Oster  | na. Pheumatism- and  |
| Totaly deal in one los   |  |
| orrary went in one co  |  |
|  | JARoser MA"  |
|  | A. & Tracker M. A.   |
| nd that we have no interest in said pension being allowed  | ed.  |
| Sworn to and subsgribed before me, this, the   |  |
| 12th day of lugart 190 V   |  |
| mit wienism  | Ordinary.  |
| //   |  |
| ORDINARY'S   | CERTIFICATE.   |
| TATE OF GEORGIA.   |  |
| 7 1/2 0  |  |
| A A V a  |  |
| 1. John Williams   | Ordinary, in and for said County, hereby certify   |
| nat the applicant of Varville  | resides in said County, and has  |
| sen a bona file resident of this State since the   | day of189  |
| nd that the witnesses, viz.:   |  |
| to that the withouses, viz.:   | The state of the s |
| e of trustworthy character, and that their statements ar   | e entitled to full faith and credit.   |
|  | ing questions the applicant and each witness took the oath   |
|  | was read to the applicant and witness before same was signed.  |
|  | County shows that applicant  |
| turned for taxation in his name in 1899  |  |
|  |  |
| operty, and in 1900  | Dollars of property; in 1901   |
| The contraction of the contracti | 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 August 190X   |
| John No  | Wilkinger  |
|  | of Fulton Ordinary,  |
|  |  |

## QUESTIONS FOR WITNESS.

| STATE OF GEORGIA,  |
|--|
| Product 1  |
| COUNTY.  |
| as a witness is support of the application of A. Harrell for pension   |
| R Marke and County, having been presented  |
| as a witness (support of the application of  |
|  |
| 1. What is your pame and where do you reside? I Det Course   |
| AN. Olek tock doly leventy P.O. Goryers Sa   |
| 2 Are you acquainted with Q. R. Harrill , the applicant; if so, how  |
| long have you known him? of Gels - have throws Dure 1865   |
| 3. Where does he recide, and how long and since when has he been a resident of this State?   |
| The now Resides in attenta to Les rended in lea Since 1865   |
| 4. When, where and in what company and regiment did he enlist, and how do you know?  |
| Drut Know  |
| The state of the s |
| 5. Were you a member of the same company and regiment?   |
| 6 How long did he perform regular military duty? Don't / Leon  |
| 7. When and where was his command surrendered? Nort Know   |
| The state of the s |
| 8. Were you present when it surrentiered?  |
| 9. Was applicant present? Don't throw  |
| 10. If he was not present, where was he ! Nort / Know  |
|  |
| De marie and the bold of   |
| by wint authority he left ?  How do you know all of this?  |
|  |
| - Company of the Comp |
| 11 What property, effects or income has the applicant? (Give your means of knowledge.)   |
| non aller aller and the second   |
| title, a corn of hard the mongh hunself thank  |
| Trong, I learn of Smort the through humal Hounes.  12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902.  |
| 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? We had no brokerty effect or busons  |
| 12. What property, effects or Income did the applicant possess in 1896, 1807, 1808, 1808, 1809, (200, 180) and 1902, and what diposition, if any, did he make of same? We have no hard not fifteen of functional day, of those years. Yearth are the house not have of the new things of the same of the new things of the new |
| 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? We had no brokerty effect or busons  |
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and were dut awar sefore agains about officiant to fue your angents. E 40 104 . . AFFIDAVIT FOR WITNESSES. STATE OF CONTRACT leily of Premishing . County PRIMONALLY uppears before me, the undersigned, British is and the said County, for Sand living the face, the Same being a Come of Ment Jucker of J. Washer each of whom, being July sworn assording to law, severally say, under oath, that they are personally well acquainted with... Nice 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 y labor, or can do any water when. In the lacen from of way in early in Jum, 1864, the commend to which we or the Sand Harnes belongs was knowfund to the Saint six of the Janua Rien to more a Sommeline of the forces under Gen. Bucher upon the Richard or Patinting Base. Bood - Mer. Havine was wounded in the lead in a drange of our pres upon ion. Butter, and was aufor for duty for four or fin wish. at the back of Fin Fals, in april 1865, an there of in um aplied by the sung others as frusing win Jum 1865. Som afen his ween Mr. Harrise must to Reagin, when her from the gam a you a so begin, ou ken not som him sime. all there of my nun numering inter the military series of the Confession Slace in many

1861, or fines in Co. C. of 53 regime of Norginia. Notinein o continue asing a graph in such semi-

We personally know above stated facts. We were with him in the army, and have hand him over Applicant is permanently disculad as stated and has been so to the costain knowledge We have no interest in the recovery of a pension by him.

M. S. Jucken Sworn to and subscribed before me, this 1. J. Marker 1895.

NOTE.—The Ordinary will see that the full text of the Affidevit is understood by the sednesses, and thus they are legally qualified to the same

2. Witnesses are asked to make their statements full and explicit.

Por Use of Applicants Who Have Not Heretofore Drawn STATE OF GEORGIA, \* Podidace PERSONALLY appears John R. Starville of Rostedan 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 Ledy 1865; that he enlisted in the military service of the Confederate States for the Blate of during the war between the States, and served as a fire with in Company & of 63% Regiment " Vergenin Accusticate Brigade: that whilst engaged Volunteers in such military service, at the battle of .. Vu day of Learner 1864 , he was , on the disabled as follows. right length fracturing the scule there Causing Total deafners in right Ear

and serearly affecting sight in right

Deponent desires to participate in the berefits 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 122 day of afface 1895.

Norm.—State fully nature of wound or character of disease which causes the disability, and replain particularly the extent of the disability. If calim is based on disease, give full and connected history of disease, tracing it directly to the service.

Norm.—Do not trouble to mention wounds which do not disable.

## POWER OF ATTORNEY

|          |              | 0 11 2  | 0                                    |  | ION  | NE  | 1.   |  |  |
|----------|--------------|---|--------------------------------------|--|--|---|--|--|--|
| TE OF    | GEORGIA      |   | COUNTY                               | . }  |  |   |  |  |  |
|          | 1.           |   |                                      |  |  |   | 1  | ereby authorize  | e  |
|          |              |   |                                      | of   |  |   |  |  |  |
| ce ve un | l recespt to | c the p   | ension                               | allowed  | . and r  | equest  | that he  | remit same 10  | )  |
|          |              |   |                                      | at   |  |   |  |  |  |
|          |              |   |                                      |  |  |   |  |  |  |
| Witse    | ss my handa  | ind seal.   | his                                  |  | day of   |   |  | 1905   |  |
|          |              |   |                                      |  |  |   |  | 1. S   | J  |
| Execute  | d in the pr  | esence of   |                                      |  |  |   |  |  |  |
|          |              |   |                                      |  |  |   |  |  |  |
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| ž        | Z E          | -   | 13                                   | 12   | **   | 1   | TOH:   | ARK 7  | )<   |
|          | 3            | <   | X                                    | 200  |  | 1.  |  |  |  |
|          | 9            |   | ame                                  | ou #   | ,  | 1   |  |  |  |
|          |              |   | <i>/</i> . (                         | 5 5  |  |   |  |  |  |
|          | Wither       | TE OF GEORGIA  4.  Witness my Earl.  Executed in the pr | BENSION  Executed in the presence of | INDIGENTA  INDIGENTA  INDIGENTA  Witness my hard and seal, this  Executed in the presence of | INDIGENTA  INDIGENTA | INDIGENTA  INDIGENTA  INDIGENTA  INDIGENTA  INDIGENTA  INDIGENTA  INDIGENTA  INDIGENT  INDIGENT | INDIGENTA  I. of  I. of | INDIGENTA  INDIGENTA | INDIGENTA  INDIGENTA  In the person allowed, and request that he remit same to at  Whereas ma hardand scal, this favor  Executed in the presence of  Executed in the presence of |

Hamille J.R. Fulton Court

| STATE OF GEORGIA,County.                            |                 |                |
|---|-----------------|----------------|
| COUNTY.)  | he              | ereby authoriz |
| of  |                 |                |
| to receive and receipt for the pension allowed, and | request that he | emit same      |
| at_   |                 |                |
| by  |                 |                |
| Witness my hand and seal, this da                   | y of            | 1906.          |
|   |                 | [ I., 8        |
| Executed in the presence of                         |                 |                |
|   |                 |                |
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|   |                 |                |
|   |                 |                |

SOLDIER'S PENSION 1906. Regiment 5 Ma. L. M. Karville JOHN W. LINDSEY.

('members of Period
WARRANT HANDED TO WARRANT ISSUED

Coor SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

Harville, J. R.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA,  |
|--|
| County.  |
| Pearsonally appears 7: R. Harville of 1470   |
| Course 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 ofi8; that he isyears old and  |
| by occupation  |
| te letate States of of the State of State of State 12 duping the war between the   |
| States, and served for the term of 4 1/12 in Company le, of 5 12 Regiment  |
| that his physical condition is as  |
|  |
| that is property to resists to the following items   |
| 420  |
|  |
| _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  |
| loss, 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,   |
| 1804, and the Acts amendatory thereof, and makes application for the pension to which he   |
| is entitled for the year 1965. I have heretofore as a resident of  |
| county been allowed a pension for the year 1904  |
| Sworn to and subscribed before me, this the  |
| Sworn to and subscribed before me, this the day of the subscribed before me, this the Art reacted  |
| Ordinary.  |
| STATE OF GEORGIA.  |
| 1  |
| do certify that I am well acquainted with fire L. L. 224666  |
| 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   |
| many of the second of the seco |
| Ordinary r ulton. County.  |
| NorzThe blank spaces must be filled. NorzAffidavit should not be attested before January 1st, 1906.  |
| ,,   |

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| The second state of the second second second second  |
|--|
| State of Georgia,  |
| Fulton, County,  |
| Personally appears & M. Harville of Fulton   |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide critizen  |
| 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 a, that he is to \( \lambda_{\text{.}} \) years old and  |
| federate States (or of the State of Slanger ) during the war between the   |
| States, and served for the term of 4 11 in Company 6, of 3 14 Regiment   |
| of Mal Vay VM from that his physical condition is as   |
| follows: _ assa povertel.  |
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|  |
| that his property consists of the following items ILO LULLIT   |
| and me properly comments are the period of the   |
| AND THE RESERVE OF THE PARTY OF |
| of the value of Dellars Lam 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  |
|  |
| Ordinary.  |
|  |
| State of Georgia,  |
| County.  |
| I, Com Ploce Ninger Ordinary of said County.   |
| do certify that am well acquainted with J. W. Marrille   |
| 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 19  |
| day of   |
| Januar Wil Ninson  |
| ( AMX )  |
| Ordinary On. County.   |

Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January let 1999

# POWER OF ATTORNEY.

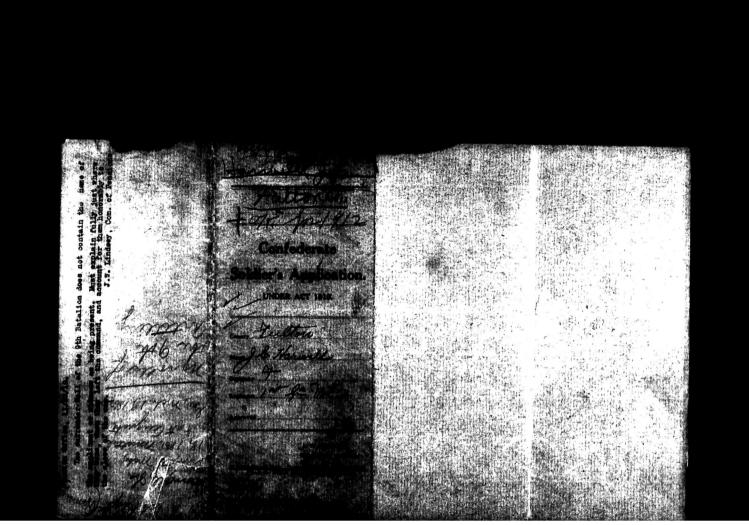
| STATE C            | F GEORGIA,       |                  |                  |                      |
|--------------------|------------------|------------------|------------------|----------------------|
|                    |                  | COUNTY           |                  |                      |
| 1                  |                  |                  |                  | , hereby authorize   |
|                    |                  | _of              |                  |                      |
| to receive         | and receipt for  | the pension allo | wed, and request | hat he remit same to |
| 9000               |                  | at_              |                  |                      |
| ьу                 |                  |                  |                  | 4                    |
| WIT                | NESS my hand an  | d seal, this     | .day of          | 1907                 |
| F                  | ecuted in preser | noe of           |                  | [L. S.]              |
|                    |                  | acc or           |                  |                      |
|                    |                  |                  |                  |                      |
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| 1 .                |                  |                  | -                | t man to garage      |
| <u> </u>           | 3                | . 2              | 200.             |                      |
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| ₹ . E              | 5 5              | 2 2 2            | 3 8 8            | CHILDREN BANDED TO   |
| 1 5 T              | SEN CEN          | 3 =              | Regiment V       | ND OF                |
| -                  |                  | O ST             | Regiment (A      | 9 H 7                |
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| 39                 |                  | F (0)            | , - ·            | AAB                  |
| حن <b>و</b>        | 3                | Name             | 1                |                      |
| o o                | <u> </u>         | Name             | ර්               | 1 11                 |
| and the other time |                  |                  |                  |                      |

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| State of                                | f Georgia,   |
|---|--|
| - 47 112 1                              | County.  |
| Personally                              | appears 1. 16 Marville of  |
|   | Georgia, who, being duly swern, says on oath that he is a bona fide citizen  |
|   | aid County and State, and has resided in said State continuously eve   |
| since the                               | day of 1861; that he is 62 years old   |
| and by occupatio                        | n a Dight Mal a that he enlisted in the military service of the Con  |
|   | or of the State of . Let . ) during the war between the  |
| States, and serve                       | d for the term of 4 the in Company 6, of 0 3 th Regimen  |
| of 1/2                                  | that his physical condition is a   |
| follows                                 | Life of presenting that his physical condition is a  |
| ionowa                                  |  |
|   |  |
| 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 hi  |
| 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | n and poverty he is unable to support himself by his own exertion o  |
|   | e receives no pension but the one herein applied for.  |
|   | desires to participate in the benefits of the Act approved December 15th   |
| 1894, and the Act                       | ts amendatory thereo, and nakes application for the pension to which h   |
| is entitled for the                     | vear 1907. I have heretofore, as a resident of. Full Off   |
| County, been all                        | owed a pension for the year 1908.  |
| Sworn to a                              | owed a pension for the year 1908.  and subscribed before me, this the of the pension of the pens |
| day                                     | 3 7/2 1001.  |
|   | _Ordinary.   |
| State of                                | Georgia,   |
| Er. Mot                                 |  |
|   | County.  |
| I,                                      | on well acquainted with 2, 2, 1622666  |
| do certify that I                       | am well acquainted with L. L. Herzeille  |
|   | he foregoing affidavit, and am well satisfied that the statements man  |
| oy him in his sai                       | d affidavit are true, and I know he is the individual he represents himsel   |
| to be, and that he                      | e resides in this County.  |
| G                                       | iven under my official signature and seal this   |
| d                                       | ay of1907.   |
|   | Contain 11 My  |
|   |  |
| AME                                     | Ordinary County.   |

| 4,                          | County.  | / Ordinary of said Com   |
|-----------------------------|--|--|
| to consider than I a        | w well assumented with   | IV 211/16  |
| the applicant in th         | e foregoing affidavit, and am well satu  | shed that the statements in                                    |
| by him in his said          | affidavit are true, and I know he is the   | individual he represents him                                   |
| to be, and that he          | resides in this County.  |  |
|                             | ven under my official signature and sea  |  |
|                             | 701  | 12. Y/   |
| AOx<br>your<br>seal<br>here | Ordinary   | County   |
| h-re                        |  |  |
|                             | Nors.—The blank spaces must be filled.<br>Nors.—Affidavit should not be attested before  | January ist, 1907.   |
|                             |  |  |
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| ista of its or in           | The second secon | rett store kirkilor atmesse se et i en i Minterit en int libra |
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State of Georgia,



The distribute toll of the the applicant or vieness as bein they were, when they lark the country of the war.

Re Vos

Application.

Fulton

The first state of the second state of the sec

16 ZMILKLU HUS

| 1908? (State it fully by items.) James as projection simulations   | ABBLICATION FOR BOT DIFFUS DENGION LINES A CT  |
|--|--|
| 1908? (State it fully by items.)   | APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.  |
| 2. When and to whom was it sold or given to?   | Questions for Applicants to Answer.  |
| 3. What was the price paid or stated to be paid?   | STATE OF GEORGIA,  |
| 4. What relation is the party to applicant?  | Just on County.  |
| 5. What disposition was made of the proceeds of the sale?  | County   |
| 8. Was the disposition of this property made in good faith and full values?  | for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with  |
| or was it made to obtain a pension?  | his testimony to make out the same, and after being duly sworn true answers to make to the questions   |
| South topand subscribed before me, this the   ( were the subscribed before me, this the )  | propounded, answers as follows, to w:t:  |
| 1 /b/to 1 llo 0 Washington   | 1. What is your name and where do you reside? (Give County and Post-office).   |
| March wolf and wort 65   | J. Huw long and since when have you been a continuous resident citizen of this State?  |
| Tunatus Walnut 100 gradinary. 9/ 70  | 2. How long and since when have you been a continuous resident citizen of this State?  |
| of County.   | all my lafty dance former my 1840  |
| ORDINARY'S CERTIFICATE.  | 3. Did you callst in the Army of the Confederate States or of the Organized Militia of this State  |
|  | from 1861 to 1865? In the bon feder at any   |
| STATE OF GEORGIA.  | 4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class  |
| Quanty.  | of Service) allanta Go. in An quet 1361-Co. J. Frat Ryin al Gard Sunt  |
| MALLET LE VILLE ON   | 5. How long did you remain in the actual Military Service with said Company and Regiment?  |
| Ordinary of said County, certify that I know   | Give date of discharge of the state of the s |
| the applicant for Pension is the person he represents himself to be and resides in   | 9. Backing of arriving 6. Val (Prog day) at offermales CN afric 9 1861   |
| and Courts. That I also know the witness swearing to the   |  |
| service and who are free holders, that   | 7. Were you actually present with your Command when it was surrendered or discharged?  |
| 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  | 8. If you were not actually present, state specifically and clearly where you were   |
| Tax Results of Story Well shows that   |  |
| value for tax is in 1908 \$ 950 for 1900 \$ 930 for 1910 \$ 950  | a. Where was your Command when you left it? all apple on along M. Very and   |
|  | b. When did you leave the Command? At the surrented of Good Land   |
| John Oct 111 hardand official seal of office this 12th day of Oct 1910   | En when the you leave the Command:   |
| of Fultan County   | c. For what cause did you leave? Because of server and   |
| NOTES 1 Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words  | c. For how long was your leave granted? In what way?   |
| shall give shall be the whole truth, as help you first make to each question asked you and the evidence you Additional saffication may be stated if thank spaces are insufficient.  All afficavits must be made before the Ordinary and certified by him.  If applicant has no profestly at all in his possession, use or control of self and wife, afficavits of Free helders.  | To low long was your leave granted: In what way?   |
| All a flidavita must be made before the Ordinary and certified by him.   | 1. Why did you not return to your Command after leave expired?   |
| unnecessary.   | 8. In what way were you prevented?   |
|  | h. What effort did you make to return?   |
|  | 1.9 Were you captured during the war? I and next freely on ally  |
|  | j. If so, when, and where? In what prison were you held and when were you released?  |
|  | year and and then will you released?   |
|  | 9. What property of every discription was owned, in the use, possession and control of yourself  |
|  | and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value)   |
|  | a street at \$560: Chorse 75; Cow \$20; Farring to le ximpliment,  |
|  | emoluting three to again \$25; should be 2 til alm fusion \$25.  |
|  | 1705   |
|  | 10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov.  |
|  | 1908. To whom and for what price?  |
|  |  |
|  | 11. What property of any discription of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list).   |
| The state of the s | Answerts guiter quickers ag all.   |
|  | The state of the s |
|  | The state of the s |
|  | 12. What annual or monthly income or earnings of yourself and wife and the source derived have   |
|  | you? Only wich income is down a front teledelled of from   |
|  | 13. Are you trawing a pension of any amount from this State or the United States?  |
|  | 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was  |
|  | not allowed? Character Annual force of the control  |
|  |  |

Chyprin to and symplythed before me, this the

Fulth of Minary,

Pension Office, 11/22/10.

The surrender Roll of the 9th Batalion does not contain the new of the applicant or wieness as being present. Must sculain fully just when they were, when they left the command, and account for them household the close of the war.

J.W. Lindsey, Com. of Pebelons.

Confederate
Soldier's Application.

UNDER ACT 1910.

LONDER ACT 1910.

COMPANY FULLER

COMPANY THE VIOLE

CO

QUESTIONS FOR WITNESS AS TO SERVICE. of said State and County is hereby presented This is possessed in the policy of you reside the second of the second o Were you personally present at the Surrander.

If not, where were you and how came you there? 5 10. Which applicant personally present with his Command at surrender? A. Carre.
11. Mact where was he and how came him there? 12. When did he leave his Command?.... Where was his Command rhen he left it? By whose authority did he leave that four hare revent to be guest It of your own knowledge (tell plearly and specifically) There of In what way was he prevented from returning to his Command? 14. What effort did he make to return to his Cammand and how do you know?... In what prison was he held? AFFIDAVIT OF TWO FREEHOLDERS. TE OF GEORGIA.

Harwell, Jose Cumpbell

1918 Pulson

Resident of Georgie all of life(since Jam. 1860).

August 1861, Atlante, Georgia.

I = OLMANT? (do. F, let Regiment Georgia Vol.

DIebended March 1862
Enlisted egain in ------ Co. E, 9th Bettery, Georgia Artillery Vol.

(Leydens or Leydeny)

April 9, 1668, Apposetton Court House, Va.

F. L. Howes - Same Company part of the time and same battalien all the time. Herry Kroues - Co. E, 9th Ga. Batt. Art. & Co. F, lat Regt. [Ga. Vol. Inf.

We dete.

Tremmally better into comes the first three properties of the prop

GLENH FAVE

----

CHAS. H. OMARDEAU.

CHARLES H. GIRARDEAU

Favor & Qirardoau

REAL ESTATE AGESTS

ATLANTA, GA. II/II/II

Maj.J.W.Bindsey

Com. of Pensions

Dear Sir:

The applicant for a pensions J.C.Harwell was a member of Ce.F.Ist Regt Ga.Vol. Inft and was discharged on March 18 th 1862 at Augusta, Ga He enlisted in Oo E.9th Ga.Bat.Arty March 1862 and on the night before the surrender of GenL Lee our command was located about one mile of the surrender? Genl Walker disbabled the commands under him and notified us to make our way to Genl Johnston Army, the members of the 9th Ga.Bat.Arty were disbanded at that time and very few of the members were together so it almost imposible to trace whre the different ones were captured. I with a number were captured in North Carolina.

I suppose the reason that the mames of the applicant and his withness does not appear on the roll at the surrender that they left before the list was made out or they did not surrender as we did not do so. Trust will be satisfactory I am

Yours truly

Sec. Survivors Assn 9th Ga. Bar. Arty

W. L. Howse - Same Company part of the time and sens battalion all the time.

Herry Krouse - Co. E, 6th Ge. Batt. Art. & Co. F, lst Regt.

(Ge. Vol. Inf.

so . Trust will be satisfactory I am

Yours truly

Harry Strover

- - ---- ------- --- --- --- --- --- --- ---

Sec.Survivors Assn 9th Ga.Bal.Arty

Ho date.

| Fulton County  No  |     |           |           | vitage, an   | tin and a            | e li de   | a Pension               | th <sub>o</sub>      |
|--|-----|-----------|-----------|--|----------------------|-----------|-------------------------|----------------------|
| pplication for Pension Due  Deceased Soldier  UNDER ACT 1891       | · W |           | , d       | diles is of a truthful and<br>on under my hand and | apaid his Pension of | th on the | Tom                     |                      |
| To be paid the Wiley or Dependent Children  24  4 Agreey 6. Hamel. |     |           | ľ         | land trustworthy character<br>and seal this        | 12. 12.              | day of    |                         | Pension Roll of said |
| County  Regt. Vola.  Approved and paid                             |     |           |           | and entitled to full cred                          |                      |           | yameo                   | . 4                  |
| J. W LINDSEY,  Commissioner of Parsiquis.                          |     | Comments. | Ordinary, | Ta di  |                      |           | for 19 , and at the tim | WA per               |

GEORGI LATEN COMP.

Pension Roll and paid from Witness my hand this

Attested before me:

husband

lawful attorney to collect and receipt for me in my name the Pension due me for 19..., through my dec

of said county, my

who was on

I hereby authorize and constitute.

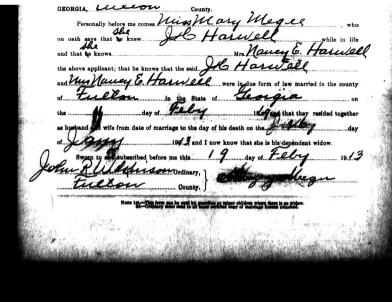
## Application for Pension Due Deceased Soldier

To be said to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891

the 76 day of January 1913, and at the time of his death a Pension of 1620 Applicant further swears that she married the said JG Hamulell " and Fely 1869 in Fredom State of Learning 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 System to and subscribed before me this 19 day of Febry 19/alm R Welkinson Ordinary Mrs Nancy & Marrier & Marriery & Ma AFFIDAVIT OF WITNESS. Personally before me comes Wing Mary Megale on oath says that he knew. J. Harwell and that he knew. the above applicant; that he knows that the said Hose Fail .18 and that they resided together

Norn 1st,-This form can be used by guardies or minor children where there is no widow



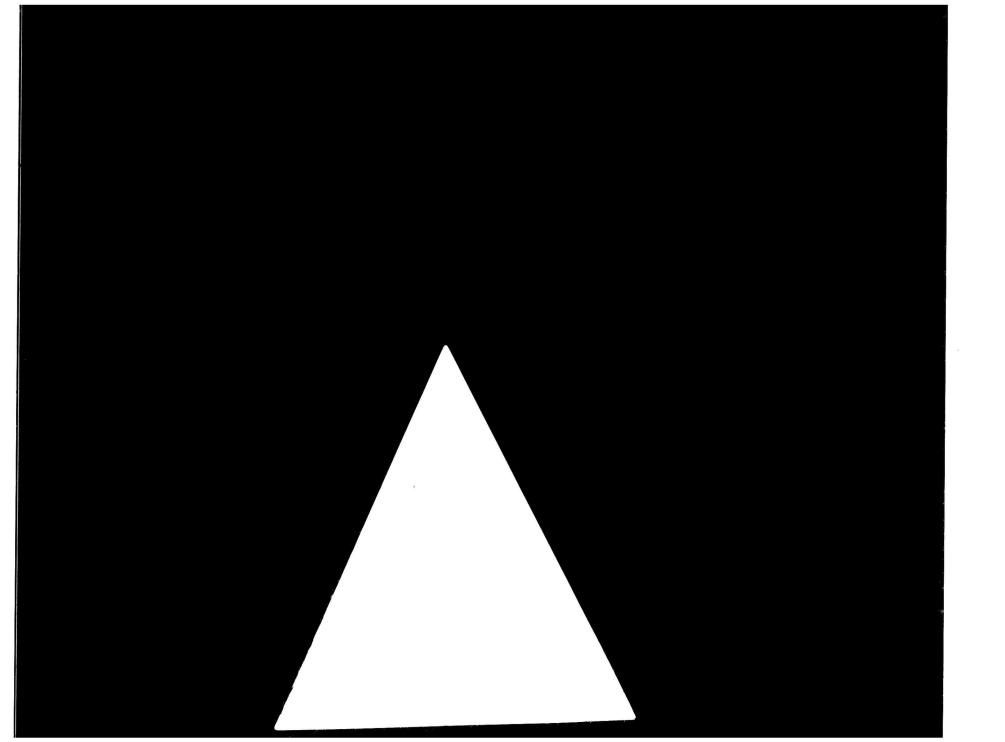
State of Georgia. Knote All ffen by these Presents: Futing thought.

That I Man thought.

That I Man thought the presents constitute and appoint of said state and cours in true and swind, to receive and receipt of the Confederate pension allowed me by the state of Georgia and due me at this time. An I give and grant unto my said Attorney full power and authority to do and perform every legal out and thing necessary in the premises as amply to all intents and purposes, as I might or could do if personally present, hereby rathring and confirming all than two said Attorneys whall having the byte hereof.

In witness whereof I have become to see my hand and seal, this time 25 day of Man 1912. Ainey & Harrivell SKAL My commission expires December 1916

PENSION POWER OF ATTORNEY



POWER OF ATTORNEY

JOHN W. LINDSEY,

WARRANT HANDED TO

INDIGENT PENSION

1900.

\_ . 1900.

County fully

Approved

# 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

1900.

Executed in presence of

NDIGENT

\_(L. S.)

Questions for Applicant. STATE OF GEORGIA, County. James of State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly owner true answers to make to the following questions, deposes and answers as follows:

What is your remeated where do you reside? tgive State, County and post office. Hot logg and since when have you been a resident of this State

The logg and since when have you been a resident of this State

When and where were you bords and the 1840 Futton County is a When and where and in what company and regiment that you enlest or ser.

When I so I so I want to what or ser.

I to the the series with the series of the s How long the you remain in such company and regiment?

Wyffrmatty 6. For how long a period did you discharge regular military duty: durning the war 7. When, where and under what circumstances warejyop discharged from service." 9. How much can you care (gross) per annum to your own exertions or mind.

10. What has been your occupation since 1865. The control of the following grounds do you base your application for pension, viz: first, "size and the following grounds do you base your application for pension, viz: first, "size and the following grounds do you base your application for pension, viz: first, "size and the following grounds do you base your application for pension, viz: first, "size and the following grounds do you base your application for pension, viz: first, "size and the following grounds do you base your application for pension, viz: first, "size and the following grounds do you base your application for pension, viz: first, "size and the following grounds do you base your application for pension, viz: first, "size and the following grounds do you base your application for pension, viz: first, "size and the following grounds do you base your application for pension, viz: first, "size and the following grounds do you base your application for pension, viz: first, "size and the following grounds do you base your application for pension, viz: first, "size and the following grounds do you base your application for pension, viz: first, "size and the following grounds do you base your application for pension, viz: first, "size and the following grounds do you be application for pension, viz: first, "size and the first had your base your application for pension, viz: first, "size and the first had your base your application for pension, you will be application for pension, you will be application for pension, you will be application for pension for your support? If upon the second, give a full and complete history of the infirmity and its extent." If upon the third, state whether you are totally blind and when and where you lost your sight?

Lung for the Last Survey what was made the survey with the Last Survey what are made the way the third for the last survey what are the way and was all the way the way and was followed by the way was value of the way the way and the way the way was the way 14. What property, effects or income did you bossess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? It saw the red in the fill the world with the most market may finfe and children What Lines or executions & could G. A what County did you raside during those years, and what property did you then return for taxation " 16. How were you supported during the years 1898 and 1899 . 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. Att Stimule to Authorize termine 18. What was your employagent during 1898 and 1892. What pay did you receive in each year?

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

4. The support of the support a homestone? My or Invilled Son M. Much muthing the 20. Are you receiving any pension? If so, what amount, and for what disability? Sworn to and subscribed before me this the day of 7220-6-1900.

# QUESTIONS FOR WITNESS.

| B | B & B |

| STATE OF GEORGIA,  COUNTY.    WWW YEAR OF STATE  |
|--|
| acar witness to support of the application of  |
| deposes and answers as follows: Www W Verilland.   |
| 2 hrs you acquainted with from Mine I was your man Attarwell the applicant; if so how bong base you know a hom? I would mine years—  |
| Where Goes he reside, and how long and since when has he been a resident of this State?  5 H Fruy Strut - Autorite Mrs hum a Miralum of the Plut all   |
| The where and in what congrany and regiment did he collist, and boy do you know?   |
| Were an a member of the same company and regiment? WM—  H. W. ing delthe perform regular military duty, and what do you know of his service as a Confederate white pand the time and gircumstances of his discharge from the service?  |
| all rust him made Comoto the Co-ales 6 186   |
| What po come of a reframe has applicant? (Give your grants of knowledge) how the wind have the work of |
| What property, offices of me one did the applicant possess in 1896, 1897, 1898 and 1899, and what shep-sition, it any, did be make of same?  |
| 3. Has be conveyed away any of his projects in the last four years, if so, what year it, and to whom?  When it was the last four years, if so, what year it, and to whom?  |
| My Mine is the applicant's occupation and physical condition the condition of the condition |
| It. In the up fount analyse to support himself by labor of any work if so, why?  |
| Menus of this Condular physically  12. How was be supported during the year 1898 and 1898?  Multu assistance affine multiple and Sons  |
| 13. What portion of his mppert for these two years was derived from his own labor or income?  Workly May 1   |
| 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 12.4, Code" - See this Dr. Center M. Med   |
| 15. What interest have you in the recovery of a published by aking addressed. What interest have you   |
| 16. What interest have you in the recovery of a passion with a through the whole of the Swore to and subscribed before me, this the 2 2 day of 1000 Williams.  |
| 7/20 Mec. C. Codlary.  |

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

| Fullow                                | COUNTY.  |
|---------------------------------------|--|
| Personally came before m              | 10 George A. Vinson  |
| F. M. young                           | y , both known to me as reputable physicia   |
| of said County, who, being several    | lly sworn, say on oath that they have examined carefully 💆 🦯   |
| Varmell                               | , applicant for pension under Section 1254, Code, and at   |
| personal cammination say that         | his precise physical condition is as follows.  |
| . The has El                          | some Bloncheler, and   |
| very weak. She                        | is not able to make my   |
| exertion What:                        | wer. George A. Vincon  |
|                                       | 7. M. June h   |
|                                       |  |
| They further say on oath the          | at the physical condition of applicant renders him unable to labor   |
| any work or calling sufficient to ea  | arn a support for himself, and that we have no interest in said pensi  |
| being allowed.                        |  |
| Sworn to and subscribed bef           |  |
| 22 day of Zeca.                       | C (1900.)  |
| /1/122c                               | Ordinary.  |
|                                       | · /  |
| ORDIN                                 | IARY'S CERTIFICATE.  |
| STATE OF GEORG                        | JA.  |
| = zec cm                              | loomymy (  |
|                                       |  |
| I,_ 1/1/1/2                           | Ordinary in and for said County, hereby certi  |
| that the applicant.                   | cosides in said County, and I  |
| been a bona fide resident of this St. | ate since theday of  |
| and that the witnesses, viz:          | montone to a hour  |
| Fan go                                | 5  |
|                                       | as their statements are entitled to full faith and credit.   |
| the oath hereos prescribed and the    | answering the foregoing questions the applicant and each witness to<br>at the full text of the affidavits was read to the applicant and witne  |
| before same was signed.               | was read to the annual was read to the applicable and with   |
| I further certify that the tax        | digests or - Free County show that applies   |
| returned for taxation in his name in  |  |
| of propurty, and in 1899              | Dollars of property.   |
| In my opinion the foregoing           | claim is made in good faith.   |
| Witness my hand and seel of           | office, this 27 day of Zacanet 1900.   |
|                                       | 2777 Tell Brilliany  |
|                                       | of Field Count   |
|                                       | COUNTY OF THE PARTY OF THE PART |

POWER OF ATTORNEY.

STATE OF GEORGIA.

County

hereby authorize

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

For Those Aiready Enrolled.

Witness my hand and seal, this

day of

1901.

L. S.

Executed in presence of

SOLDIER'S PENSION.

INDIGENT

JOHN W. LINDSEY,

# For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA,   |
|---|
| Dersonally appears furnish Hawler Destant  County, State of Georgie, who being duly sworn, says on oath that he is hona, hde citizen and resident of said County and State, and has resided in said State continuously ever since the 4 day of August 1850; that he is 60 years old and that he enlisted in the military service of the Confederate States (or of the State of function of Jungia 1) during the war between the States, and served for the term of 4 years in Company 2), of 4 th Regiment that his physical condition is as follows.  Canada Branch Line   |
| 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, 1814, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1801. I have heretofore as a resident of county been allowed a pension for the year!  Sworn to and subscribed before me, this the day of Action 1801. I have heretofore as a resident of County developed the subscribed before me, this the County have to all the subscribed before County developed the subscribed before me, this the County day of Action 1801. I have the County developed the subscribed before me, this the County day of Action 1801. I have the county |
| STATE OF GEORGIA.  1. John Mallimens Ordinary of said County.  do certife that I am well acquinted with as 12 Marinette the applicant in the foregoing affidavit, and son 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 from 1801.   |

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

| POWER OF ATTORNEY.   |   |
|--|---|
| STATE OF GEORGIA,  | POWER OF ATTORNEY.  |
| I. hereby authorize  | STATE OF GEORGIA.  County.  1   |
| FOR THOSE ALREADY ENROLLED.  No. 72  INDIGENT  SOLDIER'S PENSION  1902  Co. Al Regiment A. M.  Co. Al Regiment A. M.  SOLDIN W. LINDSEY,  JOHN W. LINDSEY, | Harwell forwas R.  FOR THOSE ALREADY ENFOLLED.  NO. T.  INDICENT  SOLDIER'S PENSION  1907.  NAME ALLE C.  NAME AND SOLD  NAME AND |

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

| County.  |
|--|
| Personally appears Alante Ell 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 clear 18.26; that he is years old and   |
| by occupation a 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 for the term of the Line Company At of the Regiment that his physical condition is as   |
| that his physical condition is as  |
| rollens  |
| To mie Bronchilis  |
|  |
| that his property consists of the following items  |
|  |
|  |
| of the value of Dollars, that by reason of his physical  |
| condition and poverty he is unable to support himself by his own exertion or labor, and  |
| that he receives no pension but the one herein applied for.  Deponent desires to participate in the benefits of the Act, approved December 15th,   |
| 1894, and the Acts amendatory thereof, and makes application for the pension to which he   |
| is entitled for the year 1902. I have heretofore as a resident of  |
| county been allowed a pension for the year 1 961   |
| Sworn to and subscribed before me, this the   R Hurwell  |
| day of   |
| Pullionson Ordinary.   |
| CTATE OF GEODOLA   |
| STATE OF GEORGIA,  |
| County. )  |
| do certify that I am well acquainted with J. C. H. 2011 Ell.   |
|  |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made by  |
| him in his said affidavit are true, and I know he is the individual he represents himself to   |
| be and that he resides in this County.   |
| Given under my official signature and seal, this   |
| day of 1902, 14 Hinson   |
| Tour seal seal   |
| Ordinary County.   |
| Norz.—The blank spaces must be filled. Norz.—Affidavis should not be attested before January 1st, 1902.  |
| The state of the s |

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS State of Georgia,

| County.   |
|---|
| Personally appears Ance Militarial  |
| County, State of Georgia, who, being culy swern, says an eath that he is a bend fide coveren  |
| and resident of said County and State, and has resided in said State continuously even  |
| since the day of 1840; that he is 66 years of 1   |
| and by occupation a, that he enlisted in the military service of the lon-   |
| federate States (or of the State of . Lacation ) during the war between the   |
| States, and, served for the term of the third, in Company of the Regiment   |
| that his physical condition is a  |
| follows Diferrality Society & Le  |
| <i>f</i>  |
|   |
| that his project, consists of the following stems:  |
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|   |
| of the value of Dollars. I am now carning   |
| 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   |
| tabor, 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<br>1894, and the Acts amendatory thereo, and a also application for the pension to which he |
| is entitled for the year 1907. Thave heretifore, as a resident of Hills of  |
| County, been allowed a pension for the year 1906 0 Q LL microf  |
| Swora to and subscribed before me, this the   |
| Jan & Will  |
| Jahn & Will William Ordinary  |
|   |
| State of Georgia,   |
| County  |
| County )  Grdinary of said County   |
| do certify that I am well acquainted with RTMER. IL LILLER  |
| 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 houself  |
| to be, and that he resides in this County.  |
| Given under my official signature and seal this   |
| day of  |
| g w   |
| Grdinary Fulton, County   |
| eral  |
| Nors.—The blank spaces must be filled.<br>Nors.—Affidavit should not be attested before January 1st, 1907   |
|   |

| STATE OF GEORGIA,                      | }   |
|--|---|
| County                                 | <i>γ</i> .∫                               |
| I,                                     | _hereby authorize                         |
| 1                                      | _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 of1903.                               |
| Executed in presence of                | [L. S.]                                   |

SOLDIER'S PENSION

INDIGENT

1903.

IG Hanvell

Fulton.

Regiment Lik

WARRANT ISSUED

120

CODE SECTION 1584 (FOR THOSE ALREADY ENROLLED.)

No. 89

### POWER OF ATTORNEY.

| STATE OF GEORGIA,             |           | 1. ,         |              |                 |
|-------------------------------|-----------|--------------|--------------|-----------------|
|                               | . COUNTY  | }::::        |              |                 |
| I,                            |           |              |              | hereby authoriz |
|                               |           | of           |              |                 |
| to receive and receipt for th | e pension | ailowed, and | request that | he remit same t |
|                               |           | at           |              |                 |
| by_                           |           |              |              |                 |
| WITNESS my hand and sea       | ol, this  | day of       |              | _ 1904          |
| 90                            |           |              |              | (L. S           |
| Executed in the presence      | of<br>,   |              |              |                 |
|                               |           |              |              |                 |

# no bata

JOHN W. LINDSBY,
Commission of Prast
WARRANT HANDED TO

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(FOR THOSE ALREADY ENROLLED.)

No. 30

SOLDIER'S PENSION
1904.

Name A Chille of County Co. M. Regiment & M.

JOHN W. LINDSEY.

WARRANT ISSUED

WARRANT HANDED TO

no data

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA,  |   |
|--|---|
| Figure County.   |   |
| Personally appears & Roam  | rell of Frien.  |
| 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 Clug  | 18 40; that he isyears old and                          |
| by occupation a , that he e  | nlisted in the military service of the Con.             |
| federate States ( or of the State of States, and served for the term of          | ) during the war between the in Company of the Regiment |
| of you onto  | that his physical condition is as                       |
| follows:   |   |
| J 7 9  |   |
|  |   |
| 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 hir                                |   |
| that he receives no pension but the one herein ap                                |   |
| Deponent desires to participate in the benef                                     |   |
| 1894, and the Acts amendatory thereof, and makes                                 |   |
| is entitled for the year 1903. I have heretofore                                 |   |
| county been allowed a pension for the year 1                                     | 1 12 1/   |
| Sworn to and subscribed before me, this th                                       | J.R. Harwell  |
| day of . , . 1903. }   | 1   |
| Or   | dinary.   |
|  |   |
| STATE OF GEORGIA, County.  |   |
|  |   |
| do certify that I am well acquainted with  | Ordinary of said County,                                |
| do certify that I am well acquainted with  | 19 anvill   |
| the applicant in the foregoing affidavit, and am we                              | ll 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 signat   | ure and seal, this                                      |
| day of   | Allicitus   |
| / your   Neal   here   | in 1 100 allusord                                       |
| Ordi   | nary County.  |
| Note.—The blank spaces must be filled.<br>Note.—Affidavit should not be attested | pefore January Let, 1908.                               |

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA,  |
|--|
| Fulton. County.  |
| Personally appears   |
| County, State of Georgia, who, being duly sworn, says on eath that he is a home tide citizen   |
| and resident of said County and State, and has resided in said State continuous  |
| since the had a got and 18 that he is years old and  |
| by occupation a, that he enlisted in the military service of the Con-  |
| federate States for of the State of  |
| States, and served for the term of the vice of the term of the term of the term of the vice of the term of the vice of the term of the ter |
| of that his physical condition a   |
| follows:   |
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| that his property consists of the following items:   |
| The second secon |
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| 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 thereo', and makes application for the pension to which he   |
| is entitled for the year 1904. I have heretotore as a resident of  |
| County been allowed a pension for the year 1   |
| Sworn to and subscribed before me, this the first of the  |
| SPATE OR GEORGIA, County State of a County State of a County State of a County State of a County of a County of a County of a County State |
| do certify that I am well acquainted with 2 & N. 12126   |
| 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 his self  |
| to be, and that he resides in this County.   |
| Given under my official signature and seal, this   |
| day of   |
| Com Pluckinson   |
| Ordinary   |

Nors.—The black spaces must be filled.

Nors.—Affidavić shorid nos be attested before January 1st, 100;

|                                | STATE OF C                  | GEORGIA,                | l   |                |  |   |         |                    | ST      |
|--------------------------------|-----------------------------|-------------------------|---|----------------|--|---|---------|--------------------|---------|
|                                |                             |                         | COUNTY.   |                |  |   |         |                    | _       |
|                                |                             | 1.                      |   |                | hereby   | authorize                                       |         |                    |         |
|                                | to receive and              | receipt for the         | of<br>pension allowed<br>at                       | , and request  | that he remi   | same to   |         |                    | to      |
|                                | by<br>Witness               | my hand and seal        | , this  | day of         |  | 1965  |         |                    | by      |
|                                | Executed                    | in the presence         | at  |                |  | [ t., S.]                                       |         |                    |         |
| Harwell James R. Fullon County | FOR THOSE ALIEADY ENROLLED. | SOLDIER'S PENSION 1905. | Name Howell Her 20011. County Co. & Regiment # LA | WARRANT ISSUED | OOHN W LINDSEY. Commonwealth of Princes. WARRANT HANDED TO | THE TAXALIN PROPERTY AND PROMISED TO STRAIN WAS | no date | Johnseld, James P. | + wars. |

| POWE  | R OF ATTORNEY.  |                   |
|---|---|-------------------|
| STATE OF GEORGIA,                                   | UNTY  |                   |
| L   |   | hereby authorize  |
| (minute) (14) (2) (20)                              | . of  |                   |
| to receive and receipt for the p                    | ension allowed, and request that l                          | ne remit same to  |
| by  |   |                   |
| WITNESS my hand and seal,                           | this day of   | 190%              |
|   |   | L. S.             |
|   |   |                   |
| CONTINUE ALEGAT CHOLLED.  No. #65.  INDIGENT  1906. | Condity R. Regiment J. Co. S. Regiment J. Co. Market 1880ED | WARRANT HANDED TO |

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

| County.   |
|---|
| Pearsonally appears for 22111. 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 1870 and the first   |
| by occupation a darren , that he enlisted in the military service of the Con-   |
| federate States or of the State of Alarque ) during the war between the   |
| States, and served for the term of 4 4 1 in Company of 4 th Regiment  |
|   |
| that his physical condition is as   |
|   |
| that his property consist on the following items  |
| of the sine of  |
| Tonars. I am now earning,   |
| by ny 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 1965. 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 the 1905.  |
| Ordinary.   |
| STATE OF GEORGIA. /   |
| County.   |
| do certify that I am well acquainted with Janus Harwell   |
| do certify that I am well acquainted with Jenus Daniel  |
| 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 of1905.   |
| · · · · · · · · · · · · · · · · · · ·   |
| Anna Paul Ordinary Fulton, County.  |
| Nors.—The blank spaces most be filled.  Nors.—Affidavit should not be attested before January 1st, 1906.                                  |

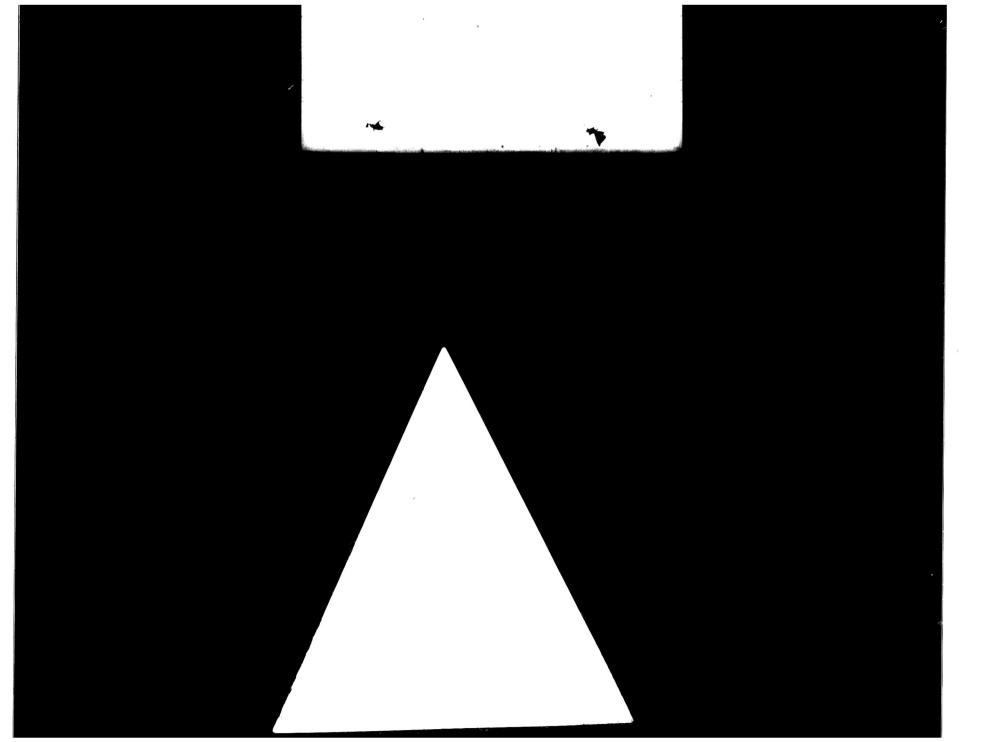
| FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.  |
|--|
| State of Georgia,  |
| Fulton County.   |
|  |
| Personally appears Justice R. Harcuellos Fulton  |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen   |
| and resident of said County and State, and has resided in said State continuously ever   |
| since theday of18; that he is & A 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 4 1 in Company . , of 4 th Regiment   |
| of And only the Regiment   |
| follows: Sufficiently porcetty and lege!   |
| The state of the s |
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| that his property consists of the following items:   |
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| of the value ofDollars. 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,<br>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  |
| JAN 1, 100 1906. } / Kfarerell   |
| Ordinary Ordinary  |
|  |
| State of Georgia,  |
| Fig. County.   |
| I, Ordinary of said County.  |
| do certify the am well acquainted with tune R. Micerie ell   |
| 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 sear, this JAN 1 100   |
| day of   |
| Wan Addel Kinson   |
| four county.   |
| harry the same of  |

Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January 1st, 1906.

Ordinary Fulton. County. Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1906. Norm.—The blank spaces must be filled.
Norm.—Affidavit should not be attested before January 1st, 1906. Touthern Express Company. Superintendents Office We f S. Baller & In Johnson of Dornpany & 4th Gu Regiment do hereby unlify that we were present at Appointlex C. H. Za and Surrendered on the 9th day of April 1865, and that to my own personal Knowledge Me James R Harwell was a member of Said Company and that he wilisted in West Point ha on the 26th day of April 1861 rent that the Said James R Hanwell was present at Appointly C. H. Va and evas at that line a member of the 4th Ga Regimental Band and did Surrender at Appointation C. H. Va. Swoon to and Subscribed of before nie Dec 15" 1900 7 X. Baker J.B. Shong, Ordinary V. W. Johnson

and for Dais county do hereby certify that J. S. Matter and J. M. Johnson are bran-ally known to me to be of trustworthy char-actors and their Statements are subtled to full faith - and credit Twin under my hand and Deal , this 15-1 day of December 1900 ( 13. Shong, Ordinary



Harwell, John Mi No. 4168 APPLICATION FOR ALLOWANCE FOR YEAR ENDING, OCT. 26, 1889. Applicant of the County of the Entered on Record, Rely 12 1889. applicant

Applicant of the Marie of Maria of Mari

| STATE OF GEORGIA,   |                                      |              |
|---|--------------------------------------|--------------|
| PERSONALLY appears John Mo. Ho  | muse of Frelen                       | county,      |
| State of Georgia, who, being duly sworn, says   | on oath that he is a bona fide citiz | en and resi- |
| dent of said State, and has been such continu   |                                      | day of       |
| De cesuler 1839; that he enlis  | sted in the military service of the  |              |
| States (on of the State of  | ) during the war between the         | States, and  |
| States (an of the State of served as a Provide  | in Company A, of /9 th B             | Regiment of  |
|   |                                      |              |
| in such military service, at the battle of State of Virginia, on the wounded as follows: Life Minima Comments of Computations of Computations | trugeritation                        | in the       |
| State of Vincena, on the /  | 3 day of De sessage 186              | > he was     |
| wounded as follows: like lea  | a a crem of                          |              |
| sommel Therein &  | china Ohi On                         | ei           |
| to be cumpulation   | wood mich                            | 20           |
| The home  |                                      | - Carlo      |
|   | 1 000                                |              |

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 fr. Harwell the ll day of Technol 1889

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,

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

ORDINANY

Norn.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the

| STATE OF GEORGIA,   |
|---|
| Haellen County.   |
| 1. S. Cochoined Ordinary of said country  |
| do certify that I am well acquainted with John Mb. 96 armset the  |
| applicant in the foregoing affidavit, and im 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:   |
| <b>\</b>  |
|   |
| are persons of respectability, and that their statements are worthy of full credit and belief.  |
| turther 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 // day of felling 188 G  |
| W.D. Caching  |
| Ordinary Frelling County.   |
| Ordinary Timelian County.   |
|   |
| DOWER OF ATTORNEY   |
| POWER OF ATTORNEY.  |
| STATE OF GEORGIA.   |
| county.   |
| KNOW ALL MEN TO 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  |
| (L. S.)   |
| Executed in the presence of us  |
| 1   |
|   |
| ,   |
|   |
| DIRECTION: A A A A A A A A A A A A A A A A A A A  |
| Send money to me as follows, by   |
|   |

County, Georgia.

what stery the or store

### NOTES.

i. 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 distability. 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 topy positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been reneared understatially and execution.

disability by positive proots 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 "gubstantially 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 ampetated.

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made stader gath before an officer, and the proofs must show that the amendments have beefficulty sworn to.

7. Every application must be celebiled by the Ordinary of the country of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA, Fruit. - County. 1. Or L. As althouse Ordinary of said county. do certify that I am well acquainted with John we Manuel 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 whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and natures thereto are genuine.

Given under my official signature and seal, this day of Feature 1890 Ordinary Francis

STATE OF GEORGIA, I, Ordinary of said County do certify that I am well acquainted with John Me To arrive the 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. before whom the foregoing affidavits were made and power of attorney was signed, is a signatures thereto are genuine.

County

I further certify that

applicant in the foregoing affidavit, and am well satisfied that the statements made by him

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

Ordinary Freezen) County.

of said County, and the said affidavits and

For Applicant. Heretofore Allowed Forst at

### For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA,  |
|--|
| Fullow County.   |
| PERSONALLY appears John Me. Harmen 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 Transfer of the Con-   |
| federate States (or of the State of ) during the war between the   |
| States and served us a   |
| of 's Brigade; that whilst engaged   |
| of State Whitness Archard's Brigade; that whilst engaged in such military service, at the battle of Francischstory in the State  |
| of Ta on the State of December 1862 he was wounded as follows: ( and show to the later the   |
| of Ta on the 18 day of December 1862-be was wounded as follows for the state of the left be compared to the left be compared t |
| dam of the frame and   |
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|  |
| Deponent desires to participate in the benefits of the Act, approved October 24, 1887.   |
| Peponent 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 cuttiled for the year guiding October 26, 1800. I have hereofore here allowed a president   |
| entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of Sworn to and subscribed before me, this the   |
| 8 for day of Fulling 1890 (The Hamill)   |
| Orich No och   |
| Note: State fools mature of wanted a character of disease which causes the disability, and explain particularly the extent of the disability.  |
|  |
| POWER OF ATTORNEY,   |
| STATE OF GEORGIA   |
| County   |
| KNOW ALL MEN BY THESE PRESENTS, That I.  |
| county, in said State, do hereby appoint   |
| of 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  |
| 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   |
| 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 affiday; hereby authorizing my said attorney to receipt in my name for any Warfant that may be   |
| issued by the Governor, writer any sam of money which may be coming to me for the teason aforesaid.  |
| IN WITNESS WHEREOF, I have hereunto set my hand and seal, this   |
| day of 189   |
| Executed in the presence of us:  |
| ,  |
|  |
| DIRECTION.   |
| Send money to me ee follows by   |
| to P.O.  |

# For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, County.  |
|--|
| PERSONALLY appears John Mb . Ho armel of Lallon  |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bone fide citizen and   |
| resident of said State, and has resided therein continuously ever since the  |
| day of   |
| federate States (or of the State of) during the war between the  |
| States, and served as a frequency in Company of 10 th Barrier  |
| Volunteers Troping 's Brigade: that whilet engaged   |
| in such military service at the battle of Hadnehater in the State  |
| of ta on the 13 day of D 1862 he was   |
| wounded as follows: for dist commel of left  |
| below the fine   |
| The second secon |
| •••  |
|  |
| 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  |
| Sworn to and subscribed before me, this, the   |
| of the Harwill   |
| 13 day of Let 1891.  |
| Mrs. Galhon Doung  |
| NOTE. State fully nature of wound or character of disease which causes the disability, and rapinia 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   |
| ofCounty, 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 affidavi: hereby authoring 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 of1891.  |
| [L. A.]  |
| Executed in the presence of us:  |
| налиция фанционалиция причиналичнание в соптинения причиналиция в причиналиция причиналици  |
| Send money to me as follows, by  |
| toP. O.  |
| County, Georgia.   |

m. L. Le outhon Ordinary of said county,

2r. L. Le albren Ordinary Harlion County.

do certify that I am well acquainted with John llo. It amely the

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his

said athidavit are true, and that he is disabled, to the extent he claims, and I know he is the

Given under my official signature and seal, this 2 and day of We arch 1892

individual he repesents himself to be, and that he resides in this county.

STATE OF GEORGIA. Fullow County.

Know all Men by these Presents, That I. County, State of Georgia, do hereby appoint of Cities unique the supplies 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 offence of the confederate States (or of this State), as stated in the offence of the confederate States (or of this State), as stated in the offence of the confederate States (or of this State), as stated in the offence of the offence VN WITNESS WHEREOF, I have hereunto set my hand and manyon pro tobacacura juday pla pa ana .... uc ... aq 1893 : ma r Executed in the brescuce of ms:
altidavit are true and that he is thank ा रहारापुरे सुन्य । या अस्त कार्तामा**पहिल आ**स्ता County, Georgia. Volunteers LENGT A COLA Whiteman

For Applicants Heretofore Allowed Pensions.

comity. STATE OF GEORGIA,

POWER OF ATTORNEY.
STATE OF GEORGIA, )

| PERSONALLY appears  of  on oath that he is a bone fide c since the in the military service of the C during the war between the Si of  of  the Regiment of  Brigade, that whilst engaged is in the State of | County, State of Georgia, who, being County, State of Georgia, and has been s day of December 1839 onfederate States (or of the State of ates, and served as a Limbo onto  | duly sworn, says such continuously that he enlisted in Company d day |
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|  |  |  |
| the year ending October 26, 18   | A Do Ite   | he is entitled for<br>f  |
| Tr. X Couch  | (Dedinger  |  |
| Note. State fully nature of wonts<br>extent of the disability  | character of Income which causes the disability, and re  | pine pitterwheely the  |
| Powi   | ER OF ATTORNEY   | <u>.</u>   |
| STATE OF GEOR  | GIA. /   |  |
|  | County \   |  |
| Know all Men by these  | Presents. That I.  |  |
| Community of Community Community   | of   | /  |
| the Confederate States (or of the Confederate States (or of the said attorney to receip: in mor for any sum of money which IN WITNESS WITERE   | my true and lawful atte<br>e and receipt for whatever amount of money I m<br>cason of the injury received as aforesaid in the n<br>his State), as stated in the foregoing affidavit; he<br>ny name for any Warrant that may be issued b<br>may be coming to me for the reason aforesaid.<br>(OF, I have hereunto set my hand and seal this | nay be entitled to<br>nilitary service of                            |
| day of   | 1892.  | r 1  |
| Executed in the presence o   | of us  | [L. S.]  |
| 6 1  | DIRECTION.   |  |
| Send money to me as follo  | ows, by  | Р. О.  |
|  | _County, Georgia.  | r. O.  |
|  | ,,,,   |  |

| For Applicants Heretofore Allowed Pensions.  |
|--|
| STATE OFIGEORGIA, )  |
| Frillow County   |
| PRESONALLY Appears Lohn M. Hour voett  |
| County, State of Georgia, Who, being duly sworn save on costs that he  |
| Condent of said State, and has resided therein confinuously ones also at   |
| day of Access 62 1817; that he enlisted in the military service of the Co-   |
| during the war between the   |
| States, and served as a Arences and in Company of 19 th Regiment   |
|  |
|  |
| wounded as follows grant what wound of left be come  |
| mig the amportation of the came below  |
| Ale Rosee  |
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|  |
|  |
| Deponent desires to praticipate in the benefits of the Act, approved October 24th, 1887, and   |
| Deponient causes to pracipate in the benefits of the Act, approved October, 24th, 1887, and the acts amendatory, thereof, agt majors application for the allowance to which he is entitled for the year ending October 26, 1813. I have heretolore been allowed a pension of   |
| One Amadard dollars, for 1892  |
| Sworn to and subscribed before me, this, the 2 2m 14m mars fl  |
| day of March 1893.   |
| m. L. Le autum Oruna   |
| Note-State fully nature of wound or character of disease which causes the disability, and onplain particularly the extent of the disability, resulting from the wound or disease.  |
| STATE OF GEORGIA, )  |
| sandlern poundy.   |
| 1 9 60-11 2011   |
| or said County,  |
| do certify that I am well acquainted with Sohn M. Manvell the  |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his   |
| said amount 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 highlis County.  |
| Marther coeffethat has a state of the state  |
| before whom the foregraph that the wore made him there of attorney was signed, is a  |
| ton the State of Ground by reason of the squay respection and the firm in the  |
| Given under my efficial signature and seal, this / 5 day of March 1803   |
| me di  |
| Know a Men by the we Po roll's; That . A.  |
| County.  |
| STATE OF GEORGIA.  |
| POWER OF ATTORNEY.   |
| The second secon |

| .) !                             | AILO  | L GEOLGI   | n. /   |                                     |                               |  |   |                                     |
|----------------------------------|---|--|--|-------------------------------------|-------------------------------|--|---|-------------------------------------|
|                                  |   | Co   | DUNTY.   |                                     |                               |  |   |                                     |
|                                  | inuw all Men  | by these Presents.   |  |                                     |                               |  |   |                                     |
|                                  |   |  |  | of                                  |                               |  |   |                                     |
| Cont                             | ty. State of C  | icorgia, do hereby a   | ppoint   |                                     |                               |  |   |                                     |
| of                               |   |  |  |                                     |                               | .my true a                                   | nd Jawfui a                                     | torney in fact, for                 |
| State<br>State<br>nex t<br>which | of Georgia (<br>s out of this<br>o receipt in it<br>is may be com | or, to receive and response of reason of an inju-<br>State), as stated'<br>to name for any Walting to motor for the re-<br>SWHEREOF, 1 | ry received a<br>in the fore<br>rrant that n<br>ason aforesa | as afore<br>egoing<br>nay be<br>id. | esaid l<br>afficiac<br>iseued | n the militar<br>vit; hereby<br>by the Gover | ry service o<br>authorizing<br>nor, or for      | f the Confederate<br>my said Attor- |
| ins                              | 1   |  | 189  | 1                                   |                               |  |   |                                     |
|                                  |   |  |  |                                     |                               |  |   | [t., s.]                            |
|                                  | Executo   | Lin the presence of  | ii»  | )                                   |                               |  |   |                                     |
|                                  |   |  |  | 1                                   |                               |  |   |                                     |
|                                  |   |  | EVIDE  | 7 27 1                              | / \ N1                        | ¢  |   |                                     |
|                                  |   | 2 22 WW 22 W   | DIRE   | ( 11                                | ON                            | 2  |   |                                     |
|                                  | * Int madas J   | to the as follows to   |  | to                                  |                               |  |   | 1. 0                                |
|                                  |   |  | Counts   |                                     | na                            |  |   |                                     |
|                                  |   |  | · ····································                       |                                     | , ia.                         |  |   |                                     |
|                                  |   |  |  |                                     |                               |  |   |                                     |
| For Those Already Enrolled.      |   | Soldięr's Pępsiop.<br>1894.  | Name (Ohn M. Harw 211  | Counts Pulton                       | Desibility LOBS of LAS        | Амесии, 8 110, 1804                          | W. H. HARRISON, Secretary Executive Department. | WALL CALL                           |

|   | POWE   | R OI                               | 7 A                           | гтс                       | RNE                                 | <i>t</i> .                                     |  |
|---|--|------------------------------------|-------------------------------|---------------------------|-------------------------------------|--|--|
|   | STATE OF GEORGIA,  | )                                  |                               |                           |                                     |  |  |
|   | County   | . {                                |                               |                           |                                     |  |  |
|   | KNOW ALL MEN BY THESE I  | 2000                               | s, Tha                        | at I.                     |                                     |  |  |
|   |  |                                    | of                            |                           |                                     |  |  |
|   | County, State of Georgia, do hereby ap   | ppeint                             |                               |                           |                                     |  |  |
|   | of.  |                                    |                               |                           | .my true a                          | nd Inwful at                                   | torney in fact, for                      |
|   | me and in my name, to receive and rec<br>State of Georgia by reason of an injury<br>States (or of this State) as stated in the<br>in my name for any Warrrant that may<br>be coming to me for the reason aforesai<br>IN WITNESS WHEREOL, J | received<br>foregoing<br>be issued | a⊭ afor<br>affiday<br>d by th | esaid<br>it; her<br>e Gov | n the militarby authorizing for for | ry service ong my said . any sum of            | f the Confederate<br>Attorney to receipt |
|   | day of   | 181                                |                               |                           |                                     |  |  |
|   | Executed in presence of us   |                                    |                               |                           |                                     |  | [1                                       |
|   | Date and the present of the  |                                    | )                             |                           |                                     |  |  |
|   |  |                                    |                               |                           |                                     |  |  |
|   |  |                                    | )                             |                           |                                     |  |  |
|   |  | DIR                                | ECTI                          | ONS.                      |                                     |  |  |
|   | Send money to me as follows, by  |                                    |                               |                           |                                     |  |  |
|   |  |                                    | _ to                          |                           |                                     |  | P. O.                                    |
|   |  | Count                              | y, Geor                       | gia.                      |                                     |  |  |
|   |  |                                    |                               |                           |                                     |  |  |
| 1 | may go come to the first of  | -                                  |                               |                           |                                     |  |  |
| 1 |  |                                    |                               |                           | . 895.                              | nent.  |  |
| 1 |  |                                    |                               |                           | -                                   | ARD JOHNSON,<br>Secretary Executive Department |  |
| 1 | ₽ 2.   |                                    |                               |                           |                                     | N. Y.  |  |
| 1 |  | ::                                 |                               | Di.                       |                                     | RIČHARD JOHNSON<br>Seretary Executive          | 9  |
| 1 | É L  |                                    |                               | -12                       |                                     | HO<br>A  | HANDED                                   |
| 1 |  | V. Farwel                          |                               | o                         | 1                                   | D. J.  | = 4                                      |
| 1 |  | S65 ×                              | 0                             | 10                        | 11                                  | IAR<br>Seri                                    | 1  |
| 1 |  | 100                                | 7                             | -                         | E. 68                               | Ž  | 3  |
|   | Cor Those Already Eurolled  No. 57  LDIER'S PENSI  1895.   |                                    | . 1                           | ż                         | 00                                  | <u> </u>                                       | 3  |
|   |  | 8                                  | County                        | Neability                 | Amount,                             |  |  |
|   | · 55   | Name                               | ప్రే                          | D.                        | A.                                  |  | 1  |
|   |  |                                    |                               |                           |                                     |  |  |

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA. )

Am x your seal here

| -11 * on   | or anty. ∫  |  |  |
|--|---|--|--|
| Personali v ap   | opears John Malaw   | of the   | Fulton   |
| County, State of Ge and resident of said day of "Acades federate States for a States, and States, and States, and States for a such military service of "Englishs wounded as follows | State, and has resided therein 18-39; that he enlis of the State of s a Montona Volunteers Archer   | says on eath that he is a continuously ever since the military see a during the in Company A , of a Brigade; that we talk hours. | a hone 3de citizen<br>to the 8th<br>rvice of the Con-<br>war between the<br>18 th Regiment<br>hilst engaged in<br>in the State<br>186?, he was |
| and the acts amenda<br>cuttited for the year<br>2nd "Sudand"<br>Sworn to and st<br>12th day of<br>27th, Lo   | abscribed before me, this, the famous 1894. I show the control of | eation for the allowan<br>ave heretofore been allow<br>the year 180 3  | ice to which he is owed a pension of   |
| STATE OF G   | EORGIA.   |  |  |
| Fulton   | Carty.  |  |  |
| 1.   | W. C. Calhoun   | Ordinary   | of said County.  |
| do certify that I am   | well acquainted with  | John M. Harwel   |  |
| applicant in the fore<br>in his said affidavit a<br>and that he resides i  | egoing affidavit, and am well sat<br>are true, and I know he is the<br>in this County.  | tisfied that the stateme<br>individual he represen   | nts made by him<br>nts himself to be   |

Given under my official signature and seal, this

Ordinary

County.

# For Applicants Heretofore Allowed Pensions.

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

Fulton

County.

STATE OF GEORGIA,

Dersonally appears John M. Harwell

| lay of ~3-mber                           | 18 ; that he                | enlisted in the mi       | litary service of      | the Con-      |
|--|-----------------------------|--------------------------|------------------------|---------------|
| ederate States (or of the Sta            |                             |                          | ing the war bet        |               |
| States, and served as a                  | ieutenant                   | ir Company               | of 10 th F             | Regiment      |
| f Borgit Volum                           | teers, Archer               |                          | ; that whilsten        | igaged in     |
| uch military service at the ba           | attle of " r                | e erisz surz             | in                     | the State     |
| e Virginia                               | on the 15th                 | day of                   | -3-moer 186            | he was        |
| vounded as follows: Fun sh               | ot wound or the             | left les causi           | ng the -mout           | stion         |
| on the parow the the                     | 7                           |                          |                        |               |
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|  |                             |                          |                        |               |
|  |                             |                          |                        |               |
|  |                             |                          |                        |               |
|  |                             | 100 (000 000)            |                        |               |
| Deponent desires to partic               | cipate in the benefits      | of the Act, appr         | oved October 22        | 4th, 1887,    |
| nd the acts amendatory ther              | eof, and makes appl         | ication for the a        | llowance to wh         | ich he is     |
| ntitled for the year ending O            | ctober 26th, 1895.          | I have heretofore        | been allowed a         | a pension     |
| r fne Hundred                            | dollars                     | , for the year 18        | 191                    |               |
| Sworn to and subscribed                  | before me, this, the        | 1/1/2 2                  | 1. /                   | 1             |
| 22000 day of                             | arch derak                  | 1                        | arve                   | 4             |
| m.L.Ca                                   | Charm 150                   | 10                       |                        |               |
| Nove-State fully the nature of wound     | or character of disease whi | ch causes the displility | and explain particular | ly the extent |
| the disability, resulting from the wound | or disease.                 |                          |                        |               |
| OT ATE OF OFO                            | DOLL                        |                          |                        |               |
| STATE OF GEC                             | RGIA,                       |                          |                        |               |
| Fulton                                   | County.                     |                          |                        |               |
| I,                                       | W.L.Calhoun                 | , (                      | ordinary of said       | County        |
| lo certify that I am well acq            | uainted with                | John M. Harw             |                        | the           |
| pplicant in the foregoing affi           |                             | satisfied that the       | statements mad         |               |
| n his said affidavit are true,           |                             |                          |                        |               |
| nd that he resides in this Co            | ounty.                      |                          | •                      |               |
| Give                                     | n under my official         | signature and se         | al this 22             | Lari          |
| day of_                                  | warch                       |                          |                        |               |
| ~~                                       |                             |                          |                        |               |
| your year                                | my                          | Local                    | 6                      |               |
| bere                                     | ~                           |                          | · CV                   |               |
|  | Ordi                        | norm Ful                 | ton                    | 0             |

| PO                                   | WER OF ATTORNEY.   |      |
|--------------------------------------|--|------|
| STATE OF GEORGIA                     |  |      |
|                                      | ounty.   | ,    |
| 1                                    | _hereby authorize  | _    |
|                                      | of   |      |
| to receive and receipt for           | the pension paid hereon and request that he remit same to  | D    |
|                                      | by   |      |
| at                                   | ¥  |      |
| IN WITNESS WHE                       | REOF, I have hereunto set my hand and seal, this   | 1    |
| day of                               | 1896.  | 1    |
|                                      | ( t., s  | -]   |
| Executed in prese                    | ence of us   |      |
|                                      | 1  |      |
|                                      | . 1  |      |
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|                                      | 10 March 100 0 0   | ta.  |
| Z                                    | 1886<br>1886   | 20   |
|                                      | ON,  | 120  |
| For Those Aiready Enrolled No. 9 0 7 | JODE W. Harmall Pulton TOTA OF LAG 100 S. The Sement Kindler Depart Normany Thys der To  | 1 33 |
| R'S PE                               | JODD W. HERE JODD W. HERE FULLON TOTAL OF LEA S. 100 S. 27 C. C  | 1    |
| Those Already                        | Serret HARD  | 33   |
| IER S.                               | ICH,   | 30%  |
|                                      | ,  | 3    |
| 6                                    | Name. County Disability Amount, \$   | 3    |
| 52                                   | A D C N  | )_   |
|                                      | The trapper searches and the second s |      |
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|                                      | - 127 1 10 1 EMIL 2 2  |      |
|                                      | Harry Many Park  | - 1  |

| FC                        | WER OF ALLORNEY.  |
|---------------------------|---|
| STATE OF GEORG            | IA.   |
|                           | County.   |
| I,                        | hereby authorize  |
|                           | of  |
| o receive and receipt for | the pension paid hereon and request that he remit same to |
|                           | by  |
| it                        |   |
| IN WITNESS WHI            | REOF, I have hereunto set my hand and seal, this          |
| day of                    | 1897  |
|                           | [L. s.]   |
| Executed in prese         | ence of   |
|                           | t.  |
|                           |   |

SOLDIER'S PENSION. INVALID

(For Those Already Erralled.)

1897. Jobs My James Disability

r,

RICHARD JOHNSON,

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

and that he resides in this County.

| ulton  | County.  |   |   |
|--|--|---|---|
| personally appears   | John W. Harw   | ell of  | Fulton  |
| County, State of Georgia, what resident of said State, a day of Dacember tedenate States for of the State, and served as a composite Volume to such military service in  | nd has resided therein of 18 30; that he culist stee of 1 ioutenant teers, Arober the State of Virgini 2, he was wounded, inju | continuously ever<br>ed in the milita<br>) duri<br>in Company<br>'a Brigade<br>g, o<br>ured or diseased | er since the  ry service of the Conning the war between the  of 10 th Regiment  that whilst engaged in the 12th day as follows: |
| and the acts amendatory the enterfold for the year ending vultar countries for the year 180°.  | ng October 26th, 1896.<br>nty been allowed a pension   | I have heret  | ension to which he is<br>ofore as a resident of<br>united   |
| Sworn to and subscribed  Government of the subscribed of the subsc | 1 before me, this, the 73b? 1898.  The Cody of disease which and or character of disease which are                             | Y M ) / (1) , uses the disability, and  |   |
| STATE OF GEO  Fulton (  F.L. calhoun  do certify that I am well acqu   | County.  | bn W.Parwell  | linary of said County,  |
| applicant in the foregoing af<br>in his said affidavit are true,   |  |   | atements made by him  |

Ordinary\_

m. L. locehoun

County.

# For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA,  |
|--|
| Lutton County.   |
| Dersonally appears John M. Hamellos Xulton   |
| County, State of Georgia, who being duly sworn, says on oath that he is a bona tode citizen  |
| and resident of said State, and has resided therein continuously ever since the Sile   |
| day of Accesa 1839; 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 Litute ocaret in Company A , of 19 th Regiment   |
| States, and served as a Kelli Green to in Company A. of II the Regiment of Longian Volunteers. See Acc. Strigate, that whilst engaged  |
| in such military service in the State of Legence on the 13 " day   |
| of Access be 1862, he was wounded injured or diseased of follows   |
| C 1 + C fine   |
| Sun shot noused of the lift les course ing the compression of the showe  |
| uig the amperfallish 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 heretotore under said law as a   |
| resident of factore county been allowed an invalid pension of  |
| (LIC Acceled & Dollars, for the year 180)  |
| Sworn to and subscribed before me, this, the 1 / h. Handle   |
| Sworn to and subscribed before me, this, the   fin Harwall   |
| day of PONT OFFICE   |
| military at  |
| Nora-State fully the nature of wound of therefore of disease which causes the disability and appears particulars, the extent of the disability resulting from the wound or disease.  |
| STATE OF GEORGIA,  |
| Luctory County.  |
|  |
| do certify that I am well acquainted with Jether My / a zere the   |
| do certify that I am well acquainted with when 11/2/42 2012 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 72 an . 1807.   |
| 7.00 1 |

APPLICATION FOR

FOR CONTRIBUTE SULTER

APPLICATION FOR

FOR CONTRIBUTE SULTER

Applicant A 1000

Limb ASO At 184 KNOS.

Amount A 1000

Amoun

### STATE OF GEORGIA.

| Futton  |  |         |
|---|--|---------|
|   | County.)   |         |
| Personally appeared before me   | Jm Harwell   |         |
| the county of   | St. CC   |         |
| 2 411 4214  | replemb 7, 1879, a bona fide resident of this State; that he   |         |
| in Common (1 1 2  | ntederate States, or of this State, as a   |         |
| that while engaged in eigh with   | ment of George George Wolunteers   | <i></i> |
| in the State of Transaction   | on to will at the buttle or engagement of the short of to  | hery    |
| Manufer   | 186. The was wounded in the  |         |
| that the same was amputated A. L.   | Milec  |         |
| that he has not received the payment above  | wed him for such limb modes on A. a. alst 1  |         |
| 20th, 1879; that he has   | tion 1. Article 7 of the Constitution of 1877, approved September cell himself with an artificial          |         |
| done so, he prefers to supply himself with  |  |         |
| Sworn to and subscribed before me this  |  |         |
| 27 day of Cal   |  |         |
|   | Some Continue  |         |
| Note - The above affidave must be made<br>or County Court Justice of the Peace Clerk of the | before some officer authorized to administer oaths, a Judge of the Superior to Superior Court, or Ordinary |         |
| COMMISSIO   | ONED OFFICER'S AFFIDAVIT.  |         |
| STATE OF GEORGI   |  |         |
| fe 11   | ,  |         |
| Julian  | County.  |         |
| P   | In Han   |         |
| Personally came before me   | IM Hamis   |         |
| and says that huyens.   | State of Georgia, who, being duly aworn, deposes   |         |
| 6 n.141   | in Company of 1910 Regiment  |         |
| n said Commany, and that this deremont by   | the above deponent, was a  |         |
| ort a leg in the nultrary serv  | nows that said   |         |
| worn to and subscribed before megline   | 1 C  |         |
| 27 A day of OXX   | To Manin   |         |
| Norw - 1/ the off has   | / July / Illinular   |         |
|   | officer is not obtainable, the following affidavit of three responsible citizens,                          |         |
| Modelswith ?  | Cot Vab—   |         |
| Quellon la 0  | Ya,  |         |

### AN ACT

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

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

Sec. 11. Be at further enacted by the said authority. That such application shall contain proof of such applicants being onti tool to the benefits of this act and shall further state whether arm or leg has been supplied. If an arm, whether extending above the cibow or not if a leg whether extending above the knee or not, and the Governor shall decide the sufficiency of

85: III Be it further enacted by the said authority. That no applicant shall receive the sum allowed under this act ftener 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

Hinny R. Goetchius, Secretary House Representative WM A. Harris, Secretary Senate. Approved, September 0th, 1879

A. O. Bacon,
Speaker House Representatives.
Rupus E. Liberkii,
President Senate

ALPRED H COLQUITT, Governor

| 1 |  | : (n:li | naij |
|---|--|---------|------|

| STATE OF GEORGIA,  |
|--|
| County.  |
| Personally came  |
|  |
| who, being duly sworn, depose and say they are acquainted with   |
|  |
| that said; 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   |
|  |
| STATE OF GEORGIA,  County,  County,  Ordinary of Fee County,  County, do certify that I am well acquainted with.  County, do certify that I am well acquainted with.  County, do certify that I am well acquainted with.  County, do certify that I am well acquainted with.  County, do certify that I am well acquainted with.  County, do certify that I am well acquainted with.  County, do certify that I am well acquainted with.  County, do certify that I am well acquainted with.  County, do certify that I am well acquainted with.  County, do certify that I am well acquainted with.  County, do certify that I am well acquainted with.  County, do certify that I am well acquainted with.  County, do certify that I am well acquainted with.  County, do certify that I am well acquainted with. |
| affidavit are true, and that I am well acquainted with   |
| the officers who makes the affidavit, that was a respectable officers of this county, and that the facts stated by the arc true.   |
| Given under my hand and official soal, this  |
| day of Ce evelson 18.2.9   |
| Camer Collins  |
| ( Ordinary & C   |
|  |

| STATE OF  | GEORGIA,              | )  |  |
|---|-----------------------|--|--|
|   | County                | y. Ì   |  |
| I.  |                       | hereby authorize   |  |
|   |                       | of   |  |
| to receive and  | d receipt for the per | nsion paid hereon and request  | that he remit same to  |
|   |                       | by   |  |
| at.   |                       |  |  |
| IN WIT:   | NESS WHEREOF          | I have hereunto set my hand as   | nd seal, this  |
| day of  |                       | _1898.   |  |
|   |                       |  | [L. S.]  |
| Exec  | uted in presence of   | )  |  |
|   |                       | 1  |  |
|   |                       | )  |  |
|   |                       |  |  |
|   |                       |  |  |
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|   | Z                     | ₹ <u>\$</u>  | g  |
| 109/ 1  | <u>_</u>              | 210 0  | L. L   |
| Let & M. Fire & Antiber & Antiber & Already Enrolled. |                       | 11/4   | WARRANT HANDED TO AMERICA OF D. WARRANT HANDED TO AMERICA OF D. C.   |
| 2 13 3  |                       | 1, 3,0   | JOHNSO Communication HANDED TO THE FORM |
| Se Already  |                       | 121352   | 7 1 3 1 N  |
| No. No.   | > £ 00                | 1 2 2 4 0  | CHARD  CH |
|   |                       | C 12 00 00   | 2 3  |
| For   | 7 🗷                   |  | .  |
| 140   | 8                     | Name<br>County<br>Disabil  |  |
|   |                       | A 12 PORTOR OF THE PROPERTY OF | The second section of the section of the second section of the section of the second section of the second section of the section of th |
|   |                       |  |  |

|                                     | 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 WITN                             | IESS WHEREOF, I have hereunto set my hand and sea                                     | l, this_   |
| day of                              | 1899.   |  |
|                                     |   | [L. S.]  |
| Execu                               | ited in presence of   |  |
|                                     |   |  |
|                                     |   |  |
|                                     |   |  |
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|                                     | Sec. 7. 1989  |  |
| <u>≅</u>                            |   | TITOWN TO THE PARTY OF THE PART |
| Earolled                            | PENS PENS PENS POP.   | T HANDED TO  |
| 2   2   2                           | H = 2013  | ALEANT HANDED  |
| S In S                              | A S G S S   |  |
| CODE SECTION  CODE SECTION  No. L K |   | IRRA MERA  |
| or These Al                         | DIER'S PENS DIER'S PENS DIER'S PENS DIER'S PENS TRABBONSON RICHARD JOHNSON COMMISSION | B 6  |
| ,                                   |   | 1 1 1 2 3  |

CFor Those Airea INVA SOLDIER'S 

# For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA,  |  |
|--|--|
| County.  | e .  |
| personally appears 72: 592211-4  | 2 05 5144 51   |
| County, State of Georgia, who being duly sworn, says   |  |
| and resident of said State, and has resided therein co   | ontinuously ever since the                             |
|  | d in the military service of the Con-                  |
| federate States (or of the State of  | ) during the war between the                           |
| States, and served as a Surface  | in Company 4, of 4th Regiment                          |
| in such grillitary service in the State of   | 's Brigade; that whilst engaged                        |
|  | , on the day   |
| , he was wounded, in   | njured or diseased as follows:                         |
|  | 4 . " / / . "  |
| Jun what it suit is  | the iest leg   |
| cate for the win the wind the  | T -cc 'came'   |
| - when the fine  |  |
|  |  |
| - x +  |  |
|  |  |
| Deponent desires to participate in the benefits of   | the Astronomy IO at London                             |
| and the acts amendatory thereof, and makes applicat  | the Act, approved October 24th, 1887,                  |
| entitled for the year ending October 26th, 1898. I h   | ave heretofore under soil le                           |
|  | y been allowed an invalid pension of                   |
| one hunder & Dollars, for the  | year 189   |
| Sworn to and subscribed before me, this, the   |  |
| day of -27 1898. Po  |  |
| _  | AL-OARICK  |
| mit once   |  |
| Note-State fully the nature of wound or character of disease which caused the disability, resulting from the wound or disease. | es the disability, and explain particularly the extent |
| STATE OF GEORGIA,  |  |
| County.  |  |
| 1. Jan 9. Julius   |  |
|  | Ordinary of said County,                               |
| do certify that I am well acquainted with  |  |
| applicant in the foregoing affidavit, and and well satisfied   | ed that the statements made by him                     |
| in his said affidavit are true, and I know he is the indi-<br>and that he resides in this County.                              | vidual he represents himself to be                     |
| 2  | · · · · · · · · · · · · · · · · · · ·                  |
| Given under my official signatur   |  |
| (ia) of Otto Mark  | 090,   |
| 7220   | Torre  |

# For Applicants Heretofore Allowed Pensions.

| STATE_OF GEORGIA,   |
|---|
| Fullen county.  |
| Personally appears. M. Hannell of Julian.  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.  18.39; that he enlisted in the military service of the Confederate States (or of the State of  |
| Lace of left leg_   |
|   |
| Deponent makes application for the pension to which he is entitled for the year ending. October 26th, 1899, I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 189 \$\frac{3}{2}\$. Sworm to and subscribed before me, this, the American October 1899. Good Oktylek  Norm-Nate 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 phases. |
| STATE_OF GEORGIA;   |
| Julian County.  I. Jiring County.  do certify that I am well acquainteet with M. Harmell the applicant in the foregoing affidavit, and and 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 Jack 1889.   |

| STATE OF GEORGI  | Α, )            |                           |             |                                |             |     |       |                |             |                      | OF AT            | CORNE              | ₹.           |             |
|--|-----------------|---------------------------|-------------|--------------------------------|-------------|-----|-------|----------------|-------------|----------------------|------------------|--------------------|--------------|-------------|
|  | County.         |                           |             |                                |             |     |       | STATE OF       |             |                      | ļ                |                    |              |             |
| Ī  |                 |                           |             |                                |             |     |       |                |             | Count                | y. )<br>hereby   | y authorize        |              |             |
| to receive and receipt for   | - the manaion - |                           |             |                                |             |     |       |                |             | -                    | of               |                    | - Company    |             |
| to receive and receipt isi   | the pension p   | by.                       | and request | that he len                    | iii same to | ,   |       | to receive and | d receipt f | for the pen:         | sion paid hereon | and request        | that he re   | mit same to |
| at   |                 | _by_                      |             |                                |             |     | ĺ     |                |             |                      | by               |                    |              |             |
| IN WITNESS WH  | EDFOR LI        |                           |             |                                |             |     |       |                |             |                      |                  |                    |              |             |
|  |                 | e nereunto se             | t my nanc a | ind seal, this                 | i)          |     |       | IN WIT         | NESS W      | HEREOF,              | I have hereunto  | set my hand        | and seal thi | s           |
| day of   | .1900.          |                           |             |                                |             |     |       | day of         |             |                      |                  |                    |              |             |
|  |                 | -                         |             |                                | .[L. S.     | j   |       |                |             |                      |                  |                    |              | [L. S.]     |
| Executed in prese  | nce of          |                           |             |                                |             |     |       |                |             |                      |                  |                    |              |             |
|  |                 |                           |             |                                |             |     |       | Exec           | cuted in pr | resence of           |                  |                    |              |             |
|  |                 |                           |             |                                |             |     |       |                |             |                      |                  |                    |              |             |
|  |                 |                           |             |                                |             |     |       | _              |             |                      |                  |                    |              |             |
|  |                 |                           |             |                                |             |     |       |                |             |                      |                  |                    |              | •           |
|  |                 |                           |             |                                |             |     |       |                |             |                      |                  |                    |              |             |
|  |                 |                           |             |                                |             |     |       |                |             |                      |                  |                    |              |             |
|  |                 |                           |             |                                |             |     |       |                |             |                      |                  |                    |              |             |
| 1 2  | 5               | χ'                        | 1900        | HOMA.                          |             | 1   |       | $\overline{}$  | H           | z.                   |                  | 901                |              | 1           |
| For Those Already Enrolled.) No. 07-7 \$\foralle{V}\$ INVALID Thirths of hinders | 1900.           | 310                       |             | P                              | 'l.         | 1   | 17    | Enrolled.      |             | 음                    | 3 4              | 7                  | Penalo       |             |
|  |                 | 3 1 2                     |             | JOHN W. LINDSEY Communicate of | Atlant      |     | 12 2  | , <u>e</u>     |             | <b>2</b> .           | 5 17 S           | 4                  | EY.          | TO          |
| # L   J   E  | # <b>0</b> .    | 201                       | 1 1         | CINDSE Generationer            | dater,      | 12  | 3 3   |                | DISABLEI    | LDIER'S PEN<br>1901. | 3.6              | ,                  | DS           | ED the      |
| read / Page 1  |                 | £ 2                       | 1 %         | LI.                            |             | 1   | 104   | ead C          | BI          | ;; O                 | 225              | R N                | LIN          | 1           |
| No. 027  | - 10            | in the                    | •           | N TWA                          | \Ji         | 1 3 | Silve | A A            | A           | 5 Q                  | \$ 2 3           | 0:                 | ×            | 2           |
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|  | <b>5</b>        | 2 2                       | - is        | 00                             | 213         | -   | 3 13  | - 11           | ' .         |                      | 2 3              | 5 00               | OH           | W.          |
| ¥   ±  | = '             | Vame Sounty Disability    | Amount, \$  |                                |             | -13 | 73.9  | F              |             | <b>=</b>             |                  | sability<br>nount, |              |             |
|  | る<br>一          | Name<br>County<br>Disabil | Am          | il                             |             |     | 12    | _              | ľ           | S                    | N N              | Amo                |              | 1           |
|  | 0.00            |                           |             |                                | -           |     |       |                |             |                      |                  |                    |              | 2.28        |

# For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County.

| personally appears Me Hambell of Hullon  |
|--|
| 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 collisted in the military service of  |
| the Confederate States (or of the State of Za) during the war be-  |
| tween the States, and served as a Licutercut in Company A, of of th  |
| Regiment of Sa- Volunteers Cucheco 's Brigade; that whilst   |
|  |
|  |
| day of Dee_ 1862, he was wounded, injured or diseased as follows:  |
| 9 - 1111   |
| Loss & lette leg.  |
| · /- /   |
| ,  |
| in §   |
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|  |
| 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   |
| o and the state of |
| Dollars, for the year 1899   |
| Sworn to and subscribed before me, this, the I in Narwell  |
| day of Time 1900. POST OFFICE  |
| 77777 mm   |
| Note . State fully the nature of wound or marketer of disease which causes the disability, and explain particularly the stent of the disability resulting from the award of disease.   |
| stent of the disability resulting from the wound of disease,   |
| STATE OF GEORGIA.  |
|  |
| Fullon County.   |
| 1 MATELLE Ordinary of said County  |
| do certify that I am well acquainted with J.M. Handle the  |
| the  |
| applicant in the foregoing athdavit, and and 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   |
| (Amx) day of 22 2 ac 46 1900.  |
| 1997   |
| mil  |
| Ordinary Full on County.   |

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

| Julian County.   |   |
|--|---|
| Personally appears / M. Marines  | Q of Fullon                                     |
| County, State of Georgia, who being duly sworn, says   | on eath that he is a hour for sition            |
| and resident of said State, and has resided therein cont   | innously over since the                         |
| day of 1839 that he enlisted   | d in the military and to 6.1. O                 |
| federate States (or of the State of 46   | during the war between the                      |
| federate States (or of the State of 16 ) States, and served as a Scienting in (  | Company A of Math Regiment                      |
| Volunteers. Withers  | S Brigade that whilst august                    |
| in such military service in the State of 29  | on the 13 day                                   |
| of Ale 1862, he was wounded,   | injured or diseased as follows:                 |
|  | 3   |
| (1)  |   |
| X as a mil le 14   | (00   |
| Lars of left   |   |
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|  |   |
|  |   |
| Deponent makes application for the pension to  | which he is entitled for year end-              |
| ing October 26th, 1901. I have heretofore und  | er said law as a resident of                    |
| County County  | been allowed an invalid pension of              |
| Dollars, for the   | e vear 1900                                     |
| Sworn to and subscribed before me, this the  | in the same of S                                |
| Jun of lason 1001 In   | stoffice . City                                 |
| John Reviewing   | stomee .  |
|  | *   |
| Note.—State fully the nature of the wound or character of disease ulorly the extent of the disability resulting from the wound or disease. | which causes he disability, and explain partie. |
| STATE OF GEORGIA,  |   |
| County.  |   |
| County.  |   |
| 1. Jun R. Wilkin   | Ordinary of said County.                        |
| do certify that I am well acquinted with   | Marivello 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 indiv   | vidual he represents himself to be              |
| and that he resides in this County.  | ,   |
| Given under my official signature  | and seal, this                                  |
| `  | )   |
| day of 1901.   | In Rarexinson                                   |
| Ama }  | in common                                       |
| Ordinery -   | fullow County.                                  |

STATE OF GEORGIA,

| County.  | may garage reco  |
|--|--|
| ī,   | hereby authorize   |
| The spirit and the second  | of ,   |
| to receive and receipt for the pension p   | oaid hereon and request that he remit same to  |
| 2 " as 90  | by_  |
| at   | The state of the s   |
| IN WITNESS WHEREOF, I have   | hereunto set my hand and seal this   |
| day of   | ** 45 *  |
| 01 (01/01/7  | _[t., s.]  |
| Executed in presence of  |  |
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| STATE OF GEORGIA,  |  |
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| FOR APPLICANTS HERET   | OLAND ADDOM DD 1 DROLOGO   |

### POWER OF ATTORNEY

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### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA,  |
|--|
| Fulton. County.  |
| Personally appears JM Hounwell 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 NEC 18 37; 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 Lettercutt in Company A, of 19 th Regiment of 14 Volunteers, Archivel's Brigade; that whilst engaged   |
| of Ifu Volunteers, Wellette 's Brigade; that whilst engaged  |
| in such military service in the State of on the on the day   |
| 86 Z, he was wounded, injured or diseased as follows:  |
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| The second secon |
| 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   |
| One hundred _Dollars, for the year ANN   |
|  |
| 10,411   |
| day of AN 1 1 19 1 1900 tost-office  |
| Nors. State fully the masses of the wound or character of disease which causes the disability, and exploring perioducing the extent of the disability resulting from the wound or disease.   |
| perfordarly the extent of the disability resulting from the wound or disease.  |
| STATE OF GEORGIA.  |
| Fulton County. On the Willy mon  |
| 7. 6. 200  |
| do certify that I am well acquainted with AM Hourwell  |
| 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 9 JAN 13 1902 1902.  |
| ON PUBLICATION _   |
| Ordinary Fulton, County.   |
| Nors: -Fill all banks and of Company and Regiment. Nors: -All vouchers and affidaviss must bear date after January 1, 1902.  |
| WER OF ATTORNEY  |
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### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

| Fullon County.   |
|--|
| Personally appears JM Marwell of   |
| County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen  |
| and resident of said State, and has resided therein continuously ever since the  |
| day of DEC 18 39; that he enlisted in the military service of the Con-   |
| federate States (or of the State of June ) during the war between the  |
| States, and served as a certification in Company of 19 th Regiment   |
| of you Volunteers, Worden 's Brigade; that whilst engaged  |
| in such military service in the State of Vac, on the 13 day  |
| of Dec186 2_, he was wounded, injured or diseased as follows:  |
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| and the same of the desired control of the same of the |
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| County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the 1903. Post-office 1903. Post-office 1903. Post-office 1903. Post-office 1903. Post-office 1904. The would be considered the disability resulting from the wound or disease.  |
| STATE OF GEORGIA, )  |
| County.  |
| I John ordinary of said County, do certify that I'am well acquainted with of Micaswell   |
| 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.  Ante John Millinson County.  Oretrary County.  |
| bere   Ore   Determine   County  |
| Note.—All vouchers and affidavite must bear date after January 1, 1903.  |

J. C. HIX ORDS ARY CATOORS FOR STA

Risagold, GA,

1581

Colored County 3
This is to Certify that later later that later of \$10000 Dallaro in this Centy (Colora) this year Witness my lance and afficial seal this 1 day of roman la 1964

### POWER OF ATTORNEY.

| STATE OF      | GEORGIA,              | )          |                  |                |              |
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|               |                       |            | of.              |                |              |
| to receive ar | nd receipt for the pe | nsion paid | hereon, and requ | nest that he r | emit same te |
|               |                       | 1          | y                |                |              |
| at.           |                       |            |                  |                |              |
| In Witt       | NESS WHEREOF, I hav   | e hercunto | set my hand an   | d scal, this   |              |
| day of        |                       | 1905.      |                  |                |              |
|               |                       |            |                  |                | _ L. S.      |
| Exec          | uted in the presence  | e of       |                  |                |              |
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### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| LOW WILLIAMIS HEVETALANE WPPARED LEUSIANS.   |
|--|
| STATE OF GEORGIA,  |
| Fulton. county.)   |
| Personally appears Action M. Lacitor 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 States and States of the Confederate States (op'of the State of Allo 2 Jet ) during the war between the States and served as a Medical States in Company M., of 19 th Regiment of Lacitor Volunteers Colquist 5's Brigade; that whilst engaged in such military service in the State of Lacitor M. on the 18 day of 1861 he was wounded, injured or diseased as follows:   |
| Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1865. I have heretefore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1864.  Sworn to and subscribed before me, this the day of 1AN 2 1905 1805.  Post-office Allowed An invalid pension of Dollars, for the year 1864.  Sworn to and subscribed before me, this the day of 1AN 2 1905 1805.  Post-office Allowed An Arrest County, and critical and the dashbility residing from the wound or disease.  STATE OF GEORGIA, Fulton.  1. Ordinary of said County, do certify that I am well acquainted with fall.  Allowed Andrews And |
| Given under my official signature and seal, this JAN 2 1905  |
| day of   |
| ordinary Fulton. County.   |

Norz —Fili all blanks and of Company and Regiment. Norz —All vouchers and affidavits must bear date after January 1, 1906.